

# COVID-19: no longer a global health emergency, now a long term challenge

COVID-19 is the focus of the research and editorials in this issue of the *MJA*. Despite the World Health Organization (WHO) declaring on 5 May that COVID-19 is no longer a global health emergency, it remains a substantial threat. According to WHO statistics, from 3 January 2020 to 10 May 2023, there have been 11 270 821 confirmed cases of COVID-19 in Australia, including 20 393 deaths (<https://covid19.who.int/region/wpro/country/au>). As with international data, these figures are certainly underestimates.

COVID-19 challenged and changed our health system and indeed our society in profound ways. A research article by Tan and colleagues explores mortality among people admitted to Australian intensive care units (ICUs) for reasons other than COVID-19 during the COVID-19 pandemic (doi: 10.5694/mja2.51933). What they found was disconcerting: from March 2021 until June 2022 there was a rise in in-hospital mortality among people admitted to Australian ICUs with conditions other than COVID-19, a trend which reversed the decrease in mortality seen in the preceding five years. The authors discuss a few possible contributors, including “the withdrawal of strain mitigation strategies (eg, staff redeployment), increased demand for ICU services, and changes in the availability of experienced staff following losses to burnout or leave”. They conclude that “Changes to health service delivery during the pandemic and their consequences should be investigated further”. In a related editorial, Kirk and Mitchell note that these findings “raise important questions as to why, one year into the COVID-19 pandemic, in-hospital mortality rose for people admitted to intensive care without COVID-19” (doi: 10.5694/mja2.51946). Describing the ICU as “a microcosm of our health care system”, they conclude that “ICUs can be the canary in the coal mine for a health care system” and that “it is critical that we identify which parts of the health care system need repair”.

COVID-19 in children has been the topic of much medical and public debate. Ibrahim and colleagues look at the characteristics of 1193 children who were SARS-CoV-2-positive and who presented to Australian hospitals in 2020 and 2021 (doi: 10.5694/mja2.51934). This research comes from a long term collaborative program: the Paediatric Research in Emergency Departments International Collaborative (PREDICT). Although 341 children required treatment in intensive care, and sadly, two children died, they concluded: “During 2020 and 2021, most SARS-CoV-2-positive children and adolescents who presented to participating hospitals could be managed as outpatients. Outcomes were generally good, including for those admitted to hospital.”

Sorrell and colleagues write persuasively in their editorial on what is now emerging as the health legacy of COVID-19 — long COVID (doi: 10.5694/mja2.51950). The number of individuals



who are potentially affected is enormous. A report from the Australian Institute of Health and Welfare in December 2022 estimated that long COVID — defined as symptoms lasting more than 12 weeks — affects 5–10% of Australians who have had COVID-19 (<https://www.aihw.gov.au/reports/covid-19/long-covid-in-australia-a-review-of-the-literature/summary>). These are alarming estimates and indicate that the true health burden of COVID-19 is still to be determined. The challenges of long COVID range across the entire health system which begins with diagnosis, and the need for a standard (although necessarily evolving) definition. Sorrell and colleagues note that “health system planning for long COVID is constrained by the paucity of data on its incidence, clinical manifestations, and its effects in different risk groups, geographic locations, and health care settings”. Further, many published studies are small and local. Once diagnosed, patients need coordinated, multidisciplinary medical and social care. Crucially, as Sorrell and colleagues note, “We must ensure equitable access to services (including in our rural and remote communities)”.

Although the immediate health emergency of COVID-19 is now at an end, at the *MJA* we recognise that the long term health effects are profound and require a whole-of-system, equitable approach — a topic we have reflected on before (doi: 10.5694/mja2.51840). We continue to welcome submissions of articles on COVID-19, especially on long COVID, and research that addresses the challenges of health system planning, coordinated care and equity highlighted by Sorrell and colleagues. ■

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