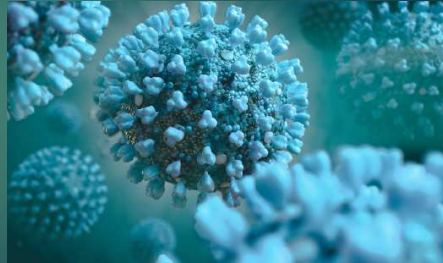


# COVID-19

## Primary Care Update #3

Kat Taylor  
John Ferguson  
Tony Merritt  
John Baillie

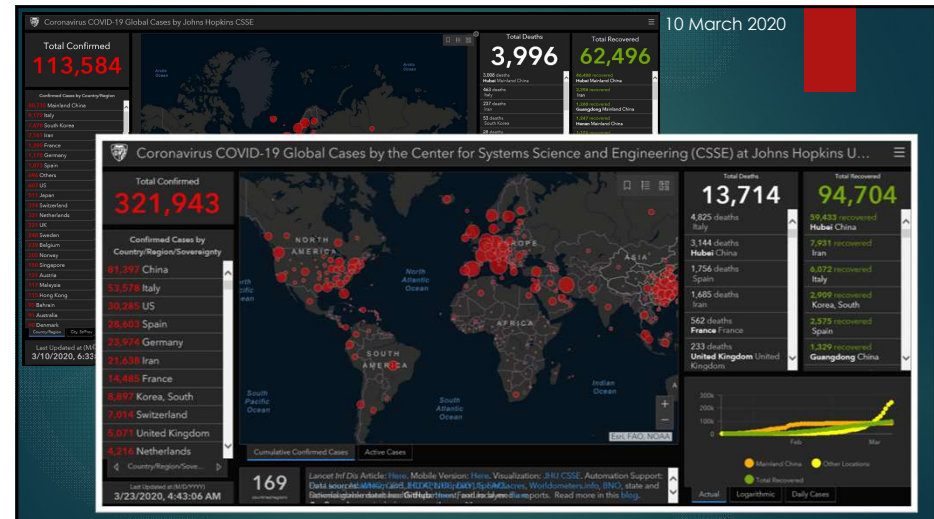
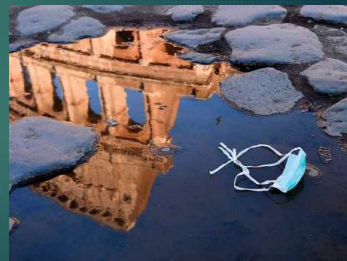
23 March 2020



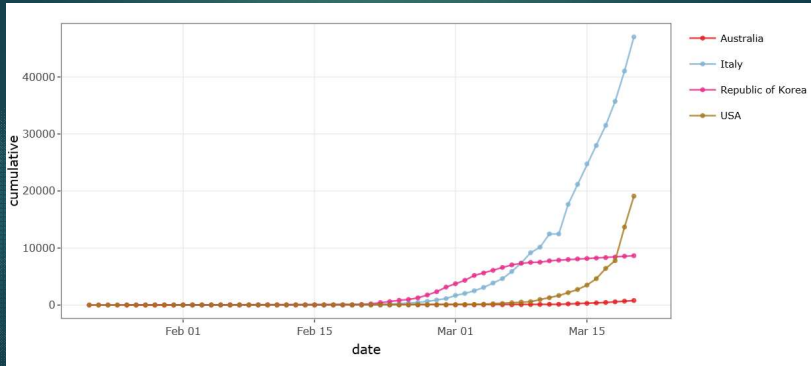
## Sli.do for questions

▶ Event code PHN3

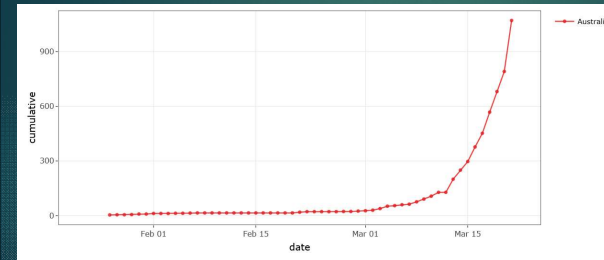
## Global situation



## Country comparisons



## Australia



Now over 1000 cases

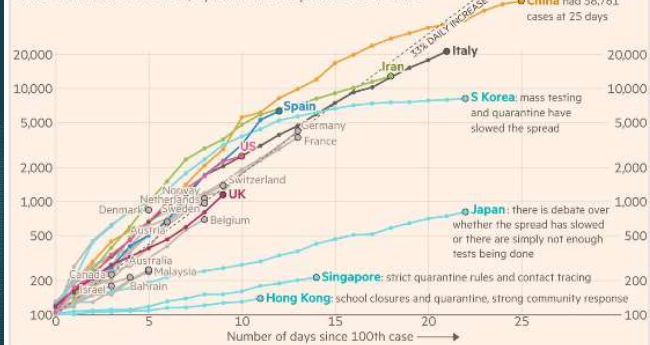
Doubling time 3-4 days

At that rate we get to > 60,000 cases in 3 weeks

Australian total ICU capacity required for ~45,000 community cases

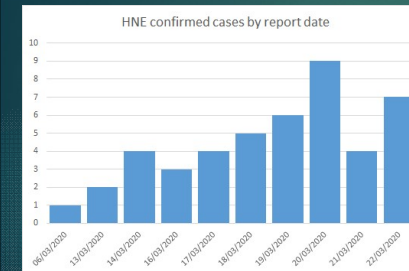
Most western countries are on the same coronavirus trajectory. Hong Kong and Singapore have so far limited the spread; S Korea is slowing its progress

Cumulative number of cases, by number of days since 100th case



FT graphic: John Burn-Murdoch / @burnmurdoch  
Source: FT analysis of Johns Hopkins University, CSSE. Data updated March 14, 19:00 GMT  
© FT

## Hunter New England



| Source                          | Number    | Percent    |
|---------------------------------|-----------|------------|
| Overseas travel                 | 16        | 53         |
| Linked to a confirmed case      | 6         | 20         |
| Linked to a known exposure site | 3         | 10         |
| Unknown                         | 4         | 13         |
| Under investigation             | 1         | 3          |
| <b>Total</b>                    | <b>30</b> | <b>100</b> |

Time from onset to report is a median of 4 days ie data lag real case numbers, which are likely 2+ times higher

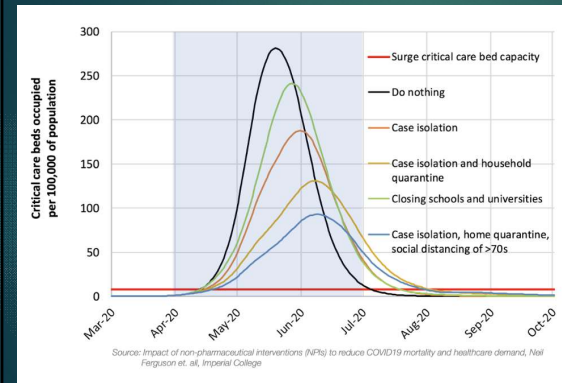
## Current recommendations



## Public Health action plan

1. Identify cases
2. Isolate case to stop transmission
3. Trace contacts
4. Repeat
5. **Social distancing**

## How much social intervention is enough?



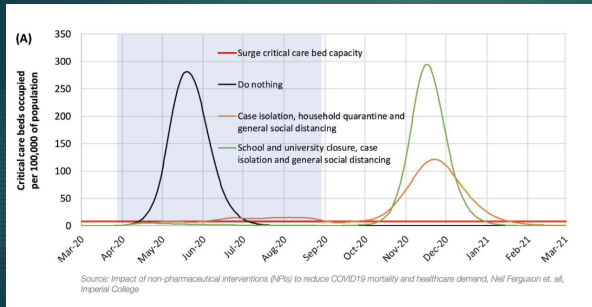
3 month mitigation (blue), UK setting

No action: ICU bed capacity exceeded x 30

Combination of CI, HQ, SD70 reduces deaths by 50%, ICU bed capacity exceeded x 8

18 March 2020 Imperial College COVID-19 Response Team  
 Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand  
 Neil M Ferguson, Daniel Laydon, Gemma Nedjati-Gilani, Nishiaki Imai, Kyle Ainslie, Marc Baguelin,

## Going harder buys time

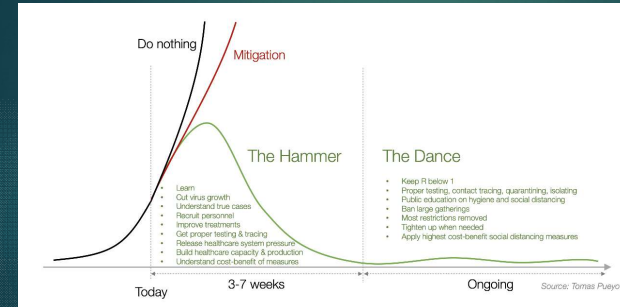


▶ Green: combination of case isolation, general social distancing and university closure achieves  $R_0 < 1$

Use time to

- ▶ Develop vaccine
- ▶ Expand health care system capacity
- ▶ Expand lab capacity
- ▶ Expand PPE supplies

## The Hammer and the Dance



Critical to intervene early:

Wuhan went into lockdown with 400 reported cases

Tomas Pueyo,  
Medium

## Who to quarantine (no symptoms)

For 14 days after last potential exposure:

1. **Returned travellers from overseas (all countries and cruises from 16 March)**
2. **Close contacts of confirmed COVID-19 cases**
3. **Healthcare workers**
  - ▶ Returning from any overseas country

**N.B. Asymptomatic people should not be tested**

## Who to test and isolate (symptomatic)

1. Suspected cases

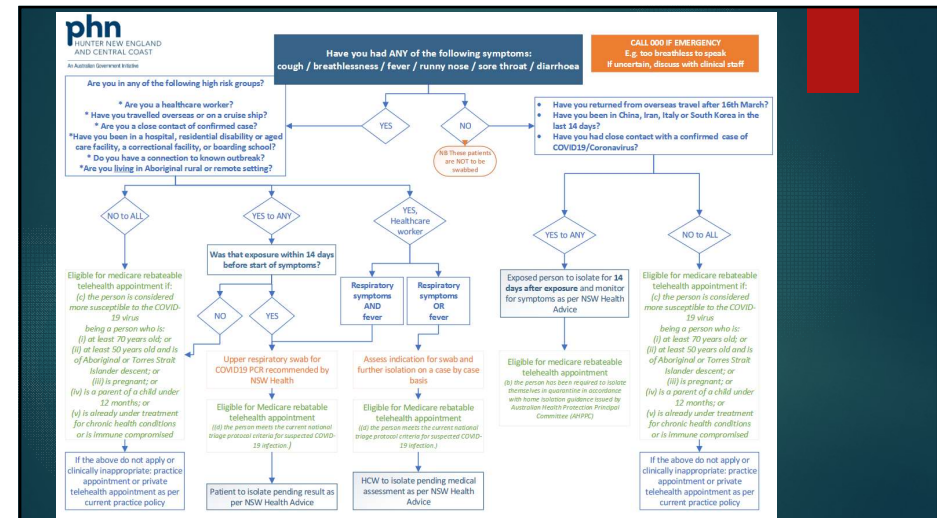
Also test:

2. HCWs with fever ( $>37.5^{\circ}\text{C}$ ) and acute respiratory illness\*

**N.B. Those tested for COVID-19 must be isolated whilst awaiting results and, if already in quarantine, must continue to wait out 14 days irrespective of test result**

## Testing criteria

1. **Travellers** from overseas with onset of respiratory symptoms or fever within 14 days of return
2. **Close contacts** of confirmed COVID-19 cases with respiratory symptoms or fever within 14 days of last contact
3. **Healthcare workers** with recent onset of respiratory symptoms AND fever irrespective of travel history. Healthcare workers who have fever OR respiratory symptoms should be assessed for testing on a case by case basis
4. Patients **admitted to hospital** with acute respiratory illness (especially bilateral community acquired pneumonia) or unexplained fever
5. Patients with acute respiratory illness or fever in **high risk settings** such as hospitals, aged care facilities, residential care facilities, boarding schools, cruise ships
6. Patients with acute respiratory illness or fever presenting with reported links to **settings** where COVID-19 outbreaks have occurred
7. Patients with unexplained respiratory symptoms or fever in **Aboriginal rural and remote communities**.



## Testing options

- ▶ GP Practice
- ▶ Private pathology collection centre
- ▶ COVID testing centres
  - ▶ JHH, CMN, Maitland,
  - ▶ Belmont (call 4923 2211)
- ▶ ED if seriously unwell
- ▶ PHN-led collection centres



## Testing

### Samples:

- ▶ One swab
- ▶ Oropharyngeal (first) and nasopharyngeal

### Request:

- ▶ COVID-19 testing

## Management of confirmed cases and outbreaks

## Goals of management

- ▶ Limit forward transmission
- ▶ Supportive treatment
- ▶ Vigilance for and treatment of complications

## Home management of mild cases

- ▶ Strictly remain at home, except for medical review, until cleared
- ▶ Daily review by phone (Clinicians / PHU)
- ▶ Separate from others (bedroom and bathroom, surgical mask on case and carer when in same space)
- ▶ Increased cleaning of surfaces – at least daily using a fresh clean cloth with detergent (wash hands after cleaning)
- ▶ Carer – also quarantined (14 days post non-infectiousness of case), self monitor for symptoms
- ▶ Release from isolation criteria

## Release from isolation – confirmed cases

1. Confirmed cases with mild illness who did not require hospitalization.
  - ▶ The case can be released from isolation if they meet all of the following criteria:
    - at least 10 days have passed since the onset of symptoms; and
    - there has been resolution of all symptoms of the acute illness for the previous 72 hours
2. Confirmed cases with more severe illness who have been discharged from hospital.
  - ▶ Discharged to home isolation (unless 2 negative PCRs)
  - ▶ The case can be released from isolation if they meet all of the following criteria:
    - at least 10 days have passed since hospital discharge; and
    - there has been resolution of all symptoms of the acute illness for the previous 72 hours

## Release from isolation – confirmed cases in ACF and HCWs

- ▶ A confirmed case can be released from isolation if they meet all of the following criteria:
  - the person has been afebrile for the previous 48 hours;
  - resolution of the acute illness for the previous 24 hours;
  - be at least 7 days after the onset of the acute illness;
  - PCR negative on at least two consecutive respiratory specimens collected 24 hours apart after the acute illness has resolved

## Aged Care outbreak, King County, Washington State

- ▶ Attack rate in residents 62% (81/130)
  - ▶ 57% hospitalized (46/81)
  - ▶ 27% died (22/81)
- ▶ Attack rate in staff 20% (34/ 170)
  - ▶ 2 (5.9%) hospitalized, no deaths.
- ▶ 14 visitors infected
  - ▶ 35.7% hospitalized
  - ▶ 1 death



## COVID-19 in institutions (RACF)

Coronavirus Disease 2019 (COVID-19) Outbreaks in Residential Care Facilities

CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia

| Revision history |          |                  |             |
|------------------|----------|------------------|-------------|
| Version          | Date     | Reason / Changes | Endorsed by |
| 1.2              | 13/02/20 | Initial Release  | CDNA        |

- ▶ Further measures under review

Washington State recommended prevention measures:

1. Symptom screening and restriction of visitors and nonessential personnel;
2. Active screening of health care personnel, to identify and exclude symptomatic workers;
3. Symptom monitoring of residents;
4. Social distancing, including restricting resident movement and group activities;
5. Staff training on infection control and PPE use;
6. Address local PPE shortages

## COVID-19 in HCW

- ▶ Test all with fever  $\geq 37.5^{\circ}\text{C}$  AND respiratory symptoms (consider testing if isolated fever or respiratory symptoms)
- ▶ If tested, maintain strict quarantine whilst awaiting test results
- ▶ Close contact in healthcare setting defined as >15 minutes face to face without PPE, >2h without PPE in same space = quarantine for 14 days

## Recommended infection control

### Mildly unwell patient

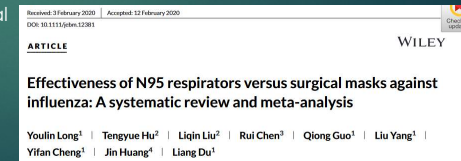
- ▶ Standard, Contact and Droplet precautions
  - ▶ Surgical mask, goggles, gloves, (gown?)
  - ▶ Wipe contact surfaces, no need to 'rest' the room

### Moderate to severely unwell patient (coughing +)

- ▶ Standard, Contact and Airborne precautions
  - ▶ Referral to Emergency Department

## Surgical masks

- ▶ Ensure it covers nose and mouth
- ▶ Facial hair – avoid
- ▶ Do not reuse
- ▶ Don't touch the front of the mask
- ▶ Maximum 60 minutes with continuous wearing; discard earlier if becomes very moist
- ▶ Care++ with removal so that self-contamination avoided
- ▶ Hand hygiene (alcohol ) after disposal



## Conservation of PPE

- ▶ Reserve supply
- ▶ Reduce use (without compromising safety)
- ▶ Substitute products
- ▶ Extended use

Queensland Health

### COVID-19

General considerations for conserving personal protective equipment (PPE)

7 March 2020

In anticipation that supply of some or all lines of PPE may become depleted there are strategies that should be considered to reduce and rationalise the use of PPE. Strategies should be commenced now, in order to conserve the amount of stock that remains available. It is likely that there will be supply chain disruptions while there are COVID-19 outbreaks globally.

## Case study 1

- ▶ Young adult patient – uni student
- ▶ No travel history but attended a mass gathering in Sydney
- ▶ Onset of cough Symptom onset 9/3, dry cough and tight chest
- ▶ 11/3 presented to GP for suture removal, brief appointment
- ▶ 12/3 – productive cough, lethargy, headache, myalgia, intermittent chest pain
- ▶ 17/3 sought medical care – GP phone consult and telehealth item number
- ▶ Request through private pathology – 2 day delay to appointment
- ▶ Swab 20/3... positive result 22/3



## Case study 2

- ▶ Practice staff member – household contact of confirmed case
- ▶ Onset of mild symptoms 18/3
- ▶ Worked at the practice for 1 hour on 18/3 until told of case status of household member
- ▶ Contact tracing:
  - Face-to-face >15 minutes cumulatively, no PPE
  - Same larger indoor space >2h no PPE
- ▶ 3 doctors, 2 nurses – close contacts, no patients
- ▶ 5 Staff now quarantined for 14 days

## Resources



- ▶ NSW Health Coronavirus resources  
<https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus.aspx>
- ▶ CEC Infection Prevention and Control in Primary Care  
[http://www.cec.health.nsw.gov.au/\\_data/assets/pdf\\_file/0007/567988/Infection-Control-Primary-and-Community-Care-2019-nCoV.pdf](http://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0007/567988/Infection-Control-Primary-and-Community-Care-2019-nCoV.pdf)
- ▶ Australian Government Coronavirus resources  
<https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources>
- ▶ WHO COVID-19 research database  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov>
- ▶ ProMED
- ▶ HNE Public Health Unit: 1300 066 055 (24 hours, 7 days)

## Panel Q&A

