COVID-19 DHHS and RACGP Victoria webinar Summary document

Monday 23 March 2020

Presenters

— Dr Annaliese van Diemen, Deputy Chief Health Officer (Communicable Disease), DHHS
— Dr Sarah McGuinness, Infectious Diseases Physician, The Alfred Hospital
— Dr Cameron Loy, RACGP Victoria Council Chair
— Dr Karen Price, RACGP Victoria Council Co-Deputy Chair
— Dr Anita Munoz, RACGP Victoria Council Co-Deputy Chair

Clinician advice line 9am–5pm Mon–Fri

- Option 3 when calling notification number (1300 651 160)
- If calling outside of business hours can likely leave a message if not urgent

Medicare

- Vulnerable doctors now able to do all work via telehealth
  - Working on getting clarity on definition of chronic medical conditions relating to this
  - Working on further changes to come through

International

- >300,000 cases
- Concerning when this hits developing countries

Victoria

- Victoria up to 355 cases this morning; 50–70 cases/day
- Doing work behind scenes to shut down outbreaks
- At least 6 cases with unknown link
- Multiple people under investigation
- Seriously considering some enforcement (eg people breaking isolation and quarantine), though hoping to avoid this

Testing

- Cannot run out of tests
- Using single nasopharyngeal swab
- Delays
  - Now private pathology and some hospitals testing
  - VIDRL running up to 2500 tests in 24 hours
  - Turnaround time now approx. 2 days (improved from middle of last week)
  - That said, might have quicker turnaround time if negative as newer labs are running positives again with VIDRL
- If not covered by Medicare, VIDRL will run for free
  - Can put on pathology form for tests in these cases to be forwarded to VIDRL
- Changing criteria for testing
  - Any healthcare workers with symptoms OR fever to be tested
  - Residential aged care workers or residents – assume all URTIs are COVID
  - High risk if Aboriginal or Torres Strait Islander so should be tested

Modelling

- Think peak might be 10–13 weeks from now
- Too many variables to know how exactly this will go
- That said, it's scary and need to take all measures that we can, particularly social distancing

New fact sheet coming out for people with symptoms but don't fit testing criteria

- Advice: Self-isolate until 3 days after well

If in isolation and needing care

- Ambulance Victoria has system in place for this
- Encourage telehealth where possible
- Hoping COVID-specific clinics will be able to help with this as well, though this is not confirmed

Safety with examinations

- PPE
  - Surgical mask vs n95 – risk depends on if aerosolising procedures are happening
  - Surgical masks are appropriate if patient is coughing or sneezing (producing droplets)
  - Cannot guarantee cloth masks are helping, but unlikely to hurt
- ENT examinations in children
  - Encouraged to use PPE when there might be droplets
  - DHHS working with Commonwealth to get more masks released to general practice
  - Eye protection important and one part of PPE that can be cleaned and re-used

Social distancing

- Not banning family gatherings, but consider what can be done electronically or meeting outside
- Work on protecting people who are most at risk

Communications

- New comms team at DHHS just started

Influenza vaccination

- From infectious diseases perspective, very few people should have 2 flu vaccines
  - One issue is limited supply, even though largest order ever placed – would prefer to cover everyone than get some people twice
  - Higher dose vaccination for older people is because with advanced age coverage does not last as long
  - Only small number of people who are very high risk should get 2 immunisations
  - Important to give free vaccines out only to those who qualify as order is based on people who have those conditions
  - Consider carpark flu clinics and do things by telephone with nurse – not feasible for a lot of clinics, though
  - Patients not to attend if in any way unwell
  - DHHS will try to get PPE for high volume flu clinics

If Doctor positive

- Phone call will be made to see who has had 15min of face to face contact (who are the close contacts)
  - Therefore, sit further away in long consults so does not count as face to face (>1.5m)
  - Unlikely to affect too many work colleagues
  - Strict cleaning guide will be provided for work that can be done by normal cleaners
  - No longer doing media releases when clinics are affected because there are so many of them

Doctor tests negative but still has sniffles

- Not to return until sniffles resolved

- At home until 3 days after resolution; will need to review case by case situation (eg post-viral cough) – can call clinician line for this advice

Respiratory virus testing (eg testing for influenza)

- Hoping for joint panels, but this is still a way off
- Likely to reach point where don't have capacity for resp viral testing except where highest risk (eg HCWs, aged care, etc); everyone else will just need to stay home

Roles for other therapies are being discussed

- Hydroxychloroquine has no role in prophylaxis
- The drugs being discussed should not be used outside the hospital setting and really only in RCT setting as unsure of safety
- Using these will create shortages for patient who need it (SLE, HIV)

ACE-inhibitors

- no evidence that continuing these would cause harm

Ibuprofen

- no evidence that ibuprofen causes harms and patients can continue taking it