Life after the COVID-19 pandemic

A survey by Lung Foundation Australia

August 2025

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About Lung Foundation Australia

Lung Foundation Australia is the leading charity and peak body for lung health in Australia. For more than 30 years, we have championed and funded life-changing research and delivered support services that give hope to people living with lung disease or lung cancer. Today, we continue our work to ensure lung health is a priority for all, playing a pivotal role in raising awareness about the symptoms and prevalence of lung disease, promoting prevention and early detection, advocating for policy change and research investment, and championing equitable access to treatment and care. Lung Foundation Australia have partnered with consumers, health professionals, researchers, and organisations to drive improvements in lung health across the nation.

Acknowledgements

We thank the survey respondents for sharing their experiences and insights. These responses will guide Lung Foundation Australia's ongoing policy and advocacy efforts, as well as future information, resources, and training offered by the organisation.

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Contents page

Executive summary

Australia navigated many acute challenges posed by the COVID-19 pandemic, but there are issues that remain. As Australia moves beyond the acute phase of the pandemic, it is critical to identify and respond to outstanding community needs related to COVID-19 and post-COVID-19 conditions, commonly referred to as long COVID.

In May 2025, we conducted a survey to explore post-pandemic experiences of COVID-19 and long COVID in the community. The survey received over 1,500 responses from individuals across Australia. Findings from the survey highlight the ongoing burden of COVID-19 and long COVID in the community and the need for further action:

- **Workforce participation**: One in two (45%) respondents infected with COVID-19 since early 2024 reported moderate to severe impacts on their ability to work. Among those experiencing long COVID during this period, two in three (62%) said their ability to work was similarly compromised.
- **Lung health**: One in four (24%) respondents with a lung disease who had been infected with COVID-19 since early 2024 said it had a major or severe impact on their lung condition.
- **Concern about future COVID-19 infections:** Two in five (40%) respondents said they were very concerned about getting COVID-19 in the future.
- **Issues requiring further action:** Respondents urged action to improve access to treatment, expand research efforts, raise public awareness, increase long COVID health services, improve information and resources, and provide further support to health professionals.

COVID-19 continues to have wide-ranging impacts on Australians' health and wellbeing. These effects put a strain on health, social and economic systems. Informed by the findings from this survey, Lung Foundation Australia make the following recommendations to improve COVID-19 and long COVID management in Australia:

1. Strengthen COVID-19 vaccination coverage and invest in community-driven communication strategies.
2. Improve equity of access to COVID-19 treatments and strengthen consumer engagement in medicine review processes.
3. Provide the public with more resources and information about COVID-19 and long COVID, focussing on those who are vulnerable.
4. Invest in training and information solutions for health professionals.
5. Strengthen current state health responses to long COVID by increasing access to specialised health services.
6. Consider further actions to reduce COVID-19 transmission.

This survey provides new and important data for policymakers. Lung Foundation Australia will continue to advocate for change that protects lung health and reduces the impact of lung disease. The impacts of COVID-19 are ongoing and complex, requiring sustained and coordinated government action.

Mark Brooke
Chief Executive Officer
Lung Foundation Australia

Our work in COVID-19 and long COVID

COVID-19, a respiratory infection caused by the SARS-CoV-2 virus, posed a significant threat to the lung health of Australians when it emerged. In response, Lung Foundation Australia played a vital role in providing trusted information and support throughout the pandemic. We also undertook targeted policy and advocacy efforts to address emerging needs. In 2022, we surveyed more than 2,000 people to better understand the health and social impacts of the COVID-19 pandemic and the effects of persistent COVID-19 symptoms[1]. Findings from the 2022 survey gave insight into the health system efforts needed to support community recovery from the pandemic, which we then advocated for. The findings also led to a resource being developed with consumers and health professionals to support people experiencing ongoing symptoms associated with COVID-19, often referred to as long COVID.

It has been more than five years since the first case of COVID-19 was detected in Australia[2]. A lot has changed since the height of the pandemic, but COVID-19 continues to pose a significant public health challenge in Australia, particularly for vulnerable populations such as older adults and people with chronic conditions including lung disease. As Australia moves beyond the acute phase of the pandemic, it is critical to identify and respond to outstanding community needs related to COVID-19 and long COVID.

The state of COVID-19 and long COVID in Australia

The burden

While the number of deaths from COVID-19 has declined in Australia, COVID-19 is still the nation's leading cause of death from acute respiratory infections[3]. Despite this, vaccination rates are concerningly low[4] compared to current clinical recommendations[5]. COVID-19 continues to place pressure on hospitals[6] and residential aged care facilities[7], aligning with twice-yearly patterns of increased community transmission.

A literature review conducted by the Australian Institute of Health and Welfare in 2022 estimated that between 5% and 10% of people who contract COVID-19 in Australia experience symptoms lasting longer than three months[8], otherwise known as long COVID. Symptoms can affect multiple different organ systems and significantly impact quality of life[8]. The prevalence of long COVID in Australia is unknown but is likely to be influenced over time by changes in the circulating variants, vaccination rates, immunity from past infections, access to medicines, and other factors[9,10]. The interim Australian Centre for Disease Control (CDC) are investigating systems to enhance monitoring of post-viral conditions like long COVID[11]. In the absence of these data, modelling studies suggest that the burden of long COVID in Australia could be substantial[12].

Actions by governments across Australia

The Australian Government continues to manage COVID-19 predominantly through its National COVID-19 Vaccine Program, combined with targeted supports for vulnerable populations such as subsidised treatments via the Pharmaceutical Benefits Scheme (PBS)[13]. They are also supporting the establishment of an independent Australian CDC, expected from January 2026[14]. With respect to long COVID, the predominant actions by the Australian Government have been to invest in research[15] and clinical guidelines for health professionals[16,17]. State and territory governments have transitioned from emergency COVID-19 responses to routine preventive health measures. Some states have invested in services to treat people with long COVID, but others have not.

Our 2025 survey

The aim of our survey was to explore post-pandemic experiences of COVID-19 and long COVID in the community and to understand the experiences and needs of health professionals in managing and protecting against these conditions. Long COVID was defined in accordance with the World Health Organization definition[18] which has been adopted in Australia[16]. The post-pandemic period was defined in line with the official end of Australia's COVID-19 emergency response, declared in October 2023[19]. This formalised a transition from emergency measures to long-term management of COVID-19 and its ongoing impacts. To ensure clarity and ease of recall for participants, we asked them to reflect on their experiences from the start of 2024 to the present.

We collected data through an anonymous online survey hosted in English. Community members were asked questions about their vaccination and treatment behaviours, the usefulness of post-pandemic sources of information, negative impacts they had experienced because of COVID-19 or long COVID, their concerns about future COVID-19 infections, and the issues requiring further action. Health professionals were asked about their challenges managing COVID-19 and long COVID since the pandemic, and their needs with respect to information and training. Most survey questions were close ended, however respondents could provide additional comments in an open-ended question.

Survey questions were guided by the current policy and healthcare context, as well as lived experience perspectives and other insights gathered by Lung Foundation Australia. Feedback on the survey questions was sought from staff within the organisation working in policy, advocacy, marketing, and communications. Prior to distribution, the survey questions were shared with Moderna Australia. Recommendations made by Moderna Australia were reviewed and managed to prevent any potential conflicts of interest. Staff from Lung Foundation Australia tested the survey and shared the survey with personal contacts for further testing.

Recruitment

Recruitment occurred over a three-week period from mid-May to early June 2025. Respondents were recruited through Lung Foundation Australia mailing lists and paid social media promotion. This recruitment strategy was chosen to attract a mix of respondents, including adults with a lung disease, adults from the general population, and health professionals. In addition, we promoted the survey organically on social media and via other non-government organisations.

Analysis

Data from the close-ended questions were analysed descriptively. Findings are presented for all respondents and for people with a lung disease where applicable. Vaccination and antiviral behaviours are presented by age where relevant to current clinical advice and government subsidies.

Limitations

Respondents were recruited from all states and territories across Australia and across a wide range of age groups. However, the recruitment approach was not intended to yield a representative sample. Most respondents with a lung disease were recruited through Lung Foundation Australia and may not reflect the broader population of people with a lung disease. Furthermore, the contacts known to Lung Foundation Australia who chose to respond are likely to differ in meaningful ways from those contacts who did not. This same issue of representativeness applies to the general adult population sample, who were recruited predominantly via paid Meta ads. Unfortunately, only a small number of health professionals responded to the survey, which limits the generalisability of the findings for this group. Finally, the survey relied on respondents recalling their experiences over time which may have led to experiences being recalled inaccurately.

Survey findings

About the respondents

The survey received 1,571 eligible responses (4 responses were ineligible based on age). In total, 1,423 community members responded and 148 health professionals. Detailed information about the demographic and health characteristics of the respondents are presented in the Appendix.

Health professionals

Almost half (45%) of the health professionals who responded were nurses. General practitioners were the second-most represented profession (14%). Most health professionals were practising in Victoria (32%), Queensland (21%), or New South Wales (20%), but responses were received from health professionals practising in each state and territory.

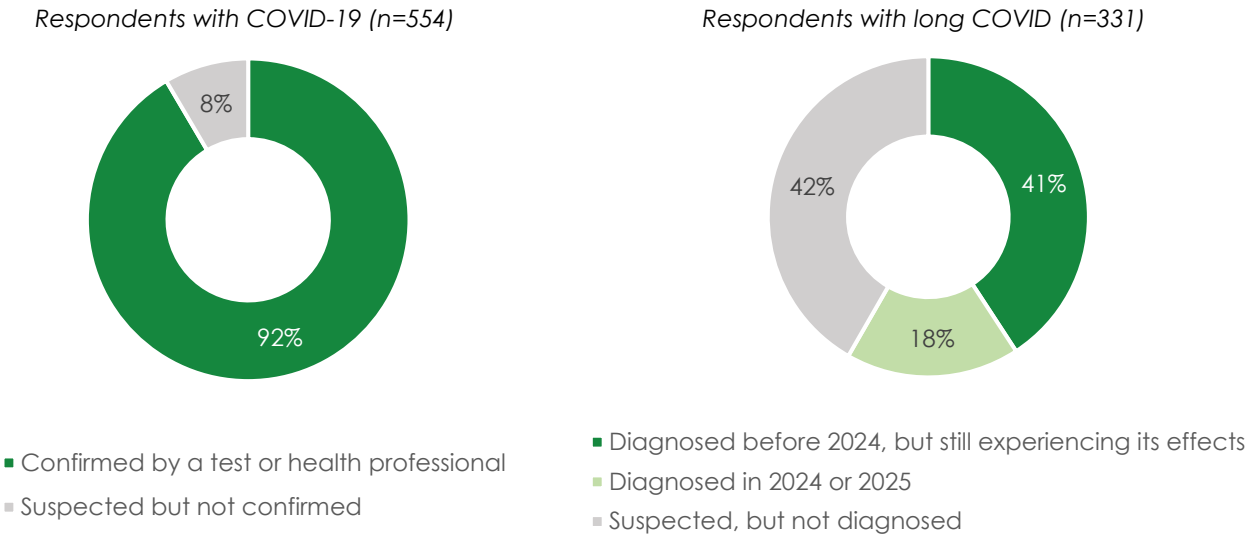
Community members

The community respondents were an older demographic, with more than half (52%) of respondents aged 65 years or older. Respondents were also predominantly female (75%). More than half of the respondents reported living with a lung disease (56%) and/or other long-term health conditions (57%).

Among the respondents with a lung disease (n=791), the most common lung conditions reported were asthma (50%), chronic obstructive pulmonary disease (COPD) (38%), and bronchiectasis (16%). Two-thirds (63%) of respondents with a lung disease were also living with other long-term health conditions, and two-thirds (62%) were aged 65 years or older. Upon further investigation, we found considerable overlap between the respondents with a lung disease and the respondents aged 65 years or older. As such, in this report we have focussed on findings for people with a lung disease, presenting findings by age group where relevant to current clinical advice or policy.

All community respondents were asked about their history with COVID-19 and long COVID since the beginning of 2024. Two-thirds (61%) of respondents had not had a COVID-19 infection in this period. The remaining respondents had had at least one COVID-19 infection in this period, and more than 90% said this infection was confirmed by a test or health professional (see Figure 1). One in four (23%) respondents said they had been experiencing long COVID since the beginning of 2024, and around 60% said the condition was diagnosed by a health professional (see Figure 1). The respondents with long COVID were younger, with two-thirds (63%) less than 65 years of age.

Figure 1. Self-reported history of COVID-19 infections and long COVID since the start of 2024

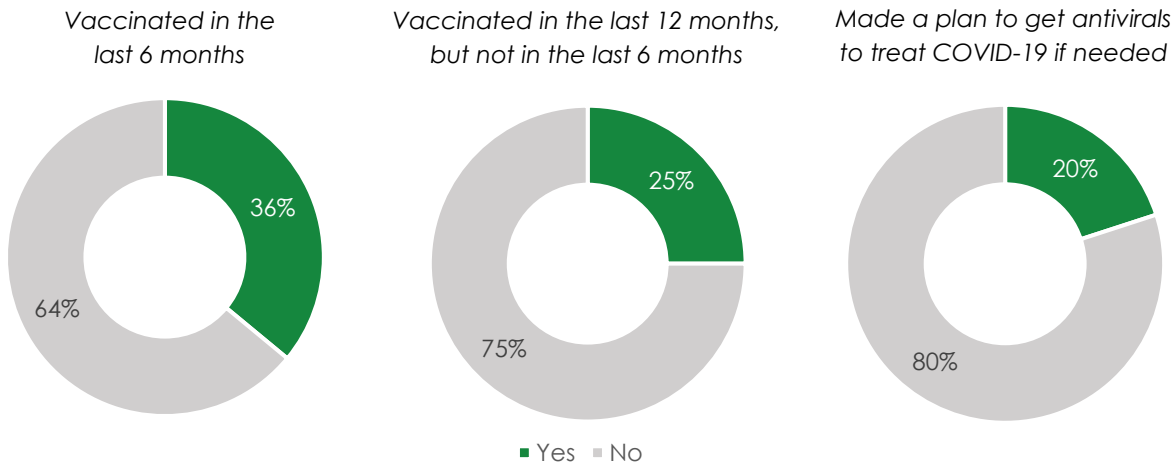


COVID-19 vaccination and treatment behaviours in the community

Two in three (61%) respondents had been vaccinated against COVID-19 sometime in the last 12 months—36% in the last 6 months and 25% between 6 and 12 months ago (see Figure 2).

In Australia, people who are 75 years of age or older are recommended to receive a COVID-19 vaccination every 6 months[5]. Of the respondents in this age group (n=286), nearly half (45%) had been vaccinated in this period. People who are 65 to 74 years of age are recommended to receive a COVID-19 vaccination every 12 months[5]. Of the respondents in this age group (n=447), two-thirds (66%) had received a COVID-19 vaccination sometime in this period. People who are 18 to 64 years of age can choose to receive a COVID-19 vaccination every 12 months and may be clinically recommended to do so if they are severely immunocompromised[5]. Of the respondents in this age group (n=689), more than half (51%) had been vaccinated sometime in the last 12 months. The rates of compliance with COVID-19 vaccination advice in this sample far exceed the rates seen in the Australian population[20], suggesting an engaged and health-conscious cohort.

Figure 2. COVID-19 vaccination and antiviral behaviours among community respondents (n=1,423)



Only one in five (20%) respondents had proactively made a plan with their healthcare provider since the start of 2024 to access COVID-19 antivirals if they became infected (see Figure 2). Of the respondents infected with COVID-19 (n=554), one-third (35%) had taken antivirals as treatment.

Eligibility for government-subsidised COVID-19 antivirals in Australia depends on a person's age and other risk factors for severe disease[13]. In addition, their infection must be confirmed by a test and treatment must be commenced within five days of symptom onset[21,22]. People who are 70 years of age or older are eligible based on age and do not have to exhibit other risk factors. Of the respondents in this age group (n=506), one in five (22%) had proactively planned to access antiviral treatment. Among those infected with COVID-19 in 2024 or 2025 (n=194), nearly half (47%) had taken antivirals to treat their infection.

People who are 50 to 69 years of age may be eligible for antivirals if they have two or more risk factors for developing severe disease, which includes some lung diseases[21,22]. Of the respondents in this age group (n=633), 18% had proactively planned to access antiviral treatment. Among those infected with COVID-19 in 2024 or 2025 (n=238), 32% had taken antivirals to treat their infection.

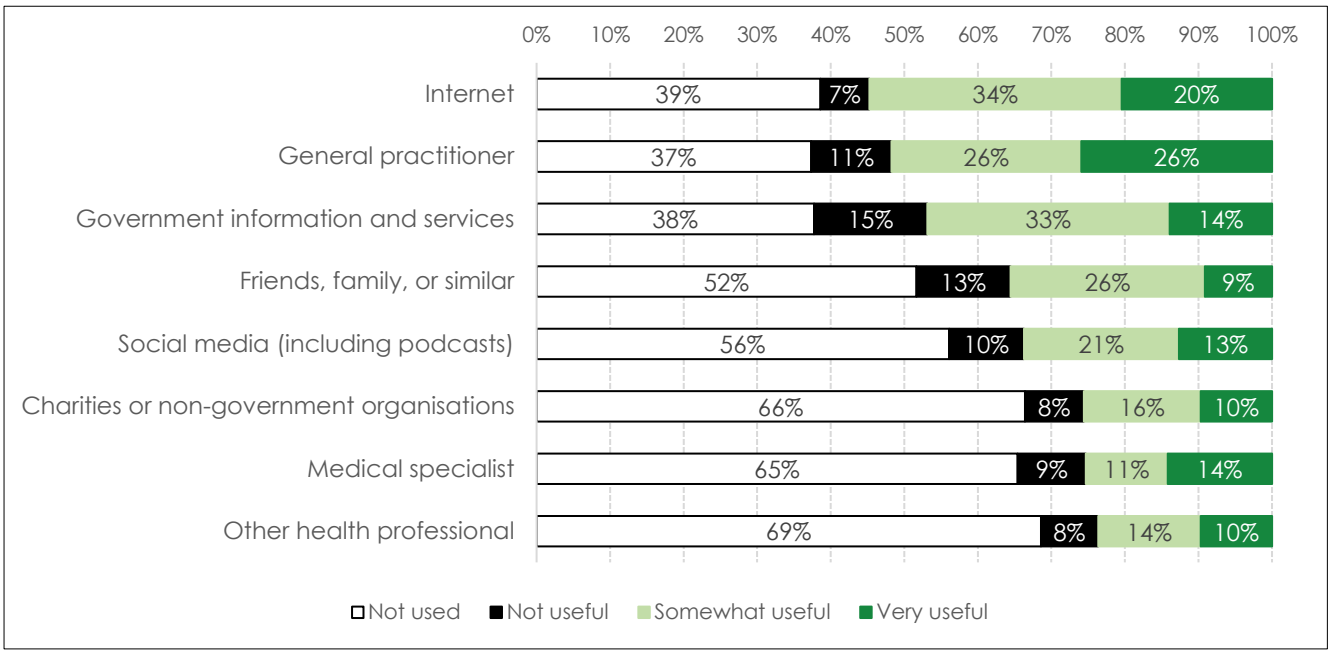
> *"I felt extremely lucky (if you can call it that) to have a lung disease that made me eligible for the antiviral medication, without it, I would not be here today."*

If a person is less than 50 years of age, only a small set of criteria make them eligible for subsidised antivirals[21,22]. Twenty-three percent of respondents in this age group who had been infected with COVID-19 since 2024 (n=121) had taken antivirals to treat their infection.

Post-pandemic information has helped some but not all

Since the start of 2024, respondents were most likely to rate the internet, their general practitioner (GP), and government information and services as useful sources of COVID-19 information (See Figure 3). However, a notable proportion of respondents said their GP and government sources were not useful, suggesting variability in perceived usefulness. Interestingly, one-third (34%) of respondents with lung disease said their GP was a *very useful* source of information, and one in five (20%) said the same of their medical specialist. Fifteen percent of all community respondents said they had not used any of the information sources listed in Figure 3 to help prevent or manage COVID-19.

Figure 3. Sources of COVID-19 information and their usefulness since early 2024 (n=1,423)



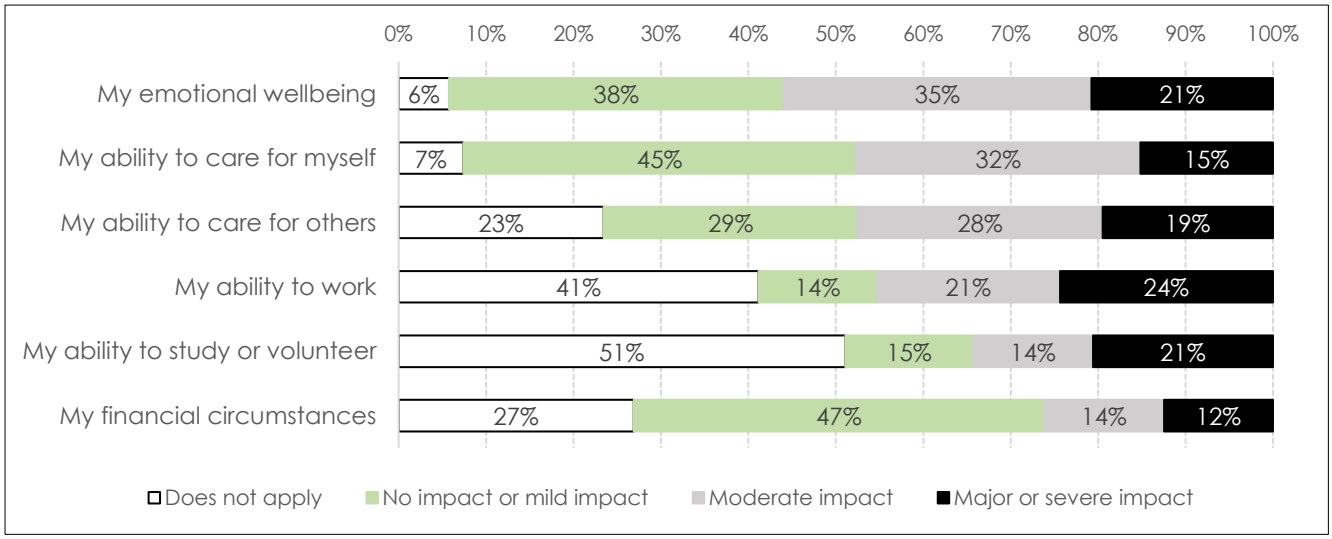
COVID-19 continues to affect workforce participation and other areas

Respondents infected with COVID-19 since the start of 2024 reported a wide range of negative impacts (see Figure 4). Notably, despite the older demographic of the sample, nearly half (45%) reported moderate to severe impacts on their ability to work as a result of their infection.

For respondents with lung disease, COVID-19 significantly affected their lung health. Among those respondents with lung disease who were infected with COVID-19 since the start of 2024 (n=335), 24% said their infection had a *major or severe impact* on their existing lung condition. Furthermore, among respondents with lung disease and other long-term health conditions (n=223), 24% said their infection had a *major or severe impact* on their other pre-existing conditions.

> *"Since getting COVID-19 my lung disease has got more severe, but with incredible support from my medical practitioners I am working towards a more healthier future."*

Figure 4. Negative impacts from COVID-19 infections and their severity since early 2024 (n=554)



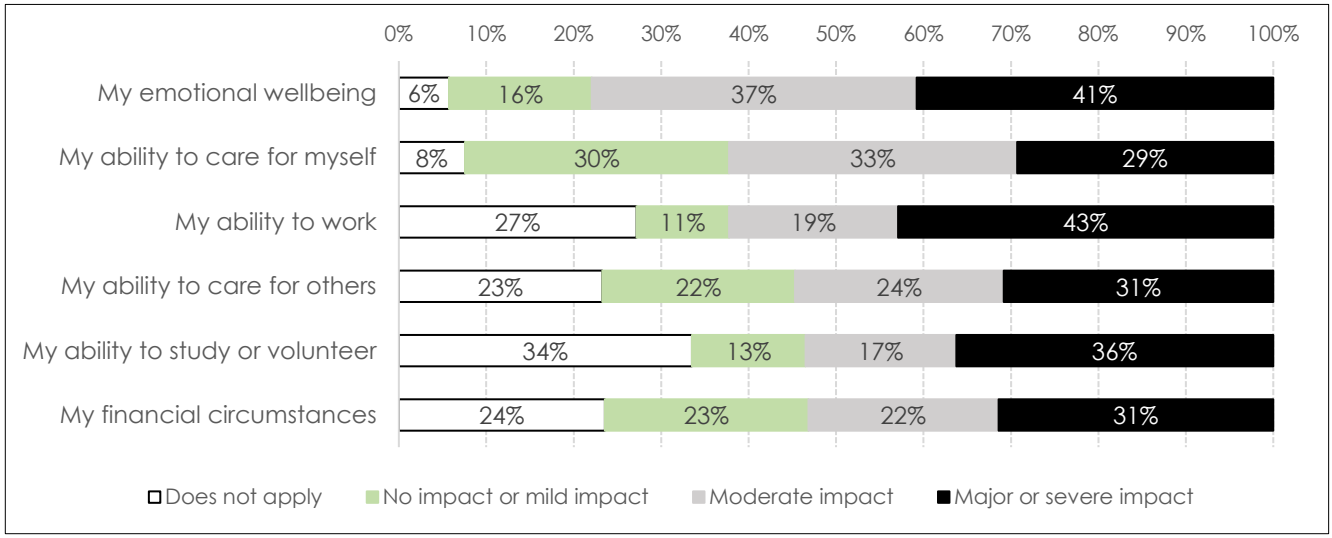
Challenges persist for people living with long COVID

More than 50% of respondents experiencing long COVID in 2024 or 2025 reported moderate to severe impacts across multiple areas of daily life, including emotional wellbeing, self-care, caring for others, work, study or volunteering, and financial circumstances (see Figure 5). Concerningly, nearly two in three (62%) respondents said their ability to work had been moderately to severely impacted by long COVID.

> *"Long COVID has completely changed my life.*
> *[I am] unable to work, [and] unable to look after my kids on my own."*

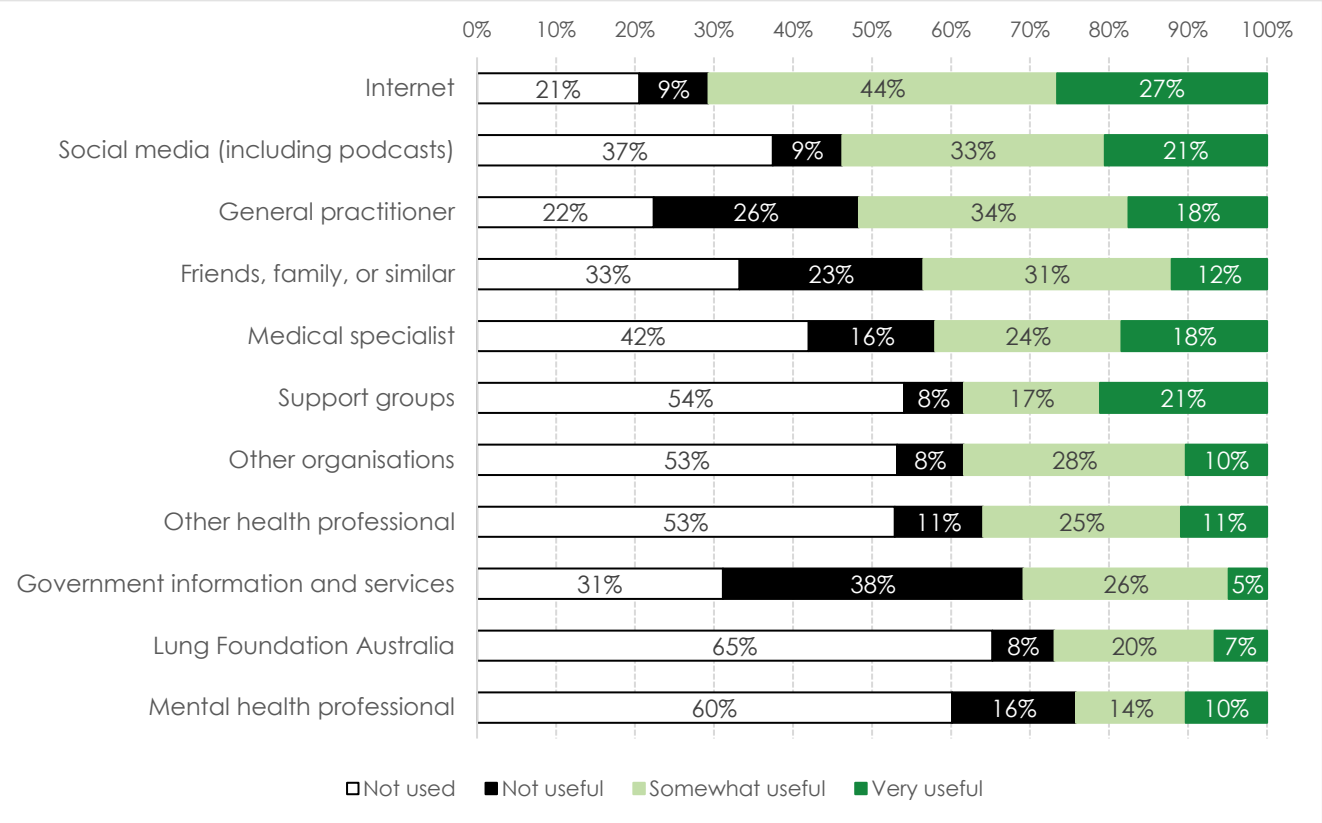
Of the respondents with long COVID who also had lung disease (n=191), three-quarters (73%) said that long COVID had moderately to severely impacted their existing lung condition. Additionally, among those with lung disease and other long-term health conditions (n=150), 80% said that long COVID had similarly affected their other pre-existing conditions.

Figure 5. Negative impacts from long COVID and their severity since early 2024 (n=331)



Respondents with long COVID most often rated the internet, social media, and their GP as useful sources of information and support for managing their condition (see Figure 6). However, more than one in four (26%) respondents said their GP was not useful. Concerningly, around two in five (38%) respondents said that government information and services such as websites, pamphlets and hotlines had not been useful.

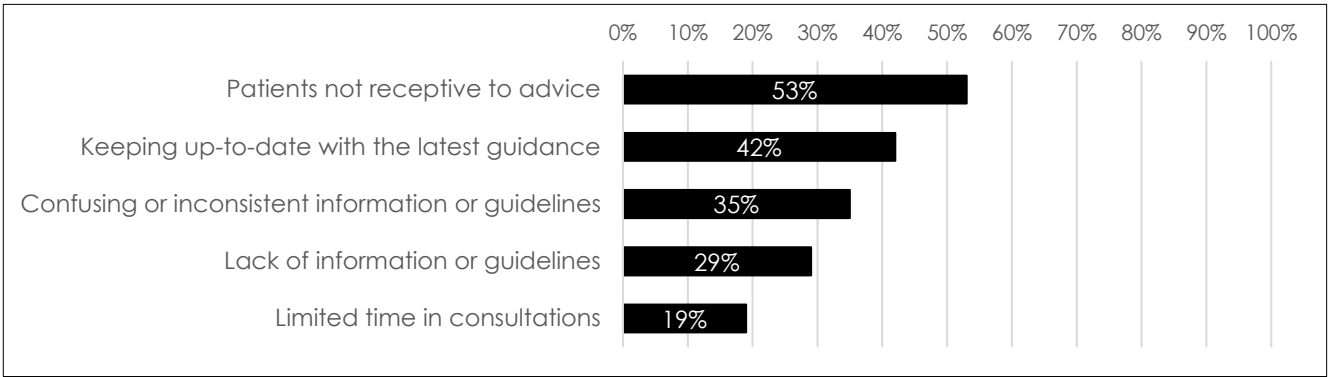
Figure 6. Sources of long COVID information and support and their usefulness since early 2024 (n=331)



Health workforce still confronting COVID-19 and long COVID challenges

As the earlier findings demonstrate, health professionals remain an essential source of information and support for people affected by COVID-19 or long COVID. Unfortunately, health professionals continue to face their own challenges in providing effective care to patients in these areas. Since the start of 2024, the most common challenges faced by health professionals advising patients on COVID-19 were patient receptivity to advice, staying current with the latest guidance, and navigating unavailable or inconsistent advice (see Figure 7).

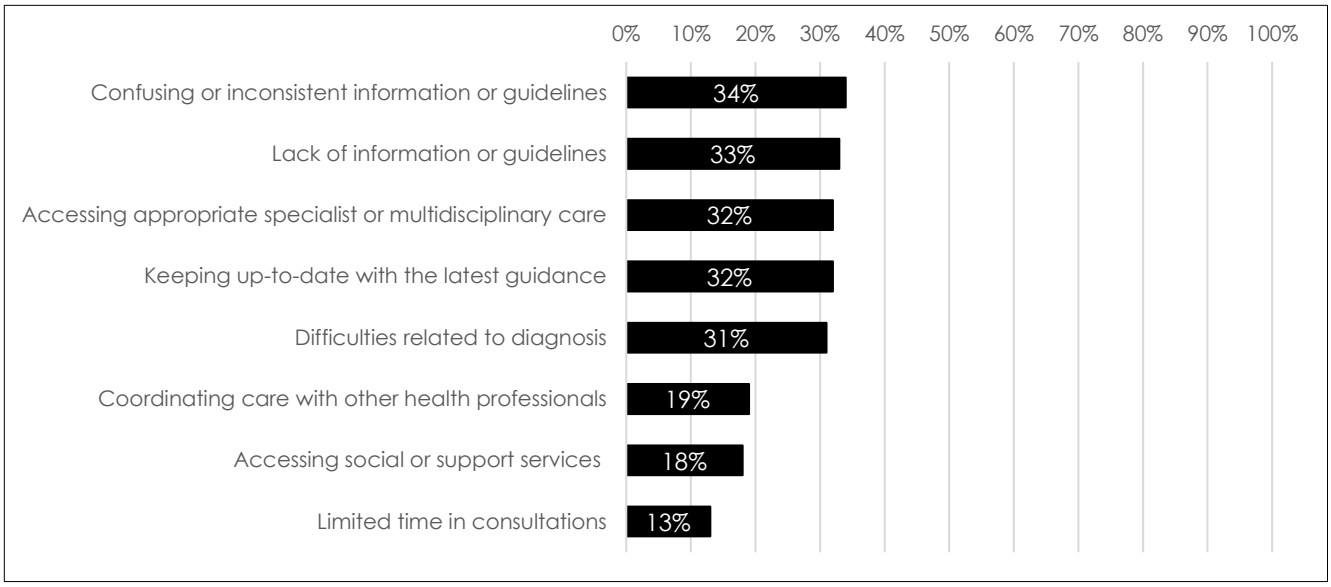
Figure 7. Health professional challenges when advising on COVID-19 since early 2024 (n=148)



Health professionals reported similar challenges when managing patients with long COVID, as well as unique challenges related to diagnosis and access to specialist or multidisciplinary care (see Figure 8).

> *"I saw a client who had been under the care of a long COVID clinic at a metropolitan site which was then shut due to lack of funding. She felt like she had been abandoned. I did provide her with the long COVID resource from the Lung Foundation and that was extremely helpful."*

Figure 8. Health professional challenges when managing long COVID since early 2024 (n=148)

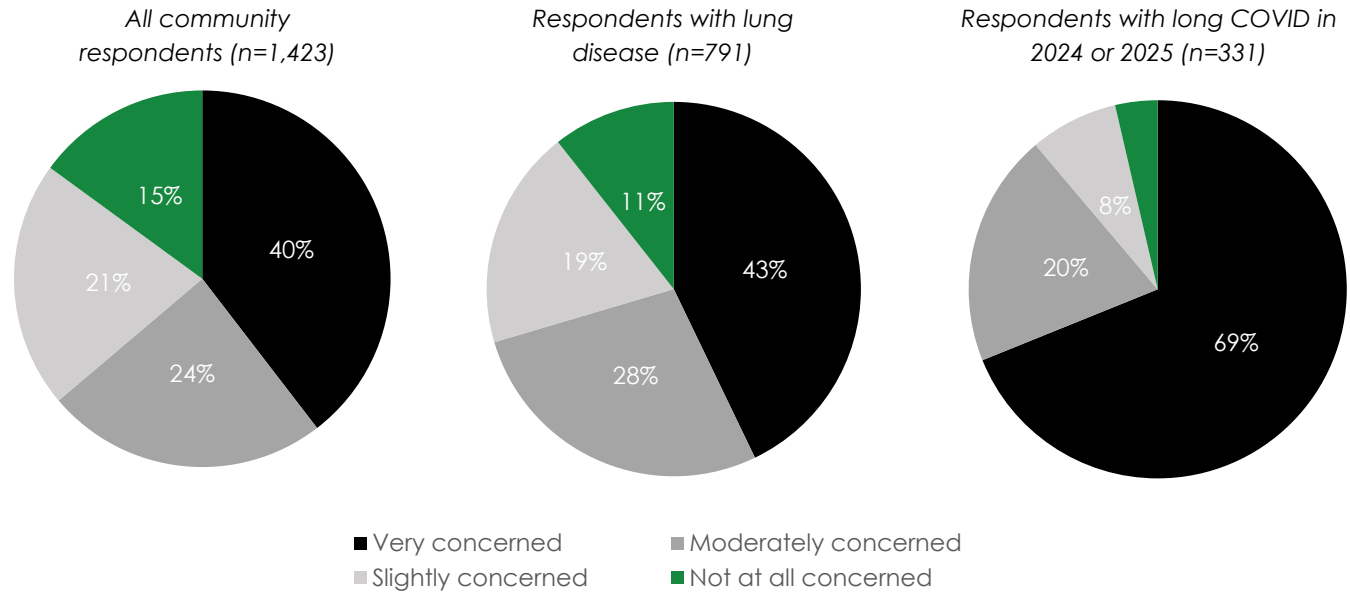


When asked about the types of information or resources that could help to address challenges related to COVID-19 and long COVID, health professionals highlighted the need for patient-focused resources, clear guidelines, and online training and professional development opportunities.

A future with COVID-19

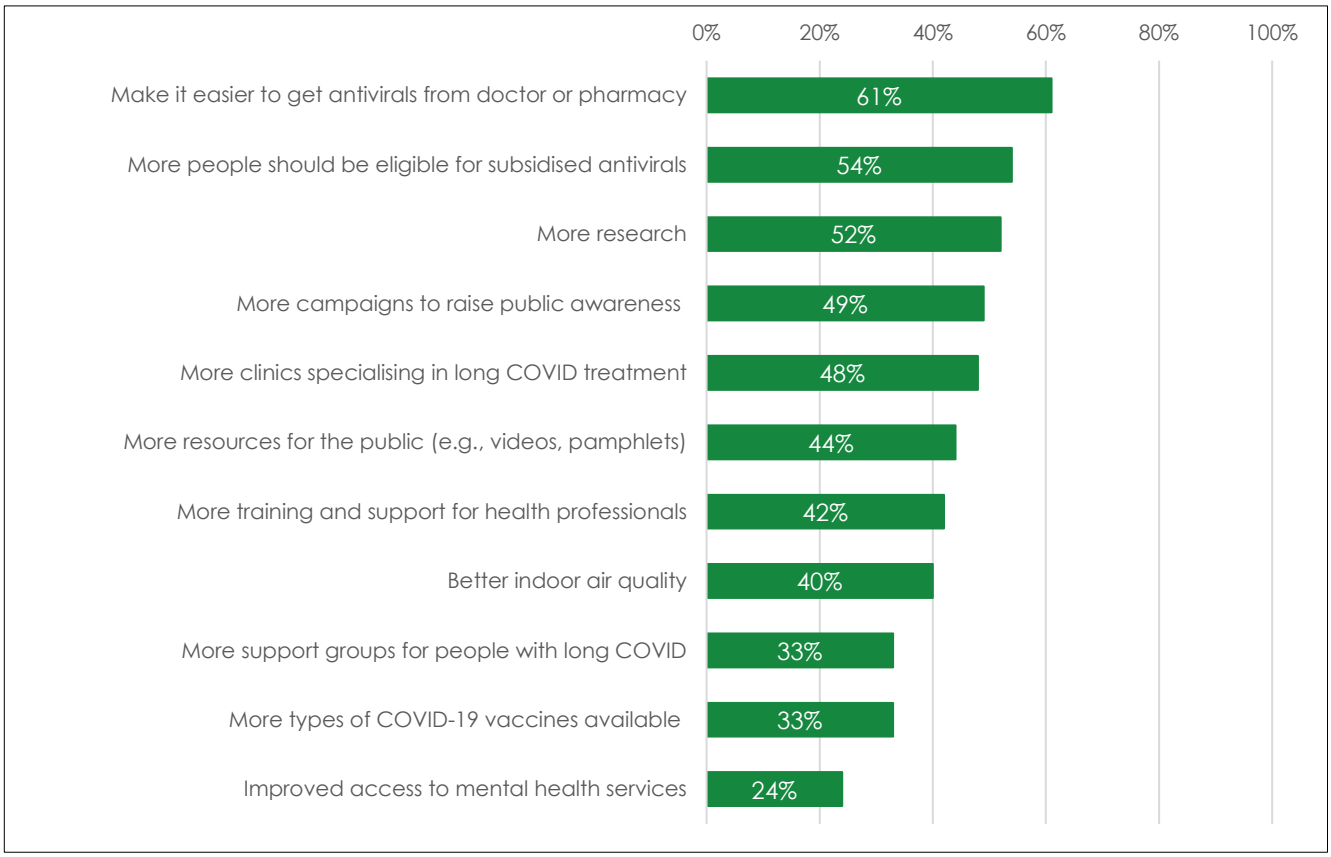
Survey respondents expressed concern about contracting COVID-19 in the future (see Figure 9). More than two in five (43%) respondents with lung disease reported being very concerned about future infection, as did more than two in three (69%) respondents with long COVID.

Figure 9. Level of concern about future COVID-19 infections among community respondents (n=1,423)



Respondents were asked to identify the key priorities for improving the management of COVID-19 and long COVID in Australia. The three most frequently cited issues were: making it easier to get antiviral treatment when needed, improving the affordability of these treatments, and increasing research (see Figure 10). Only a small proportion of respondents (13%) said that something else needed to be done beyond the options in Figure 10, and even fewer were impartial or felt enough was being done.

Figure 10. Issues to address to improve COVID-19 and long COVID management in Australia as rated by community respondents (n=1,423)



Among respondents with lung disease, the most frequently cited priorities for action closely mirrored those identified by the broader respondent group. Similarly, respondents with long COVID highlighted comparable concerns, but showed particularly strong support for increasing specialised long COVID clinics (79%), expanding research efforts (73%), and increasing training and support for health professionals (72%).

> *"I have absolutely no idea where and how to get [COVID-19 vaccinations]. I only see ads and signs for normal flu shots …I assumed they're not really needed anymore."*

Recommendations

COVID-19 continues to have wide-ranging impacts on Australians' health and wellbeing. While Australia navigated many acute challenges posed by the pandemic, there are issues that remain that require sustained and coordinated government action.

Our survey findings indicate that COVID-19 and long COVID continue to affect Australians' ability to work. Australian governments are currently grappling with several productivity challenges[23], which are made worse by reductions in the effectiveness of the Australian workforce. Acute COVID-19 infections, and particularly any resulting long-term conditions, may contribute to higher absenteeism, reduced presenteeism, reduced working hours, and unexpected or early departure from the workforce[8]. These effects not only undermine productivity but also place additional pressure on health and social systems.

To mitigate these impacts, it is essential that health, especially preventive health, is positioned as a key lever for improving productivity and addressing other health and social pressures. To support these efforts, we outline recommendations to strengthen vaccination coverage, improve access to treatments, expand public information and resources, enhance support for health professionals, invest in health services, and bolster broader public health measures.

1. Strengthen COVID-19 vaccination coverage and raise awareness

- **Improving COVID-19 vaccination coverage is critical to reducing COVID-19 burden.**
- **COVID-19 vaccinations should remain free for clinically recommended groups.**
- **Federal and state governments must agree on and invest in community-informed and led communication strategies to rebuild trust and raise awareness about COVID-19.**

a) Ensure COVID-19 vaccinations remain free for clinically recommended groups

Although COVID-19 vaccination uptake was higher among the respondents in this survey than the general population, improving vaccination coverage is still central to reducing the burden of COVID-19 in Australia[24,25]. Vaccinations for COVID-19 are currently funded under the National COVID-19 Vaccine Program but may in future be funded through the National Immunisation Program. We affirm that vaccinations that are clinically recommended should remain free for these groups[26]. In addition, there should be an adequate supply of vaccines to enable people to receive a COVID-19 vaccination when it is clinically recommended.

b) Raise public awareness about COVID-19

Public communications and awareness-raising activities related to COVID-19 have diminished since the pandemic. Findings from our survey suggest these activities are still valued by the community and important to improving the management of COVID-19 and long COVID in Australia. This is not a new recommendation, at least with respect to COVID-19 vaccination. The reports arising from the Federal Parliamentary Inquiry into Long COVID and Repeated Infections[27] and the Commonwealth Government's COVID-19 Response Inquiry[28] both recommend that Australian governments devise a strategy, including communications, to improve COVID-19 vaccination coverage, especially in vulnerable or disadvantaged populations. A new National Immunisation Strategy for 2025-2030 was recently released[29], developed by the interim Australian CDC. Rebuilding trust and acceptance in vaccination is identified as a priority, and the value of community-informed and led communication strategies in this effort has been acknowledged. However, further details about implementation are still pending. Effective communication and awareness-raising activities are essential to reducing the burden of COVID-19 in Australia and must be prioritised by Australian governments.

2. Improve access to COVID-19 treatments

- **COVID-19 antivirals offer added protection against severe disease, alongside vaccination.**
- **People who are vulnerable or disadvantaged are less likely to receive COVID-19 antivirals. Equity of access to these treatments must be addressed.**
- **The Australian Government must progress the recommendations from the Health Technology Assessment Review to improve consumer engagement in the medicines review process.**

a) Raise awareness about eligibility for subsidised treatments and improve equity of access

A substantial proportion of survey respondents advocated for improved access to antiviral treatment for COVID-19. Based on the age and health characteristics of the survey respondents, it is possible that many people are not aware they are eligible for subsidised treatment. The effectiveness of COVID-19 antivirals is contingent on treatment being available and commenced in a timely manner, positioning these treatments predominantly within preventive health care. Raising awareness about eligibility for antiviral treatments could be strengthened through strategies that promote preventive and proactive health care, such as enhanced guidance and support in general practice via Primary Health Networks, and expansion of the role of other health professionals, including pharmacists, in delivering these services[30].

In Australia, there is evidence that COVID-19 antiviral treatments are not being administered equitably across the population[30]. People who are socioeconomically disadvantaged, people from culturally and linguistically diverse backgrounds, First Nations peoples, and people living in rural or remote areas are less likely to receive antiviral treatment[30]. Equity of access must be front-of-mind when considering strategies to raise awareness and improve uptake of these treatments amongst eligible individuals. There should be further community consultation and engagement to ensure activities are effectively designed to address the issues being experienced.

b) Monitor evidence to expand treatment eligibility and strengthen consumer engagement in medicine review processes

Related to the need for improved access to antivirals, survey respondents also strongly supported expanding the eligibility for government-subsidised COVID-19 antivirals through the PBS. The net benefits of potential expansion to eligibility for government-subsidised antivirals must continue to be monitored, with eligibility expanded as appropriate.

The final report on the review of Australia's health technology assessment policies and methods has been provided to the Australian Government and includes important recommendations to address inequities in access to treatments, improve timely access to medicines, and improve engagement in these processes, especially by consumers[31]. These reforms, if implemented by the Australian Government, will deliver substantial benefits by truly embedding consumers as partners in the medicines review process. We strongly support these reforms and encourage the Australian Government's continued action on these matters.

3. Provide the public with more resources and information about COVID-19 and long COVID

- **There is still a public need for COVID-19 information. Federal and state governments must invest in better information and targeted dissemination, with a focus on reaching people who are vulnerable or disadvantaged.**

In addition to raising public awareness, community respondents and health professionals supported the need for more consumer resources, such as websites, videos, and pamphlets. Through the pandemic, governments and non-government organisations developed numerous resources to protect the public, but information needs have changed. Findings from our survey suggest more consumer resources are required, or, where such resources already exist, there is a need for better and more targeted dissemination. Resource development and dissemination should focus on reaching vulnerable or disadvantaged groups, noting that collectively these groups represent a significant proportion of the population.

The channels through which individuals access information and support for COVID-19 and long COVID are critical to effective resource development and dissemination. We gathered valuable insights into the sources of information and support that people have been relying on since the pandemic. These insights can be used to inform future resource development and dissemination. However, targeted consultation may be required for populations who are likely to have been underrepresented by this survey.

4. Invest in training and information solutions for health professionals

- **Confusion persists and information is lacking for health professionals to effectively manage COVID-19 and long COVID in the community.**
- **Further clinical guidelines for long COVID management are not expected until 2028.**
- **Federal and state governments must invest in activities that offer tangible benefits in the short term, such as training and information dissemination.**

Various insights drawn from the survey, including community experiences with information and support, health professional challenges, and views on outstanding issues, underscore the need to strengthen training and support mechanisms for health professionals. Although only a small number of health professionals responded to our survey, we heard from a range of different disciplines. As was the case during the pandemic, numerous different health professions continue to play an important role in the prevention and management of COVID-19 in the community. Unfortunately, confusion persists, and information to support health professionals in their duties is lacking. These challenges are also evident in the management of long COVID.

In 2024, the Australian Government committed $1.1 million to the National Health and Medical Research Council (NHMRC) to develop clinical guidelines to support the management of myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS)[17]. These guidelines will make reference to other post-infection illnesses, including long COVID. Although this is an important investment by the Australian Government, these guidelines are not expected to be released until early 2028[32]. There must be additional investment by governments in the short term to support health professionals to prevent and manage COVID-19 and long COVID in the community. Investment should be directed towards activities that will have tangible benefits for health professionals and the community, such as online training and its dissemination (e.g., through platforms like the Lung Learning Hub), targeted dissemination of any existing clinical guidelines that may currently be underutilised, and translation or consolidation of evidence or advice into clear and digestible formats for health professionals.

5. Strengthen current state health responses to long COVID

- **Proposed reforms to chronic disease management in primary care will take time to translate into noticeable benefits to consumers.**
- **Long COVID clinics are still in demand in the community.**
- **State governments should continue to invest in specialised services equipped to care for people with long COVID and should consider expanding access to these services.**

The findings from our survey demonstrate that there are people with confirmed or suspected long COVID who are facing significant challenges accessing useful information and health care, and who remain deeply concerned about future COVID-19 infections. The Australian Government are progressing reforms to improve the management of chronic conditions, like long COVID, in Australia, based on strategic documents such as the Strengthening Medicare Taskforce Report[33]. Similarly, the Australian Government have invested in research into long COVID[15], as well as the development of further clinical guidelines (see Recommendation 4). However, these initiatives require significant time to translate into noticeable benefits to consumers. There is more that can be done in the short term to improve the experiences of people living with long COVID.

Even though only one-quarter of respondents said they had been experiencing long COVID, nearly half of all community respondents said there should be more clinics available that specialise in long COVID treatment. Publicly-funded specialised services which offer multidisciplinary support are available, but they are limited in number and only available in some states. There are some privately-funded specialist services, but these are also in high demand[34], and a small number of primary care-led clinics are emerging. To improve availability and equity of access to long COVID care, state governments should expand services for long COVID in consultation with healthcare providers. The role of these clinics in the context of the broader health system can continue to be re-examined as new evidence emerges and other reforms, especially those related to chronic disease management in primary care, are implemented. However, expanding health services that specialise in long COVID treatment could provide much needed support in the short term. Recommendations 3 and 4 will also be critical to improving current support.

6. Consider further actions to reduce COVID-19 transmission

- **Preventive health measures to reduce COVID-19 transmission require further attention and embedding as part of routine public health practice.**
- **Efforts to keep people well and reduce the spread of harmful respiratory infections like COVID-19 must not be forgotten.**

Preventive health measures that reduce the transmission of COVID-19 remain relevant in the post-pandemic context, such as staying home when unwell, practising good hygiene, using masks in specific contexts, and improving indoor air quality[35,36]. The importance of efforts to reduce the transmission of COVID-19 must not be forgotten. Strategies to reduce the spread of harmful airborne viruses like COVID-19 should be embedded in routine public health practice and communications. Continued attention to these measures can help reduce unnecessary burden from COVID-19, protect vulnerable populations, and support a more resilient health system.

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Appendix

Table 1. Demographic and health characteristics of community respondents (n=1,423)

	Mean	SD	N	%*
Age (years)	61.9	15.0	-	-
Age groups†				
18-24	-	-	26	2%
25-34	-	-	72	5%
35-44	-	-	109	8%
45-54	-	-	181	13%
55-64	-	-	301	21%
65-74	-	-	447	31%
75-84	-	-	251	18%
85+	-	-	35	2%
Gender				
Female	-	-	1065	75%
Male	-	-	300	21%
Non-binary/other/prefer not to say	-	-	58	4%
Residence				
Australian Capital Territory	-	-	43	3%
New South Wales	-	-	374	26%
Northern Territory	-	-	11	1%
Queensland	-	-	245	17%
South Australia	-	-	139	10%
Tasmania	-	-	45	3%
Victoria	-	-	395	28%
Western Australia	-	-	171	12%
Lung disease				
Yes	-	-	791	56%
Asthma	-	-	394	28%
Bronchiectasis	-	-	126	9%
COPD	-	-	303	21%
Cystic fibrosis	-	-	10	<1%
Interstitial lung disease	-	-	103	7%
Lung cancer	-	-	40	3%
Rare lung disease	-	-	32	2%
Other/prefer not to say	-	-	81	6%
No	-	-	632	44%
Other long-term health conditions				
Yes	-	-	812	57%
Arthritis	-	-	320	22%
Cancer (other than lung)	-	-	41	3%
Chronic kidney disease	-	-	30	2%
Diabetes	-	-	114	8%
Heart disease	-	-	140	10%
ME/CFS	-	-	108	8%
Stroke	-	-	21	1%
Other	-	-	516	36%
Prefer not to say	-	-	30	2%
No	-	-	611	43%

SD= Standard deviation; COPD=Chronic Obstructive Pulmonary Disease; ME/CFS= Myalgic Encephalomyelitis/Chronic Fatigue Syndrome. *Proportion of all community respondents. †Data entry error for n=1.

Table 2. Profession and practising jurisdiction of health professional respondents (n=148)

	N	%*
Profession		
General practitioner	20	14%
Medical specialist	15	10%
Nurse	67	45%
Physiotherapist/exercise physiologist	13	9%
Other†	33	22%
Practising jurisdiction		
New South Wales	30	20%
Queensland	31	21%
South Australia	12	8%
Victoria	48	32%
Western Australia	20	14%
Other state/territory‡	7	5%

*Proportion of all health professional respondents. †Includes nurse practitioners, pharmacists, Aboriginal and/or Torres Strait Islander health workers or practitioners, and other professions not listed in survey. Combined due to small number of respondents in these professions. ‡Includes respondents practising in the Australian Capital Territory, the Northern Territory, or Tasmania. Combined due to small number of respondents in these jurisdictions.