



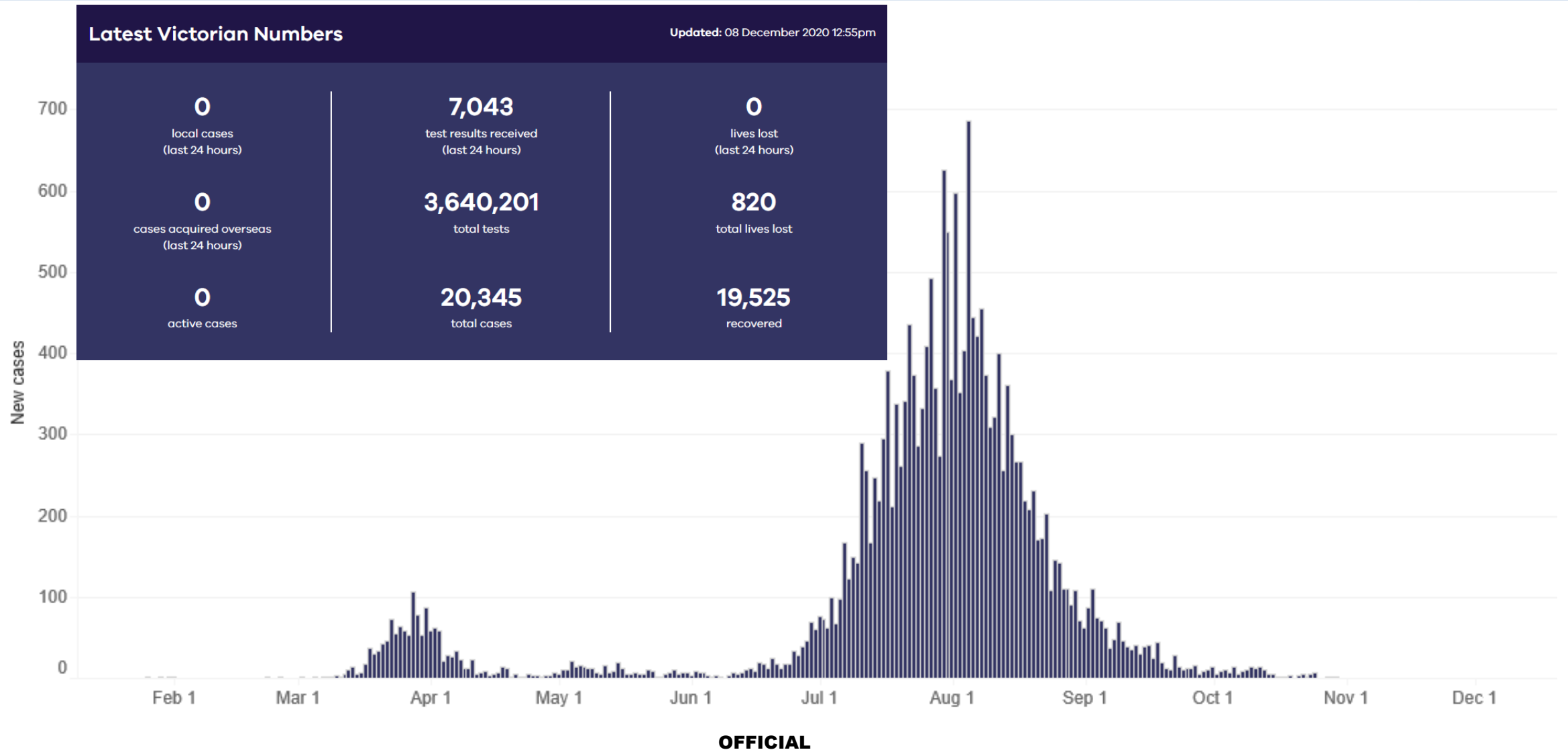
Coronavirus (COVID-19)

RACGP Wednesday 9 December 2020

For the latest information
www.dhhs.vic.gov.au/coronavirus



Situation in Victoria



Victoria's COVIDSafe Summer

STAY SAFE
STAY OPEN

COVIDSafe
principles



Wear a face mask



Physical distancing
(1.5 metres)



Good hand hygiene



Don't go to work unwell



Cough and sneeze into
tissue or elbow



Outdoor activities

- From 11:59pm on Sunday, 6 December 2020 Victoria moved to COVIDSafe Summer restrictions.
- These eased restrictions will let Victorians get back to doing the things they love, while also protecting everything we have worked so hard to achieve this year.
- DHHS is urging Victorians on getting tested if they feel any symptoms; minor or major.

Current restrictions

All of Victoria

Six COVIDSafe principles

Carry a face mask when you leave home

Don't go to work if you feel unwell

Maintain physical distancing of 1.5 metres

Cough and sneeze into a tissue or your elbow

Perform good hand hygiene

Outdoor activities carry less risk than indoor activities

State-wide restrictions

No restrictions on travel

Up to 30 people can visit you at home

Outdoor gatherings of up to 100

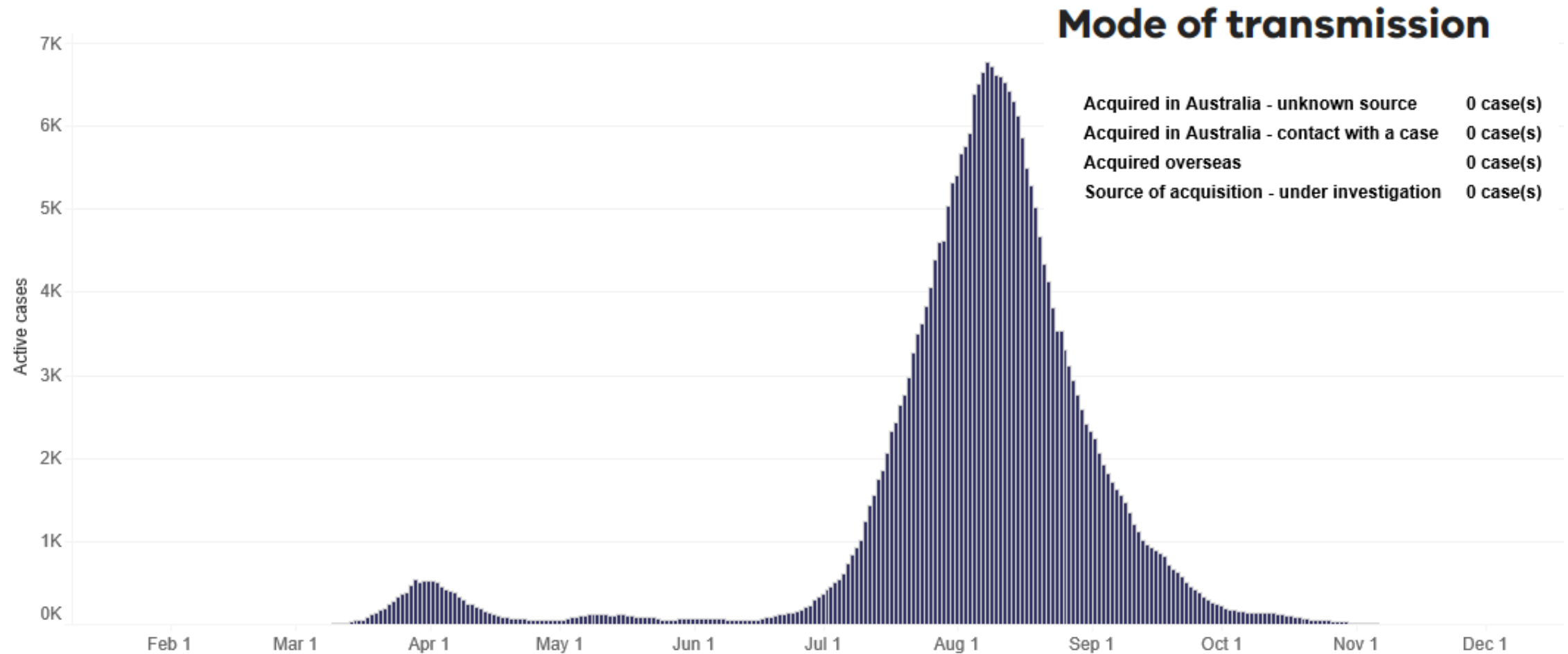
Always carry a face mask – face masks must be worn on public transport, in taxis and when going to large retail venues, including shopping centres, supermarkets and department stores

Phased return to on-site work

Restaurants, cafes, bars and pubs can open

Weddings, funerals and religious gatherings can occur with no limits on the number of guests or attendees

Transmission of coronavirus (COVID-19)



Key messages

- Stay Safe to Stay Open as we begin to open up Victoria. To ensure we minimise the risk of resurgence **six COVIDSafe principles** apply :
 1. Carry a face mask when you leave home.
 2. Don't go to work if you feel unwell.
 3. Maintain physical distancing of 1.5 metres.
 4. Cough and sneeze into tissue or your elbow.
 5. Perform good hand hygiene.
 6. Outdoor activities carry less risk than indoor activities.
- The **Coronavirus (COVID-19) Home Safety Plan** is a resource for families to plan and implement COVIDSafe measures, at home and out in the community.
- Cleaning, signage, record keeping **COVIDSafe requirements** continue to apply.
- Stay connected and support each other.

Conclusions

- **Coronavirus (COVID-19) is a significant disease**
 - Older people are most at risk, but younger people (especially those with chronic conditions) can have severe complications.
- **COVIDSafe Summer** lets Victorians get back to doing the things they love, while also protecting everything we have worked so hard to achieve this year.
- **We need everyone to help**
 - follow the six COVIDSafe principles
 - get tested if you feel unwell
 - we can't contact trace unless we identify a case
 - it is important to get the message out to everyone



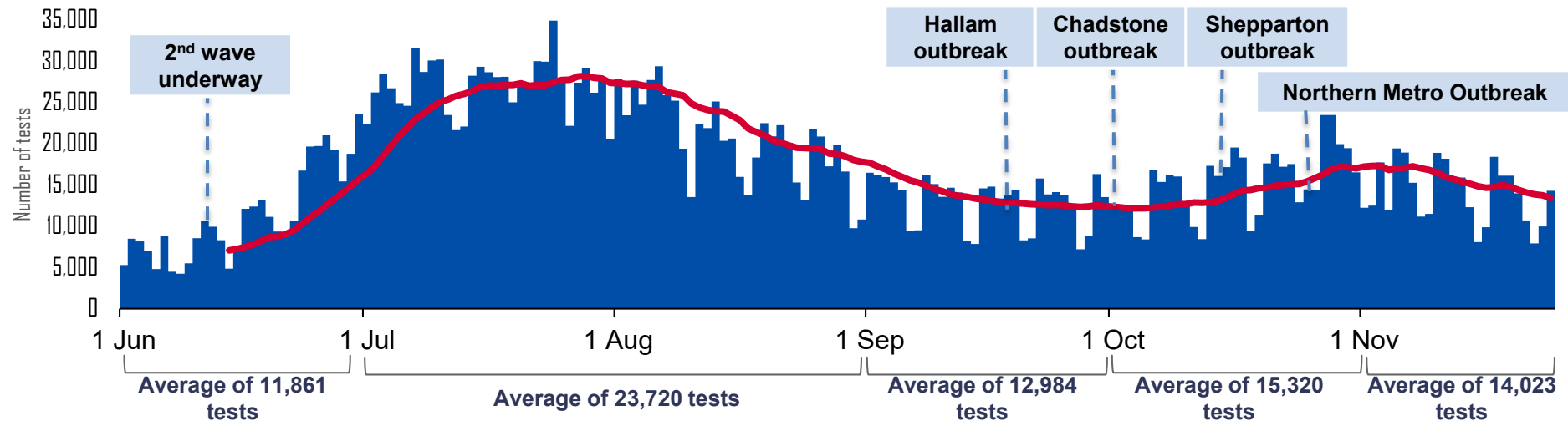
Victorian COVID-19 Testing Strategy

“Not all tests are equal: an informed and sustainable COVID-19 testing strategy for the next six months”

November 2020 to April 2021

Context and Purpose

- At 7 December, Victoria has recorded 38 continuous days of zero COVID-19 cases
- Victoria has a **world-leading Testing System**, that is extensive, high capacity and dynamic, which has helped us beat the second wave:



- We have learnt from other jurisdictions that declining testing numbers as we reach COVIDNormal are a **common experience**, as are high rates of COVID-19 in returned travellers managed in quarantine and the need for deep engagement with CALD communities.

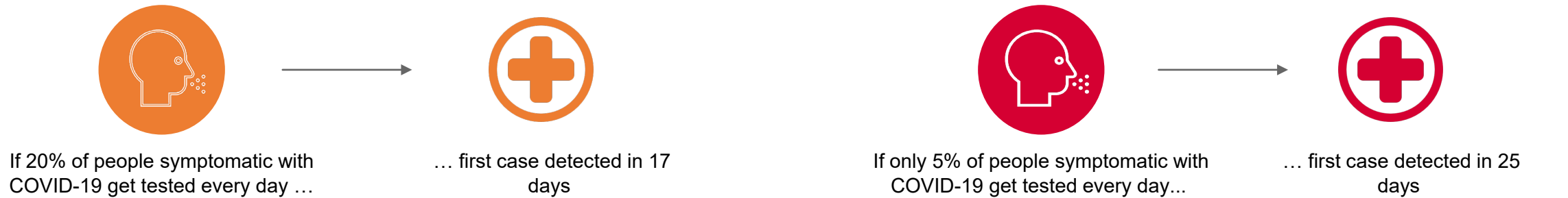
Purpose

- The suppression / eradication of the second wave means our greatest **risk is now transmission following from the virus being re-introduced** through international arrivals, ports of entry, hotel quarantine and state border crossings, instead of community detection of existing cases
- This Strategy outlines **how we are pivoting our Testing System** to respond to the changing environment, considering new evidence.

Evidence: Burnet Institute Modelling

Evidence shows that our best strategy remains strong symptomatic testing, combined with minimising the impacts of COVID-19 incursion into Victoria, and surveillance testing in industries that would be virus amplifiers

Recent modelling from the Burnet Institute considers our current low or no COVID-19 community transmission environment.



The Burnet Institute found that the primary focus must still be on maximising symptomatic testing.

It remains of critical importance that our Testing Strategy centres around **strong testing and community engagement for symptomatic Victorians**. This includes an emphasis on the existing public health system, as well as purpose-built Testing infrastructure.

Daily chance person symptomatic with COVID-19 gets tested			
	5%	11%	20%
Days to find first case <small>90th percentile</small>	25 days	21 days	17 days
Chances of a large outbreak	54%	47%	41%

Assumes that there are no restrictions when coronavirus case is introduced.

COVID-19 Testing Strategy: The three pillars

This evidence leads to a three-pillar Strategy for Testing in Victoria, to be executed over the coming months.



Priority 1: Maximise symptomatic testing

Symptomatic testing must support and utilise existing health pathways whilst being accessible and flexible.

Testing will be maintained through:

- Enhanced collaboration with the primary care sector
- Community engagement and communications
- Targeted approaches for CALD communities
- Wastewater surveillance



Priority 2: Reduce transmission risk from interstate or overseas

- In the current environment, the key biggest risk to transmission is incursion from an infected person from interstate or overseas.
- Targeting both incoming people and workers at entry points is key to finding new positive cases early.



Priority 3: Detect asymptomatic infection in amplification settings

Mandatory surveillance testing in industries that are high risk remains a priority.

Focal areas for a baseline testing program will change over time:

- Food Supply Industry
- Industries with risk of amplification of introduced infection
- Industries where there are high consequences of introduced infection e.g. aged care, health services.

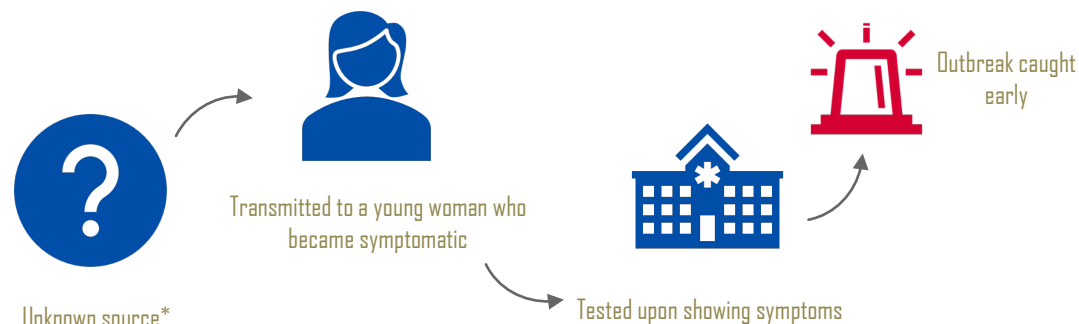
Symptomatic testing: essential to stopping the third wave

Every effort is being made to maintain symptomatic testing numbers, even if the community is reluctant to be tested and community transmission is 0.

Symptomatic testing will help to catch a positive case before it is amplified

Almost every hotel quarantine breach in Australia and New Zealand has been detected because **somebody became symptomatic and got tested**.

Symptomatic testing caught a New Zealand outbreak early



*This case was eventually genomically linked to a border worker who only had casual contact with the index case

Symptomatic testing will help to catch a positive case before it is amplified

The Burnet modelling notes that as community transmission remains at 0, it be more and more challenging to convince people with symptoms to get tested. This is borne out by Victoria's testing rates, and a jurisdictional comparison with New Zealand – **it is a common experience for testing rates to drop as community transmission remains at 0**.

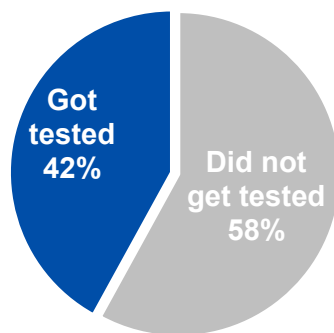
For example, DHHS modelling suggests that **GP presentations for respiratory conditions may be a lead indicator** for COVID-19 diagnoses in the community, in contexts where there is no restriction on movement, low testing numbers, and few cases. As this is the context Victoria is currently in, it therefore remains critically important that GPs are engaged in monitoring for symptoms in order to catch further outbreaks.

Maximising symptomatic testing: Behavioural insights

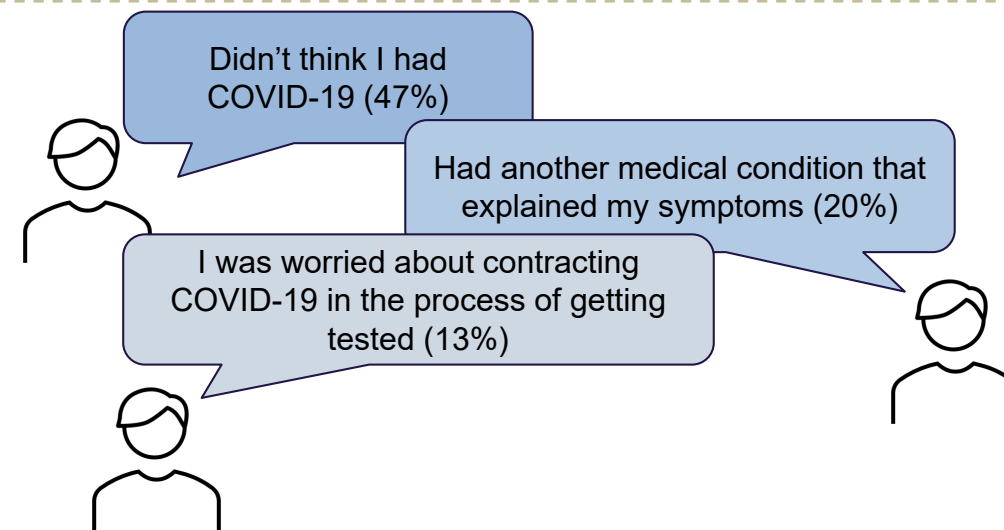
Fewer than half of symptomatic Victorians will get a COVID-19 test

In the week to 6 November, **only 42% of those with symptoms got a COVID-19 test.**

Symptomatic

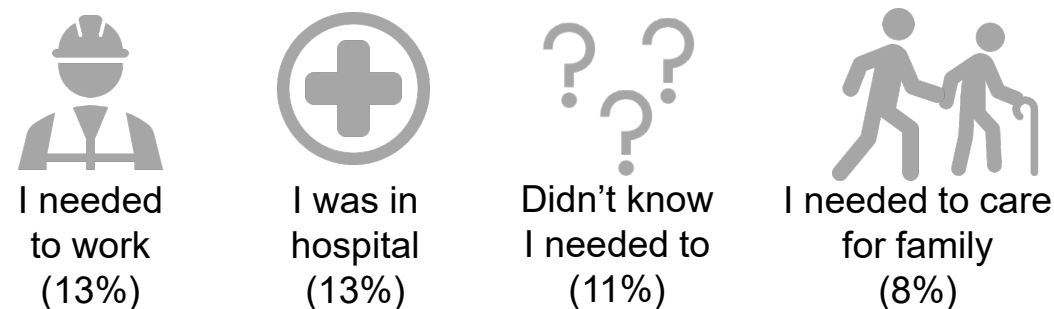


Top reasons for not getting tested:



10% of those who did get tested did not stay at home (isolate) while awaiting results

Top reasons for not isolating:



Strategies to increase symptomatic testing: Primary Health Sector

The Primary Health Sector, our GPs and local health services, can play a key role in the population participation in symptomatic COVID testing

1. Increasing accessibility

- GPs are leaders within their community, and are key enablers for individuals to participate in testing
- When local GP practices provide testing for COVID-19, this increases community accessibility and actively reduces barriers around transport and drive-through testing sites

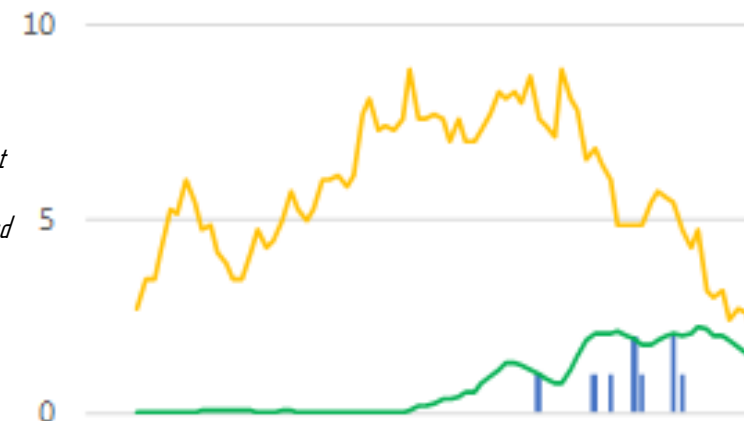
2. Community education and advocacy

- They can create an experience where testing is easy and accessible, but educate and build capacity of communities at the same time
- Enhancing these pathways will result in primary care clinicians becoming an advocate for COVID testing and COVIDSafe behaviours within the community

3. Widespread testing

- Prioritising these partnerships with the primary care sector will encourage more widespread testing
- As the number of clinics who willingly participate in testing increases, so will symptomatic testing, through incidental visits where a COVID test may be undertaken
- Enhancing this approach will result in symptomatic testing increasing in depth and breadth due to the wide cross-section of the community that visits clinics – and DHHS modelling suggests that this is likely to be a lead indicator for COVID cases.

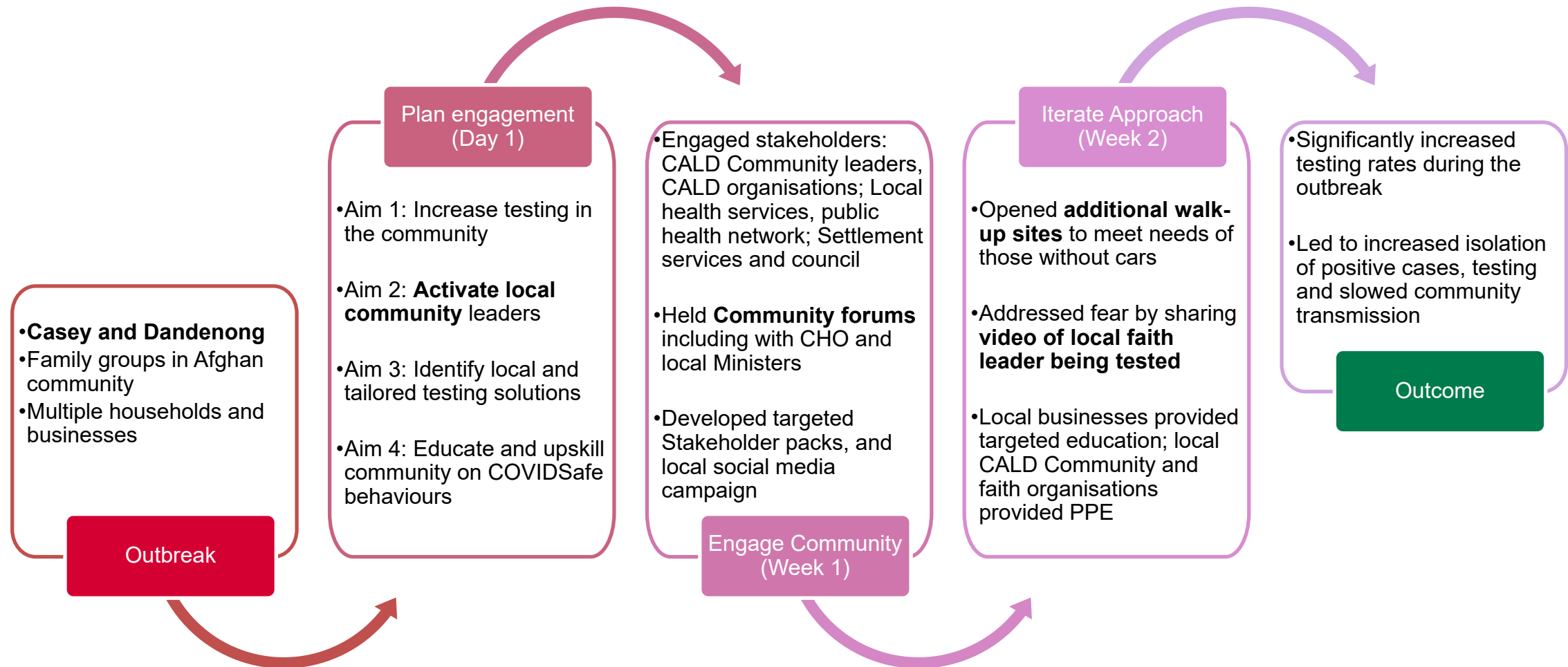
DHHS modelling suggests that GP visits for respiratory conditions is likely to be a lead indicator for COVID cases in 'COVIDNormal'



As a part of this strategy, we will partner with a range of key stakeholders, including, RACGP, AMA, RWAV, PHNs, community health organisations

Symptomatic testing: Casey and Dandenong Case Study

Right message, to the right people, at the right time



Maximising symptomatic testing: CALD and at-risk communities

Informed and nuanced engagement with CALD and at risk communities through industry and community partnerships

1. State-wide initiatives

- CALD Health Advisory Panel
- Cross-agency taskforce
- Strategic partnership and ongoing advice from the Victorian Multicultural Commission and through Roundtables
- Translated materials – website, social media, posters and collateral encouraging testing for even the mildest of symptoms.
- Regular communication through the Victorian Multicultural Commission WhatsApp community leader group to encourage testing

2. Recently arrived / settlement

- Knowledge and insights
- Bicultural workers in health services.
- Local Partnerships with Settlement Service Providers and Community Organisations to provide increased outreach
- Targeted international student engagement
- Proactive community leader meetings

3. CALD communities impacted by outbreaks

- Intensive community relationship-building over four weeks. Seek understanding of any community-specific barriers to testing. Rapidly empower and support action across trusted leader's communication and engagement channels to address barriers.
- Outbreak-specific stakeholder packs that leaders can customise and share with community – translated materials included
- Bicultural Workers and Rapid Response Community Engagement Teams activate
- Support for CALD community organisations providing local bicultural engagement

Strategies to increase symptomatic testing: **Wastewater surveillance**

Wastewater surveillance can detect COVID-19 virus in the community that hasn't been caught through other means

Wastewater surveillance will act as Victoria's first line of defence to detect COVID-19 virus in the community that hasn't already been caught through other testing means.

The value of wastewater surveillance will be continually assessed as more positive results are expected when hotel quarantine arrivals shed the virus more in our community.

The wastewater surveillance program is flexible and adaptable to the change in COVID risks and seasonal population fluctuations, e.g. summer holiday destinations and increased socialising

Surveillance at over 50 sampling
locations across the state



More sites planned soon to increase resolution



Positive wastewater compared
against known-locations of COVID
positive cases

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Targeted public health messaging



Industry surveillance: increasing frequency of high-value tests

The COVID-19 Testing Strategy December 2020 – April 2020 in high-risk border-adjacent industries

To ensure we are testing as often as required to detect COVID-19 in the highest risk industries adjacent to our borders, the Testing Strategy requires frequent testing of all Hotel Quarantine and Ports of Entry staff.

Industry	Risk Rating	Total Staff (in scope for testing)
*Hotel quarantine Health hotels & Hotel quarantine	Very high	3,100 (hotel quarantine) 300 (health hotels)
**Ports of entry (border force, sea pilots, baggage handlers, cleaners etc.)	High (international)	~ 500
	Medium (domestic)	~ 500

***Note:** Testing of Hotel Quarantine workers and Ports of Entry workers will occur alongside but under a different system to testing of travellers themselves, for which the Department of Justice and Community Safety is responsible.

****Note:** Definitions around Ports of Entry still under discussion

Industry surveillance: testing strategy for amplification settings

The COVID-19 Testing Strategy December 2020 – April 2020 in amplification industries

A baseline testing regime in amplification settings will be maintained over the coming months, although the focus of this surveillance testing may change as people return to work in different settings and as Victorians move about during summer.

Industry	Risk Rating	Total Staff (in scope for testing)
Residential aged care (public and private)	Low (but very high impact)	~ 40,000 Estimate
Health care (hospitals)	Low (but high impact)	All staff associated with COVID wards
Commercial Cleaners	Low	TBC
Positive partnership approach / voluntary		
Major shopping centres	Low (but high contact)	~ 40,000 Estimate
Commercial passenger vehicles	Low (but high contact)	~ 40,000 Estimate
Meat processing	Low	~ 17,000 Estimate
Distribution centres	Low	~ 8,500 Estimate

***Number 1** priority is Hotel Quarantine and Ports of Entry – caution: testing targets not to exceed testing capacity

Delivery Model: other delivery methods increase access

A range of delivery methods increase access to testing

Call to Test – a new state wide in-home testing service that assists vulnerable Victorians to help slow the spread of the coronavirus (COVID-19) commenced on 4th August 2020.

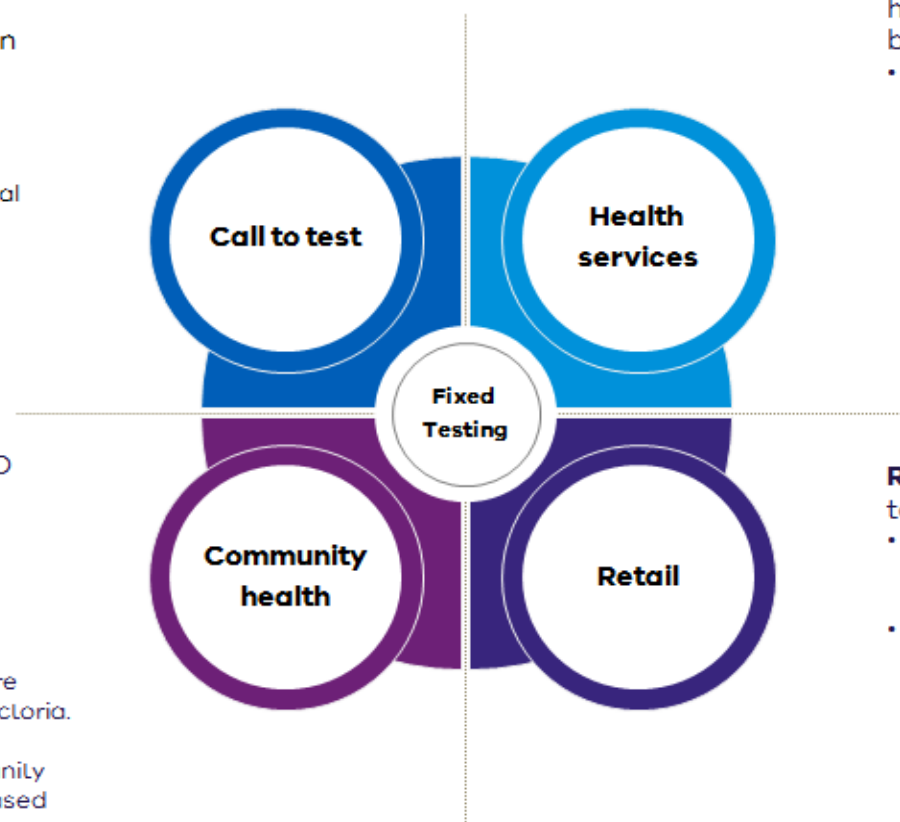
In particular:

- people with an injury, chronic health issue, or frailty affecting mobility
- people with moderate to severe physical or psychosocial disability
- people with moderate to severe mental health or behavioural issues not otherwise classified as a psychosocial disability
- carers for a person with moderate to severe disability

Community health services provide access to COVID testing services as well as targeted services for vulnerable population groups.

Features of this service include:

- access to range of primary health, human services and community-based support
- Mixed modal testing clinics hybrid walk in drive through
- To date, 20 of 26 community health respiratory clinics are located in Metropolitan Melbourne and six in regional Victoria.
- Contributing significantly to the total number of tests conducted since the beginning of the pandemic, community health services have responded swiftly to calls for increased testing capacity when required.



Health services – Victoria's network of public health services providing COVID-19 testing across both metropolitan and regional Victoria.

- 10 metropolitan health service are operating COVID-19 testing sites, operating a mix of walk in, drive through, mobile screening and hybrid models.

Retail Testing is a network for 13 drive through testing facilities operated by the Department.

- They provide high throughput testing capacity strategically located across the North, South, East and West of metropolitan Melbourne.
- The Retail Testing operation has been actively testing since 29th of April 2020, and has contributed to >600,000 tests



Blood borne viruses and sexually transmissible infections update

Dr Mihaela Ivan

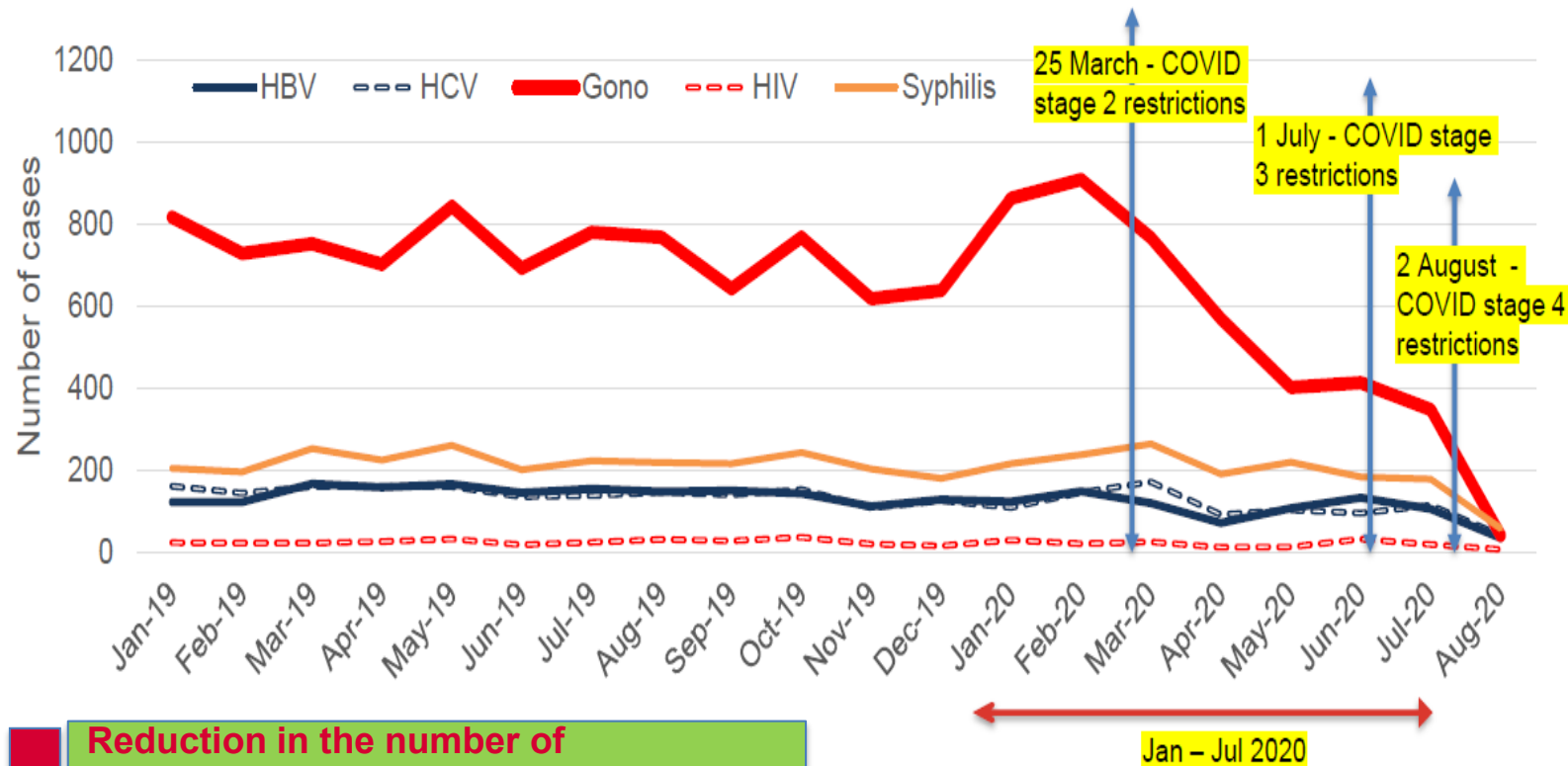
RACGP webinar

9 December 2020

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COVID-19 impact

BBV and STI notifications in Victoria and COVID-19 response timeline



Reduction in the number of notifications - Jan to July 2020 compared with the same period in 2019:

HBV - 22%
HCV - 22%
Gonorrhoea - 20%
HIV - 10%
Syphilis - 5%

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COVID-19 impact

BBV/STI change in risk behaviours, access to testing and care

 Attendance to STI clinics

 HIV PreP and PEP requests

 Hepatitis serology tests

 Hepatitis B monitoring tests

Adolescent oral contraceptive prescriptions

Priority for action - congenital syphilis

Why do we need to act now?

- One case in 1998
- One case in 2004
- **Nine cases between 2017 and 2020 YTD**

Complications

- Low birth weight
- Prematurity
- Congenital defects
- Stillbirth, neonatal death



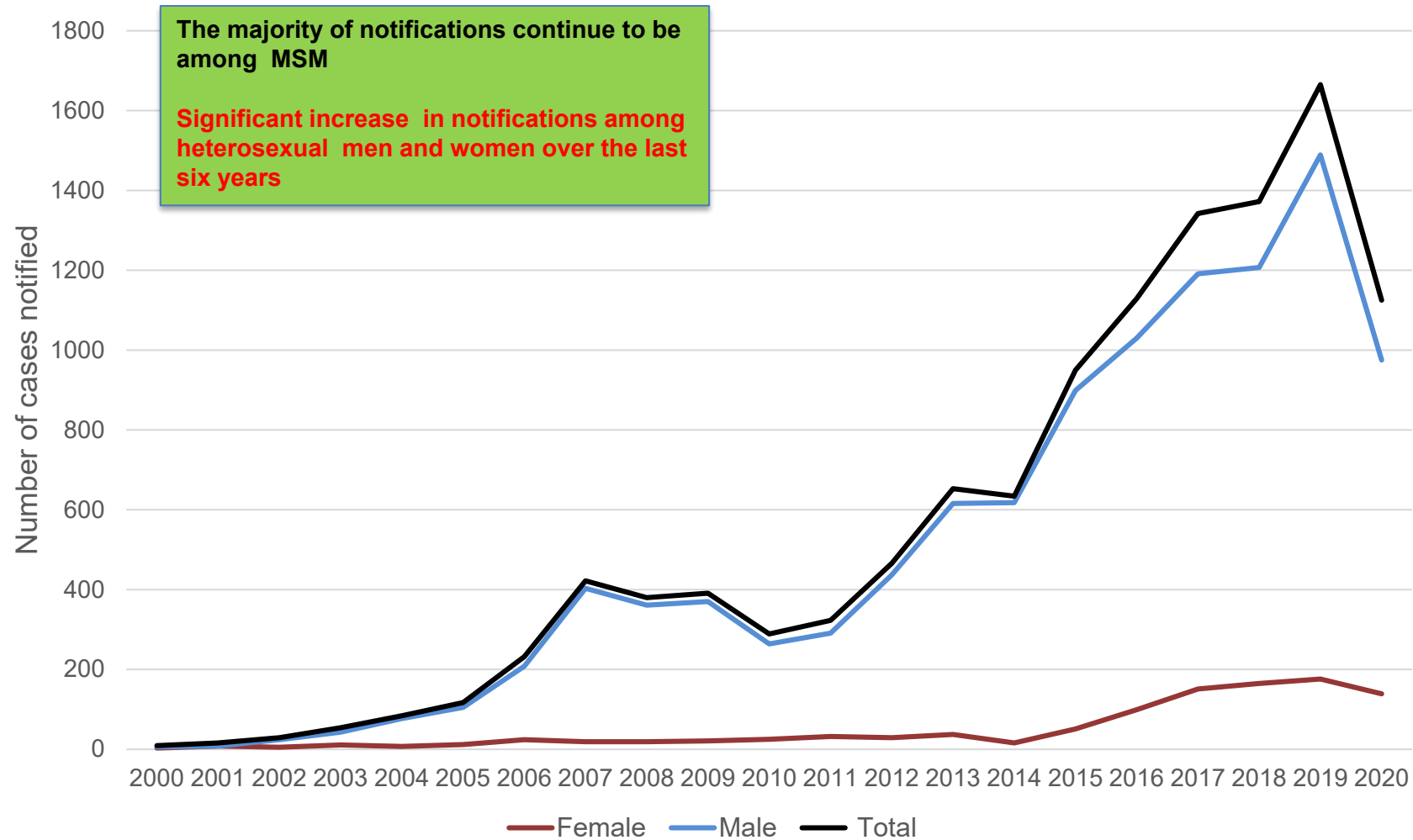
'That is a thing of the dark ages, it shouldn't be happening now'

'Extremely serious problem'

'It is a preventable and treatable disease, it should not be happening in a wealthy country like Australia.'

Priority for action - congenital syphilis

Infectious syphilis notifications in Victoria, by gender (2000-2019)



Priority for action - congenital syphilis

Key messages for GPs

- Syphilis is increasing among women in Victoria
- Screen all pregnant women at the first antenatal visit
- Repeat screening later in pregnancy for women at risk
- Be aware of primary and secondary syphilis presentations; test all symptomatic women
- Do not delay treatment- Benzathine Penicillin
- Be aware of reinfections
- Treat partners
- Educate women about syphilis risk
- Look for other STI and BBV and treat
- Liaise with colleagues and ask for help (pathologists, ID physicians, sexual health physicians, neonatologists, paediatricians, partner notification officers).

**TEST
TREAT
EDUCATE**

Priority for action - congenital syphilis

Additional resources

For GPs

- **DHHS website:** <https://www2.health.vic.gov.au/public-health/infectious-diseases/congenital-syphilis>
- **Melbourne Sexual Health Centre:** Doctor's only information line, phone: 1800 009 903 (Mon–Fri 9:30am–12:30pm, 1:30pm–5:00pm); Website www.mshc.org.au
- **Australian STI Management Guidelines for Use in Primary Care:** www.sti.guidelines.org.au/
- **VHHITAL) program:** education and training for GPs for the management of HIV, hepatitis B, hepatitis C and(STI): <http://nwmpnh.org.au/working-with-us/partnerships-collaborations/vhhital/>.
- **Centre for Excellence in Rural Sexual Health:** <https://www.cersh.com.au/>
- **The Partner Notification Officers (DHHS):** assistance with partner notification. Phone 9096 3367; email contact.tracers@dhhs.vic.gov.au.

For patients

- **DHHS website:** <https://www2.health.vic.gov.au/about/publications/factsheets/congenital-syphilis-information-for-women-and-their-partners>
- **Better Health Channel:** <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/syphilis>

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Thank you