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Standing Committee on Health, Aged Care and Sport PO Box 6021 Parliament House CANBERRA Canberra ACT 2600

Dear Committee,

RE: Inquiry into Long COVID and repeated COVID infections

Thank you for providing Pfizer Australia with the opportunity to make a submission to this important inquiry.

Pfizer Australia is one of Australia's leading providers of prescription medicines and vaccines. We manufacture medicines and vaccines that millions of Australians use every day to live longer, healthier and more productive lives. We are proud of the active role we play in Australia's health system and the wider contribution we make as an innovator, employer and manufacturer.

The COVID-19 crisis has vividly illustrated the critical importance of life science research and innovation. When we look back on the impact of COVID in years to come, it will be a story of great loss and suffering, but also a story of resilience, of innovation, and of hope.

The collective effort of frontline health workers to support people in need, the work of our research sector to inform decision-makers on the disease and how it behaves, and the medicines industry coming together to accelerate efforts to find a vaccine - research that would ordinarily take years, that delivered viable options in a fraction of that time - has demonstrated compassion and firm resolve.

This extraordinary effort, in combination with the prompt action from Government and regulators has placed the nation in a sound position, and although the road back will be long, we remain hopeful that the medicines industry will play a critical role in leading the fight against COVID and the reinvigoration of the national economy.

That being said, preparing for the next phase of the pandemic will require a concerted investment of time and resources. Long COVID is just one example of the debilitating impact COVID continues to have on society.

Pfizer's submission to the Committee will focus on the ongoing importance of vaccination and continued access to antiviral treatments that can play a role in limiting the impact of COVID on the community. As we enter the endemic phase of COVID we also need to consider, surveillance, data and monitoring and regulatory practices to ensure we can monitor the impact of COVID and long COVID and respond appropriately.

We would welcome the opportunity to discuss these issues further with the Commission in the future.

Yours sincerely,

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Dr Krishan Thiru Medical Director, Pfizer Australia and New Zealand



Appendix a: Reducing the burden of Long Covid

Pfizer's recommendations to the Committee are in line with advice we are providing to Governments around the world. If we are to reduce the burden of Long Covid we need to recognise the need to invest in preventing the 'shadow pandemic' and its wide-reaching effects on individuals, society and the economy.

To achieve this, we urge governments to:

- Follow WHO and European Commission guidanceⁱⁱⁱ and develop routine Long Covid surveillance systems and invest in multi-year studies to better understand Long Covid.
- Monitor the economic, productivity and long-term health consequences of COVID-19, in line with calls from the Institute of Fiscal studies in the UK.^{iiiiv}
- Promote immunisation at all stages of life by reviewing, protecting, and expanding budgets for COVID-19 and national immunisation plans.
- Follow the WHO prioritisation roadmap and vaccinate 100% of clinically vulnerable patients^v against COVID-19 and look at increasing uptake of COVID antivirals.
- Continue to address vaccine confidence to help ensure high levels of uptake.
- We must also invest in healthcare infrastructure and strengthen COVID-19 immunisation programs to protect populations, healthcare systems and society at large from the long-term effects of SAR-CoV-2 infection.

Recommendation: Follow WHO and European Commission guidance and develop routine Long Covid surveillance systems and invest in multi-year studies to better understand Long Covid:

The WHO and European Commission have called for investment in surveillance and multi-year studies to better understand Long Covid.^{vi} ^{vii} There is an urgent need for routine surveillance of Long Covid to understand the epidemiology and mechanisms of disease. Surveillance is also critical for the development of COVID-19 vaccinations tailored to specific variants of the disease. We must improve our global surveillance capabilities as well as our capacity within Australia to detect and manage potential pandemic threats. This includes staying ahead of COVID variants and ensuring we have necessary equipment, resources, vaccines and treatments to manage future COVID waves or other viral threats to our community.

Recommendation: Monitor the economic, productivity and long-term health consequences of COVID-19, in line with calls from the Institute of Fiscal studies:

The collective response to the pandemic and the decisions made to expedite approval of COVID vaccines, diagnostics and treatments demonstrates where there is a pressing need, there are solutions that can be found to improve access to medicines. Not only that but it demonstrated clearly that a healthy Australia is pivotal to a healthy economy.

In Australia, we're continuing to see a sustained economic impact from COVID. A study by the ABS at the beginning of this year showed nearly a quarter (22%) of Australian employers had staff absent due to COVID-19. Furthermore, almost half (47%) of all businesses were experiencing supply chain disruptions resulting in changes to ordering processes or an increase in the price of goods and services. ^{viii}

To what extent these issues can be attributed to COVID or Long Covid remains unclear and more work is needed to understand the full impact of Long Covid on the economy, productivity and what consequences Long Covid will hold for healthcare long-term.

Globally, it is evident that staff absence, a contracted workforce and a reduction in productivity are all



contributing to a broader, looming socioeconomic crisis. Long Covid can be associated with long term sick leave and the COVID-19 related impact on the health system, such as longer waiting lists for those with other conditions. This is likely to limit labour supply and reduce output through both lower participation rates and lower average working hours. ^{ix}

In the USA, Long Covid could cost the economy more than \$2.6 trillion, due to more than 1 million people being off work at any one time, their medical costs and the knock-on effects of staff shortages. In addition, children with Long Covid had more school and day care absences in the past 12 months than controls, causing significant disruption to learning and development of the next generation.^x

The Institute of Fiscal Studies in the UK has utilised data from the UK Household Longitudinal Study, collected during 2021, to learn more about the characteristics of long COVID sufferers, and to assess the impact long COVID has on labour market outcomes including hours, earnings and employment.

The study found almost 2 million people, or 3% of the population, had long COVID by the end of May 2022, of whom 72% were limited by the condition and 21% were limited 'a lot'. These numbers have been rising steadily since the middle of 2021. They estimate this has contributed to 4.4 million lost working hours per week, and 110,000 workers off sick. This is associated with a total loss of earnings of almost £1.5 billion per year. ^{iv}

Covid has a foothold and is not going away. As we transition to 'living with COVID' the reality is the risk of Long Covid symptoms continuing to have a crippling effect on productivity and the economy is very real. Understanding these trends and the impact of COVID long term can determine the commensurate investment into prevention, treatment and surveillance required.

Recommendation: Promote immunisation at all stages of life by reviewing, protecting, and expanding budgets for COVID-19 and national immunisation plans in line with WHO recommendations.

Prevention is an essential component of an effective health system. Whether targeted at individuals or populations, interventions aim to enhance health status and maintain a state of low risk for diseases, disorders or conditions. That is, to prevent their occurrence through programs of information, immunisation, screening or monitoring. Yet only a small fraction of health spending is spent on prevention activities. On average, OECD countries allocate less than 3% of health spending on public health and prevention activities. Many countries fall within a band of 2% - 4%, which has remained stable over the long-term.^{xi} Australia sits at just 1.34% which equates to approximately \$89 per person. In fact, of the 31 OECD countries reporting spending on prevention in 2013, Australia ranked 16th in terms of per capita spending.

Pfizer notes that the National Preventive Health Strategy includes a goal to increase this investment to 5% of total health expenditure across Commonwealth, state and territory governments by 2030. This is promising; however, this level of under-investment must be redressed sooner to help drive Australia's economic recovery.

Australia has a strong National Immunisation Program providing a broad range of free vaccines from birth through to adulthood. As a result of the NIP, diseases such as rubella, tetanus, diphtheria, Haemophilus influenzae type B and measles are extremely rare in Australia. Maintaining and expanding our investment in immunisation will ensure broad protection of population health. This should include expanding the community's access to funded vaccines and maximising the uptake of vaccines for which funded access is already established.

While Australia has very high coverage rates for children, the rates are much lower for adolescents and adults. In the current COVID-19 context, maximising uptake for vaccine-preventable respiratory diseases can help to mitigate the annual burden of disease (increased mortality and morbidity and healthcare costs) from influenza and pneumococcal disease, particularly in populations at greater risk of infection, such as those who are older



and those with chronic diseases. ^{xiii} In 2020, Australia reached its target of 95% immunisation of five-year-olds for the first time ever. Targets for adolescents and adults would be a first step in lifting the lagging coverage rates for these groups.^{xiv} The National Preventive Health Strategy also highlights the importance of establishing a benchmark and targets for adults at increased risk of vaccine preventable diseases due to age or underlying medical conditions and working towards meeting those targets. Establishing these targets will set a benchmark to work towards to address this issue in coming years.^{xv}

In addition, expanding access to funded vaccines through the NIP would further improve the health and wellbeing of Australians. In the current context, expanding access to pneumococcal immunisation could prove important in reducing the overall burden of disease. Pneumococcal immunisation is currently recommended but unfunded for several vulnerable groups including adults with chronic respiratory disease such as COPD or severe asthma, chronic cardiac disease, diabetes and cancer undergoing chemotherapy or radiotherapy. These groups are also vulnerable to poorer outcomes from COVID-19, so preventative measures such as immunisation may help minimise the impact of the pandemic as COVID continues to evolve.

Recommendation: Follow the WHO prioritisation roadmap and vaccinate 100% of clinically vulnerable patients against COVID-19 and look at increasing uptake of COVID antivirals.

The best way to prevent Long Covid is to avoid being infected with SARS-CoV-2 in the first place.^{xvi} Vaccines are a critical part of solutions to minimise disruption and mitigate uncertainty brought about by COVID-19.^{xvii}

The WHO has recommended that 100% of the most clinically vulnerable in society are vaccinated against COVID-19.^{xviii} This could protect those most at risk of Long Covid, alongside WHO's wider 70% coverage global target for COVID vaccination.

While primary series vaccinations and boosters remain one of the first lines of defence to help protect people against COVID-19, we also believe it is important that treatment options are available to support appropriate patients who do test positive and are at high risk of developing severe disease.

Certain antiviral treatments, such as protease and polymerase inhibitors, can prevent a virus from replicating and thereby may help reduce the symptoms associated with COVID-19 and the risk of significant health complications.

Clinical data and real-world evidence for PAXLOVID have shown that it can be an important tool in helping to reduce hospitalisations and deaths in those at increased risk of serious illness from COVID-19.

Final data available from all high-risk patients enrolled in EPIC-HR study (n= 2,246) confirmed prior results of interim analysis showing PAXLOVID reduced risk of hospitalisation or death by 89% (within three days of symptom onset) and 88% (within five days of symptom onset) compared to placebo; no deaths compared to placebo in non-hospitalized, high-risk adults with COVID-19.^{xix}

However currently more can be done to increase antiviral uptake and usage, particularly with vulnerable populations. COVID-19 fatigue, and consumer complacency are presenting barriers to antiviral uptake. Community awareness of the availability of antivirals is also low, so too is the awareness of patient eligibility and which patients qualify for AV treatment.

Government investment and efforts to educate and create awareness in their antiviral consumer awareness campaign in July 2022 are welcome, and Pfizer is doing its part as it embarks on its antiviral consumer awareness campaign from November. It is a significant investment across multiple channels and platforms, aiming to reach the entire Australian population



The current PBS criteria applied to PAXLOVID and the eligible population to receive the treatment is also prohibitive and more restrictive than the criteria applied during clinical trials. This could be amended to be brought into line with the clinical evidence and increase eligibility across the nation.

Recommendation: Continue to address vaccine confidence to help ensure high levels of uptake.

In a pandemic, it is important to remember that you are only as protected as your neighbour. Education among patients and healthcare professionals is critical. The need to build appropriate confidence in the safety, efficacy and quality of pandemic vaccines approved by regulatory authorities should be a priority for governments.

Pfizer worked at tremendous speed to deliver a vaccine that works and is well tolerated. We have tried to be very transparent with the public and the media throughout and share updates on our studies, our trial design and more, so that people can trust the vaccine. We know that some people still have questions about the vaccine and we are committed to answering them.

Not just here in Australia, but right around the world we are working with community leaders, advocacy organisations, policymakers, and other public health leaders to share information on the vaccine, the regulatory process, and clinical trial diversity.

Reflecting on the end of 2021, Australia successfully opened our economy by becoming a vaccinated nation. That was an amazing achievement, and it took a collective resolve and will to achieve.

However, since we reached the 95% two-dose COVID rate, it is fair to say that there has been a level of complacency and acceptance of COVID within the community. Currently our national three dose vaccine average is 72% and only 42% in those eligible for a fourth dose.^{xx}

We cannot take the focus off the importance of vaccines in seeing us turn the tide against COVID. Without continued vaccination we will continue to see COVID waves, variants develop, in turn impacting workplace absenteeism in critical services, which will directly impact Australians and the economy. Vaccines continue to be the best defence against the spread of COVID and the severity of COVID cases and we would encourage Government to continue to promote the importance of vaccination against COVID-19.

Recommendation: Continue to invest in healthcare infrastructure and strengthen COVID-19 immunisation programs to protect populations, healthcare systems and society at large from the long-term effects of SAR-CoV-2 infection

For the first time, there is global consensus about the importance of preparedness for future pandemics – but that starts with following through with our response to COVID-19.

As we begin to shift away from a pandemic scenario and into more endemic settings, it is critical to safeguard critical parts of our COVID-19 response.

We have already touched on the importance of strengthening immunisation and preventive health but continued access to testing and treatment is also important.

Over time, the burden of financing COVID-19 testing, and treatment will likely fall on routine health budgets, and to soften the impact this has, governments should consider stockpiling critical COVID-19 medical countermeasures and reserve funding to be able to respond to future COVID-19 outbreaks.

Investing in Australia's health security will also be paramount. This will involve, stimulating the life sciences sector, reinforcing supply chains, and ensuring the global movement of goods. Countries around the world are rebuilding their health infrastructure and Australia should be no different.



The collective response to the pandemic and the decisions made to expedite approval of COVID vaccines, diagnostics and treatments demonstrates where there is a pressing need, there are solutions that can be found to improve access to medicines and ensure the health of our nation.

Ultimately if we prioritise the health of the nation, we will ensure a healthy, stable economy.

ⁱ WHO 2021 Coronavirus update 54: Update on clinical long-term effects of COVID-19 the latest on the covid-19 global situation & long-term sequelae ⁱⁱ WHO Regional Director for Europe Dr Hans Henri P. Kluge, 19 July 2022 Statement, Rapidly escalating COVID-19 cases amid reduced virus surveillance forecasts a challenging autumn and winter in the WHO European Region <u>https://www.who.int/europe/news/item/19-07-2022-rapidly-escalating-covid-19-cases-amidreduced-virus-surveillance-forecasts-a-challenging-autumn-and-winter-in-the-who-european-region Last accessed: 19/08/22</u>

^{III} World Health Organization, Interim statement on COVID-19 vaccination for children. August 2022. Available at: <u>https://www.who.int/news/item/11-08-2022-interim-statement-on-covid-19-vaccination-for-children</u>. Accessed: August 2022

iv IFS (2022) Long Covid and the Labour market https://ifs.org.uk/publications/long-covid-and-labour-market

^v Chan Sui Ko A, Candellier A, Mercier M, Joseph C, Schmit JL, Lanoix JP, Andrejak C. Number of initial symptoms is more related to long COVID-19 than acute severity of infection: a prospective cohort of hospitalized patients. Int J Infect Dis. 2022 May;118:220-223. doi: 10.1016/j.ijid.2022.03.006. Epub 2022 Mar 5. PMID: 35257903; PMCID: PMC8896858.

vi European Commission, 2021, communication from the commission to the European parliament, the council, the European economic and social committee and the committee of the regions EU strategy on covid-19 therapeutics

vii WHO 2021 Coronavirus update 54: Update on clinical long-term effects of COVID-19 the latest on the covid-19 global situation & long-term sequelae

^{viii} ABS (2022) - Business Conditions and Sentiments, <u>https://www.abs.gov.au/statistics/economy/business-indicators/business-conditions-and-sentiments/jan-2022</u> ^{ix} Haskel, J. and Martin, J. Economic inactivity and the labour market experience of the long-term sick Available <u>https://www.imperial.ac.uk/people/j.haskel/document/9802/Haskel%20Martin%20sickness%20inactivity%20v2/?Haskel%20Martin%20sickness%20inactivit%%20v2/?Haskel%20Martin%20sickness%20inactivit%%20v2/?Haskel%20Martin%20sickness%20inactivit%%20v2/?Haskel%20Martin%20sickness%20inactivit%%20v2/?Haskel%20Martin%20sickness%20Martin%20sickness%20Martin%20sickness%20Martin%20martin%20martin%%20martin%20martin%%20martin%%20martin%%20martin%%20martin%%20martin%%20martin%%20martin%%20martin%%20martin%%20martin%%20martin%%20martin%</u>

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³¹ Gmeinder, M., Morgan, D. and Mueller, M. (2017). How much do OECD countries spend on prevention? OECD Working Papers, No. 101. Available

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xii https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030_1.pdf

xiii xiii Preaud E et al. (2014). Annual public health and economic benefits of seasonal influenza vaccination: a European estimate. BMC Public Health, 14(813).

xiv National Preventive Health Strategy: Valuing health before illness: Living well for longer (2021) https://www.health.gov.au/health-

topics/immunisation/childhood-immunisation-coverage/immunisation-coverage-rates-for-all-children ^{xv} Federal Budget 2021-22 Portfolio Budget Statements Budget Related Paper No. 1.7(Table 2.1.10 on page 84) <u>budget-2021-22-portfolio-budget-statements-budget-2021-22-health-portfolio-budget-statements.pdf</u>

^{xvi} European Commission 2 September 2022 Communication from the Commission to the European Parliament, the council, the European economic and social committee and the committee of the regions. EU response to COVID-19: preparing for autumn and winter 2023 Available:

https://ec.europa.eu/transparency/documents-register/detail?ref=COM(2022)452&lang=en [Accessed 7/9/22]

xvii World Health Organization, Interim statement on COVID-19 vaccination for children. August 2022. Available at: https://www.who.int/news/item/11-08-2022interim-statement-on-covid-19-vaccination-for-children. Accessed: August 2022

xviiiWHO 2022 Strategic Preparedness, Readiness and Response Plan to End the Global COVID-19 Emergency in 2022

xix EPIC-HR: Study of Oral PF-07321332/Ritonavir Compared With Placebo in Nonhospitalized High Risk Adults With COVID-19 - Full Text View - ClinicalTrials.gov * https://www.health.gov.au/sites/default/files/documents/2022/11/covid-19-vaccine-rollout-update-17-november-2022.pdf