

# The long tail of COVID-19

Earlier this year, Australia for the first time hosted the Regional Meeting of the World Health Summit. Among the key themes on the packed three-day agenda were the geopolitical environment for global health, improving health in an increasingly divided world, the impacts of misinformation and technology on the health of populations, health equity, and pandemic preparedness. Speaking at the meeting, Helen Clark distilled the major challenges facing global health today as the “three Cs” — conflict, climate, and COVID-19. Indeed, over four years on from the World Health Organization declaring COVID-19 a global pandemic, although the world has moved on from the acute phase of the response, it is clear that the so-called long tail of COVID-19 continues to affect health directly and through its effects on our social and political systems. Three articles in this issue of the *MJA* remind us that Australia is not immune from these ongoing impacts.

The act of care, on individual and communal levels, has the power to foster a sense of shared humanity. Many health and medical practitioners, experts and advocates thus envisage the health system as an important driver of social cohesion. But during the COVID-19 pandemic, health arguably became something that divided us instead of something that brought us together. Jessica Kaufman and colleagues (<https://doi.org/10.5694/mja2.52304>) explore how this dynamic has played out in terms of parental misconceptions about routine childhood vaccinations. Surveys of a nationally representative sample of Australian parents of children done in 2017 and 2023 showed that after the onset of the pandemic, there were increases in the proportion of respondents who believed children receive too many vaccines (17% *v* 25%), that vaccine ingredients cause harm (15% *v* 19%), and that vaccines cause autism (9% *v* 14%). Such misconceptions might help explain the documented increases in vaccine hesitancy and decreases in childhood vaccination coverage that occurred during the pandemic, and point to the need for health institutions to re-establish trust with the communities that they serve.

A major way that COVID-19 transformed Australia's health system was by prompting the widespread adoption of telehealth services. In a perspective article, Sagda Osman and colleagues (<https://doi.org/10.5694/mja2.52294>) argue that whereas the many benefits of telehealth have been widely explored — including improved health care access, reduced costs, increased clinician learning opportunities, and gains in productivity, satisfaction and convenience — less recognised are the unintended negative consequences of this transformation, especially in rural and remote areas of Australia. In particular,



the authors highlight how “dependency on telehealth can mask the need to invest long term to improve rural health, such as direct investment in infrastructure and the rural health workforce. By relying on metropolitan centres to provide care to rural Australians, telehealth essentially redirects rural resources to these centres, reducing future rural health care funding”. If telehealth is to help reduce geographic-based health inequities, they contend, “studies relying on complexity science and systems thinking” are needed.

Finally, despite a markedly decreased sense of political urgency about COVID-19 in recent years, the disease continues to cause substantial morbidity and mortality among Australians. Using data from the Australian Cardiovascular COVID-19 Registry (AUS-COVID), Hari Sritharan and colleagues (<https://doi.org/10.5694/mja2.52307>) investigated the cardiovascular outcomes among 1714 people admitted to hospital with COVID-19. Among the participants, 11% died, 17% required intensive care, pre-existing cardiomyopathy or heart failure was exacerbated in 19%, and around 1–3% developed new atrial fibrillation or flutter, had pulmonary embolisms, or experienced new heart failure or cardiomyopathy. Having received at least one dose of a COVID-19 vaccine was associated with lower risk of in-hospital mortality (adjusted odds ratio [aOR], 0.38; 95% CI, 0.18–0.79) and intubation (aOR, 0.30; 95% CI, 0.15–0.61). Notably, of the study participants with known vaccination status, around 40% had not received a COVID-19 vaccine dose. Given the well documented protective effects of vaccination against severe disease, hospitalisation and death from COVID-19, the study findings point to the ongoing need to support uptake of COVID-19 vaccination in the Australian community. ■

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