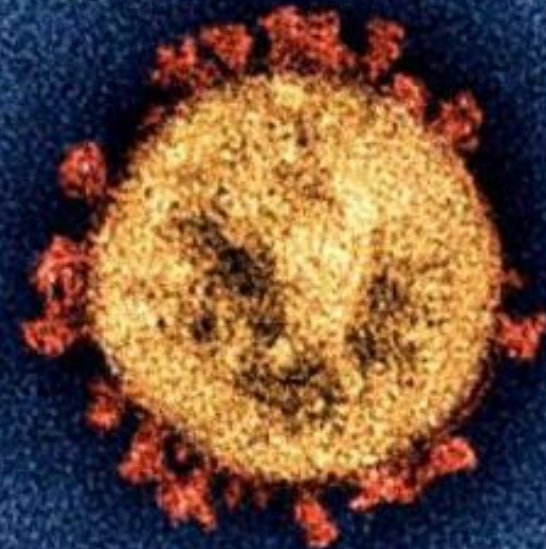


# COVID-19

## Primary Care Update #6

### 5 May

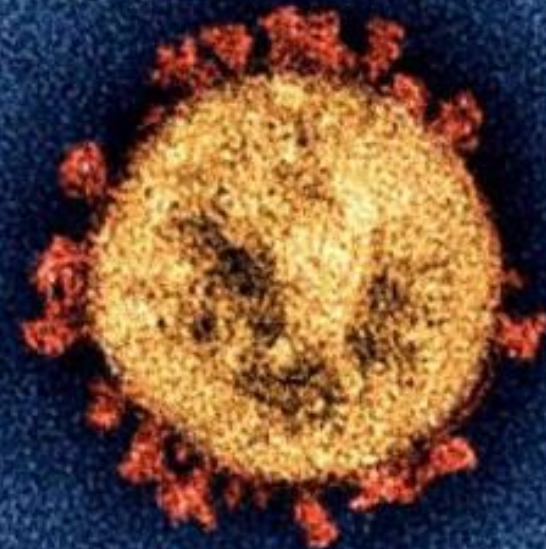
### Aged Care

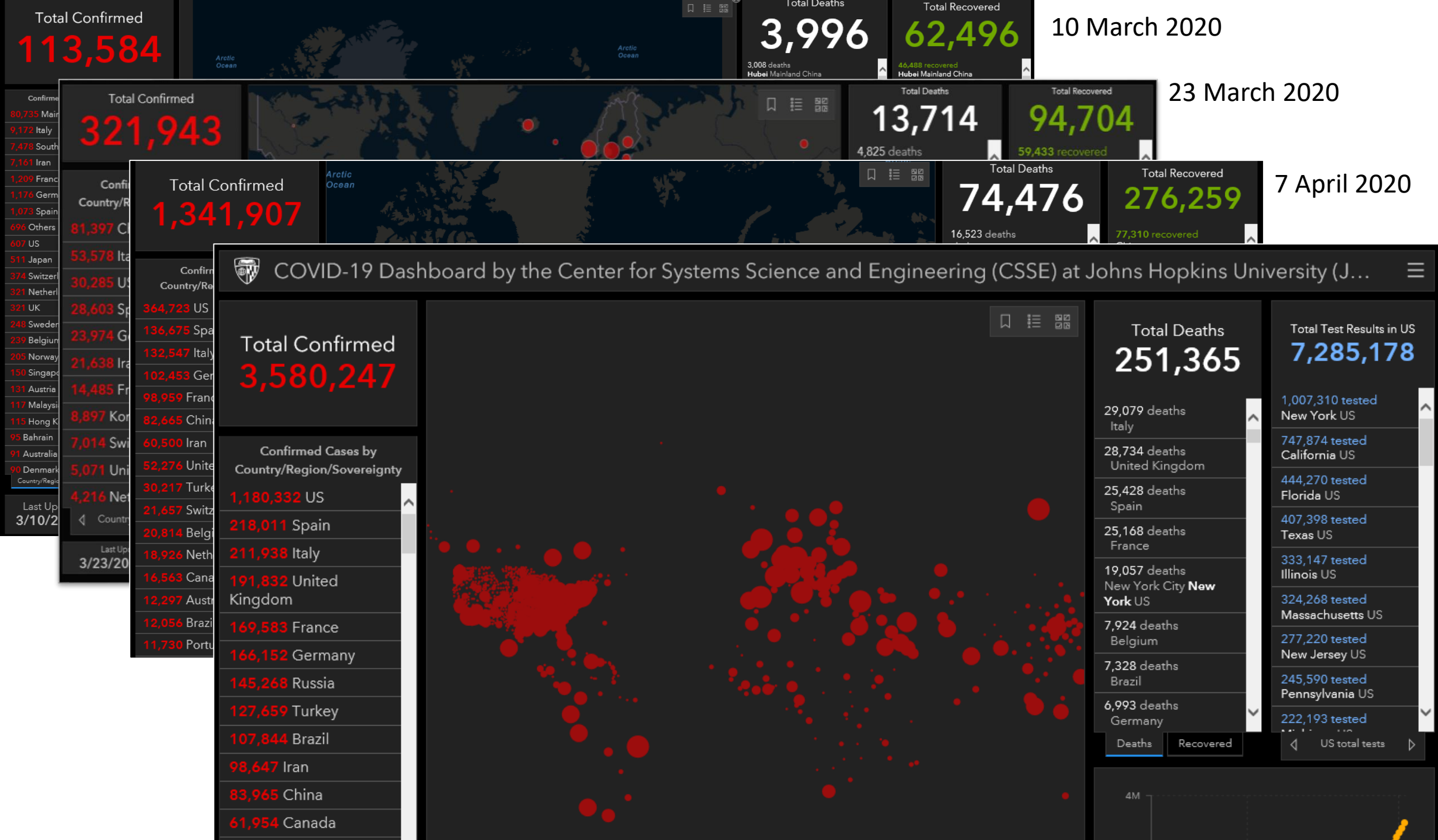




# Sli.do

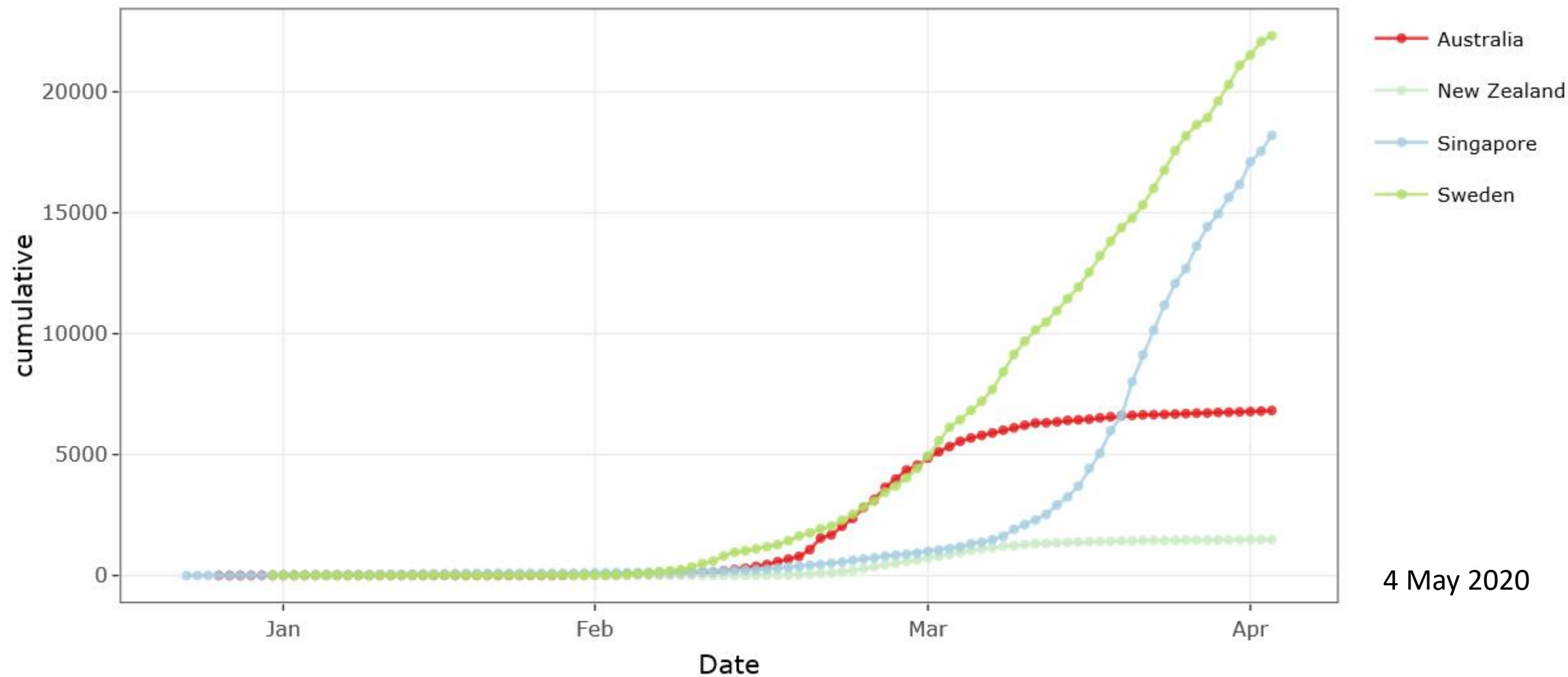
## Event code PHN6



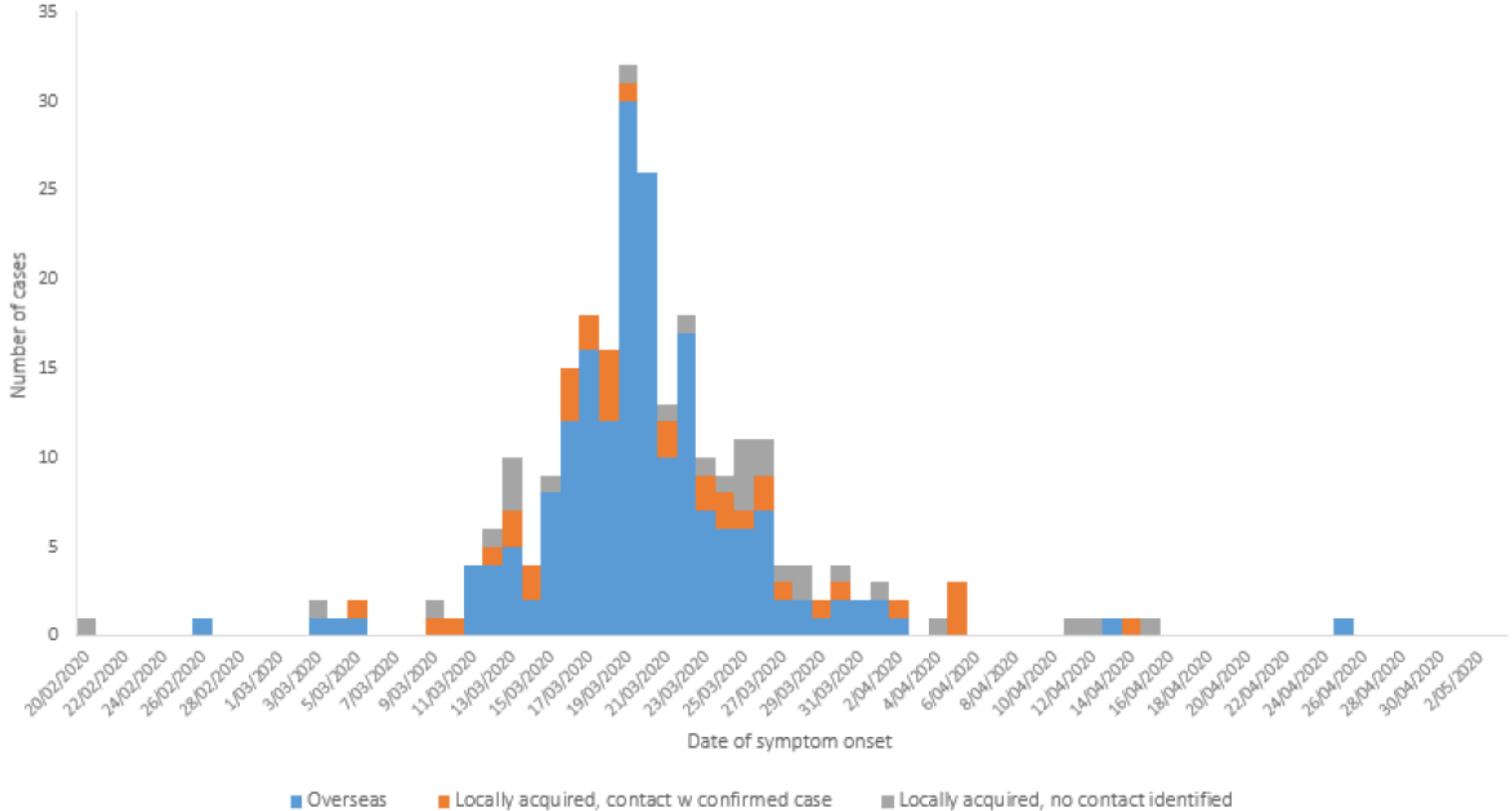




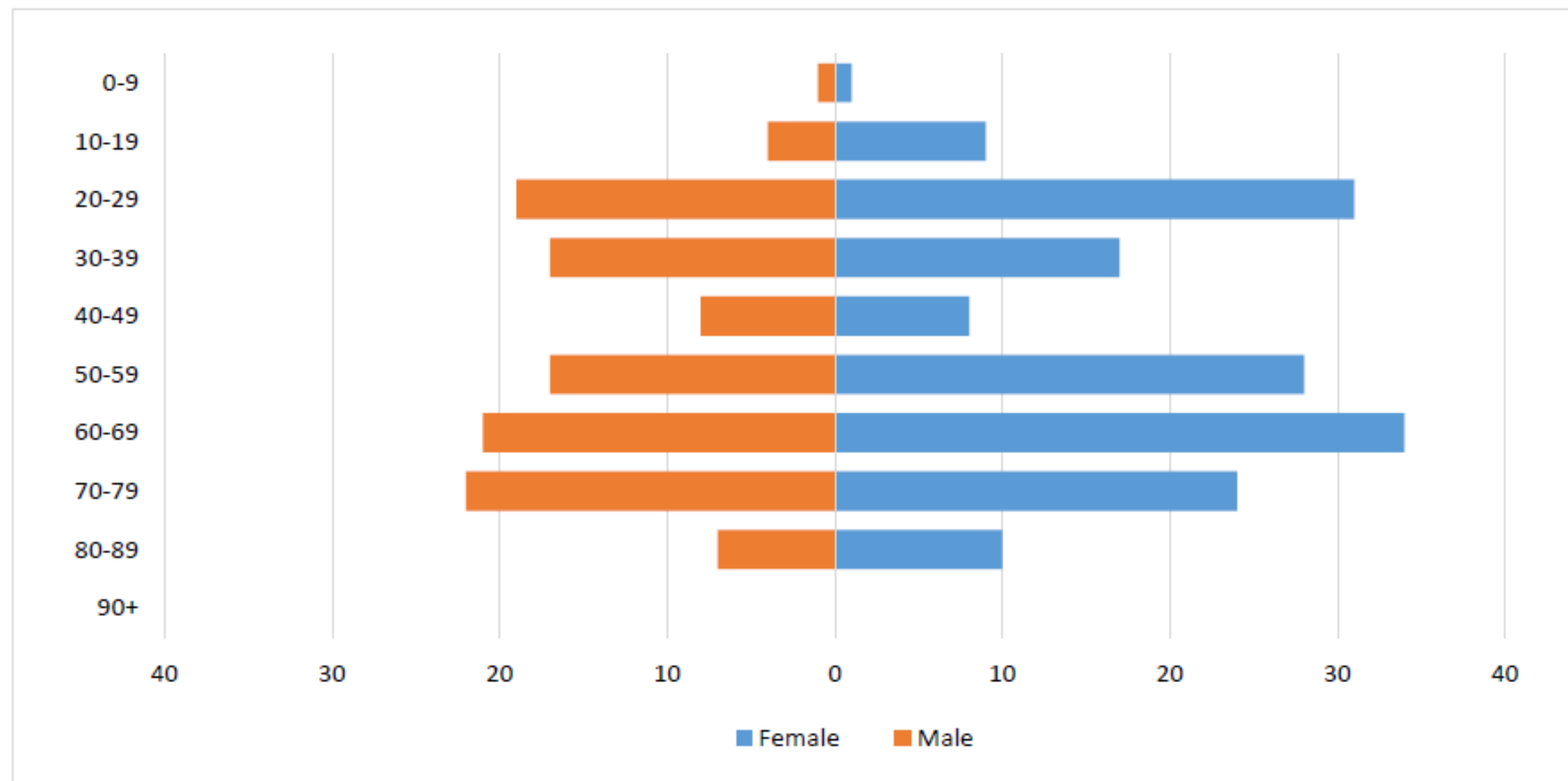
# Total COVID-19 cases, selected countries



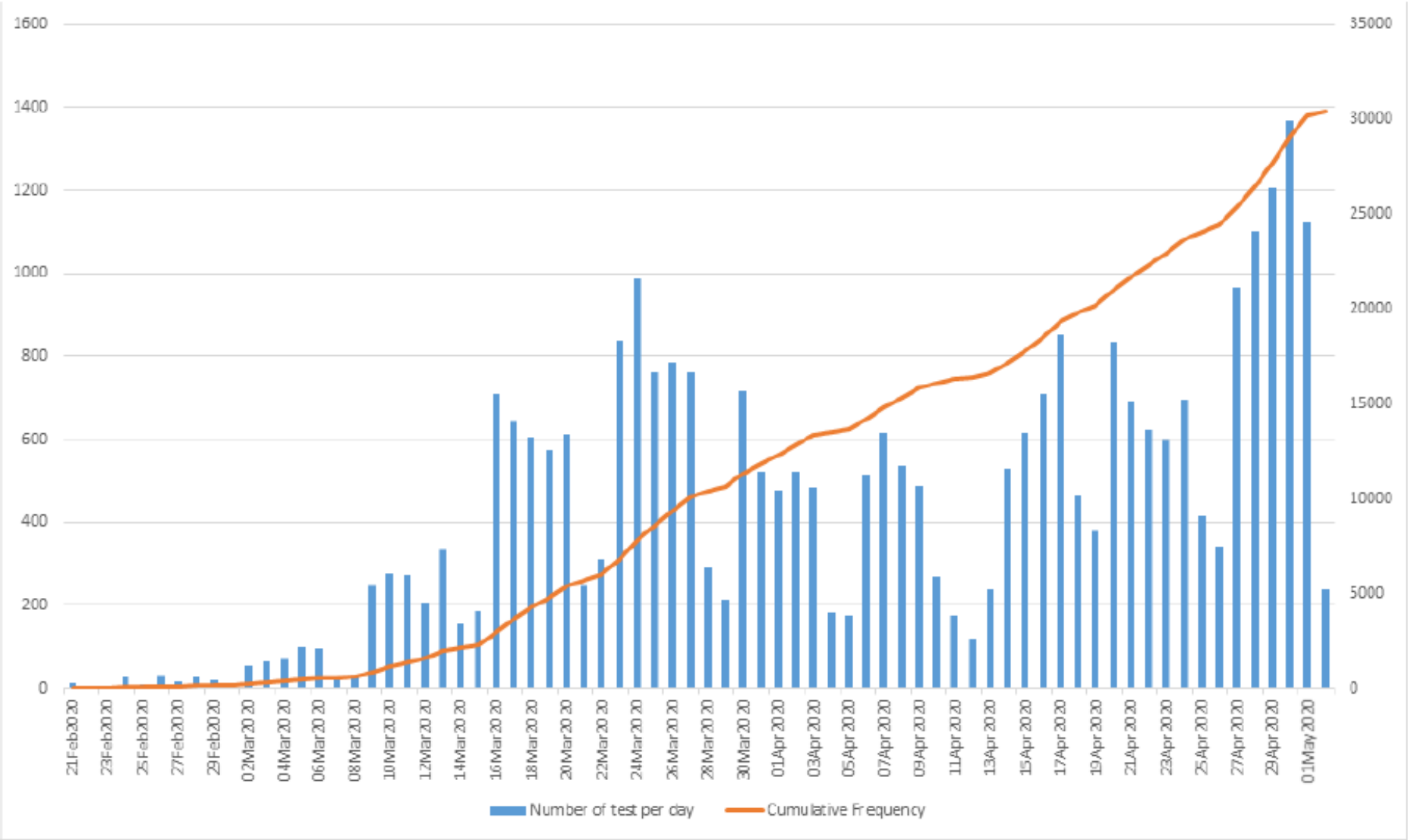
**Appendix 3: Epidemic curve of confirmed cases in Hunter New England Local Health District (n=278; 253 represented), by date of symptom onset and general place of acquisition, as at 03 May 2020 (18:30)**



**Appendix 1: Graph of confirmed cases in Hunter New England Local Health District (n=278) by sex and age group, as at 03 May 2020 (18:30)**



Appendix 5: Hunter New England Local Health district testing, by day and cumulative frequency, as at 03 May 2020 (06:30)



# Testing Criteria

- Anyone with respiratory symptoms or unexplained fever

## Increasing testing for COVID-19 in NSW for those with symptoms

NSW Health recommends that **anyone with respiratory symptoms or unexplained fever should be tested** for COVID-19.

This is especially important for:

- anyone who lives or works in a high risk setting, including healthcare facilities, aged care and other residential facilities, schools, prisons, and other closed settings
- Aboriginal and Torres Strait Islander people
- people who are close contacts of a confirmed case or who have returned from overseas in the last 14 days
- anyone admitted to hospital
- people who reside in [areas for increased testing and surveillance](#) (Note: these areas are updated weekly).

Please make sure any health care or aged care workers or residents are noted on the laboratory request form so their test can be prioritised.

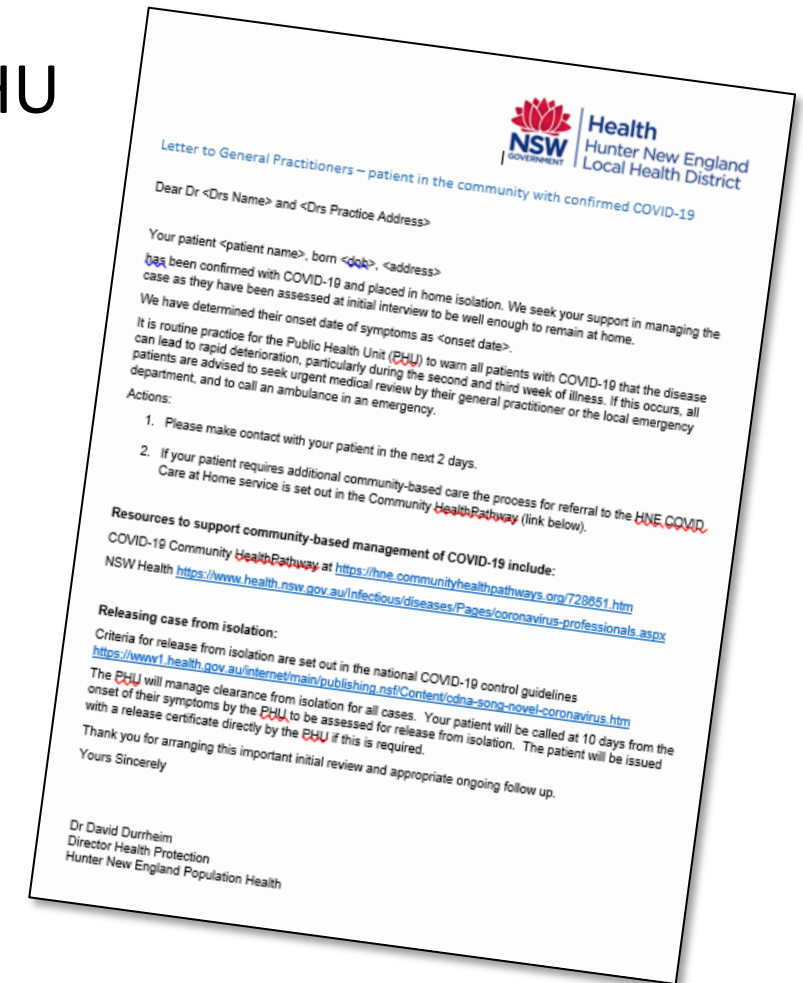


# Testing locations – HNE LHD

- **John Hunter Hospital** - 8am-10.30pm - 7 days a week
- **Maitland Hospital** - 10am-4pm - Monday to Friday
- **Calvary Mater Newcastle** - 8am-4pm - Monday to Friday
- **Belmont Hospital** - 8am-4pm - 7 days a week. Appointments call 4923 2211
- **Manning Hospital** - 8am-4pm - 7 days a week. Appointments call 6592 9850
- **Muswellbrook Hospital** - 1.30-3.30pm - 7 days a week.
- **Scone Hospital** - 1.30-3.30pm - Monday to Friday
- **Moree Hospital** - 10am-12pm/1pm-3pm - Monday to Friday. Appointments call 6757 0000
- **Singleton Hospital** - 1.30pm-3.30pm - Monday to Friday. Appointments call 6571 9248
- **Tamworth Hospital** - 9am-4pm, Monday 27 April to Friday 8 May. Appointments call 1800 881 568
- **Armidale Hospital** - 9am-4pm, Monday 27 April to Friday 8 May. Appointments call 0427 923 080
  
- **Newcastle McDonald Jones Stadium** - 8am to 4.30pm – Monday to Friday, from Friday 8 May to Sunday 17 May

# Community-based management of cases

- Improved process for handover to GPs from PHU
  - Mild and stable new cases
  - Patient nominates their regular practice / GP
  - Secure electronic messaging into Medical Objects
- COVID Care in the Home
  - Details in HealthPathway



# Release from isolation / return to work

- Release from isolation
  - 10 days from onset (or discharge from hospital)
  - 3 days resolution of all acute symptoms
- Return to work in a high risk setting
  - Also require 2 negative PCR results on nasopharyngeal swabs
- PHU will continue to coordinate release / return to high risk setting



# High risk settings

- Aged care and other residential care facilities
- Healthcare settings\*
- Military – group residential and other closed settings, such as Navy ships or living in accommodation
- Boarding schools and other group residential settings
- Educational settings where students are present
- Childcare centres
- Correctional facilities
- Detention centres
- Remote industrial sites with accommodation (e.g. mine sites)
- Aboriginal and Torres Strait Islander rural and remote communities, in consultation with the local PHU
- Settings where COVID-19 outbreaks are occurring, in consultation with the local PHU

# Challenges with “clearance swabs”

- Persistent indeterminate or positive results
  - Some for many weeks after recovery
  - Non-viable virus
- Please do not order tests on recovered cases unless returning to a high risk setting

# Gown use for specimen collection - AHPPC

- For specimen collection without clinical examination:
  - Perform hand hygiene.
  - Use gloves, surgical mask and eye protection (safety glasses or face shield).
  - The need for a gown or apron is based on risk assessment. A gown is not needed unless close physical contact with a symptomatic patient or splash/spray of body substances is anticipated.
  - For specimen collection, only from an asymptomatic or mildly symptomatic patients, a gown or apron is not essential and, if worn, does not need to be changed between patients unless it is obviously contaminated.
  - The gown/apron should be removed when leaving the immediate area to avoid contaminating other environments.



# COVID-19 and Aged Care

Images courtesy of Jason Roberts / VIDRL - Doherty Institute (with technical assistance from Andrew Leis / Bio21 Institute), Sandy Crameri / CSIRO and NIAID-RML.



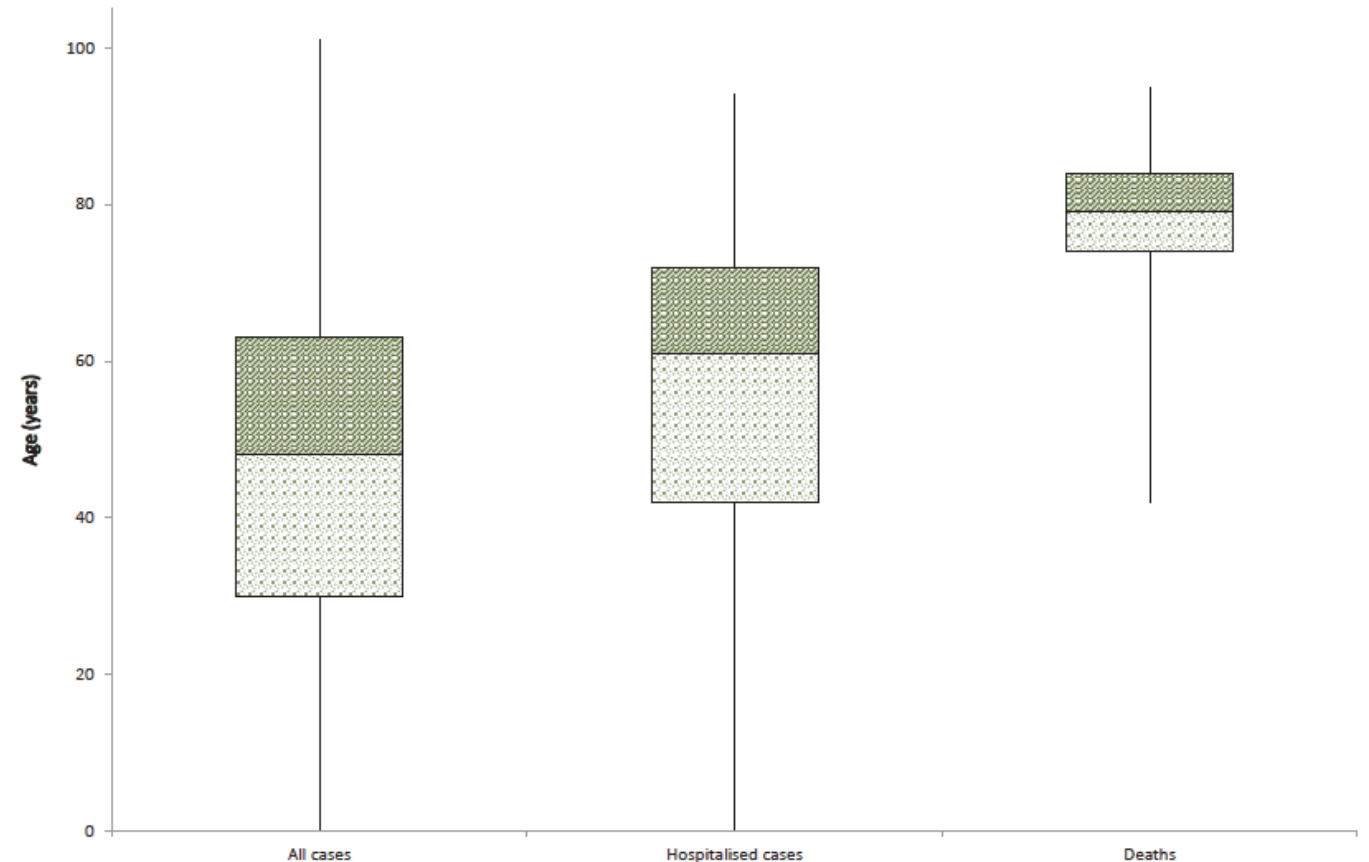
# COVID-19 mortality - Australia

Figure 5: Age distribution of all cases, hospitalised cases, and deaths with median, interquartile range, and range

CDI update 26 April

- 77 deaths
- Median age 79 years
- IQR: 74–84 years
- 48 male, 29 female

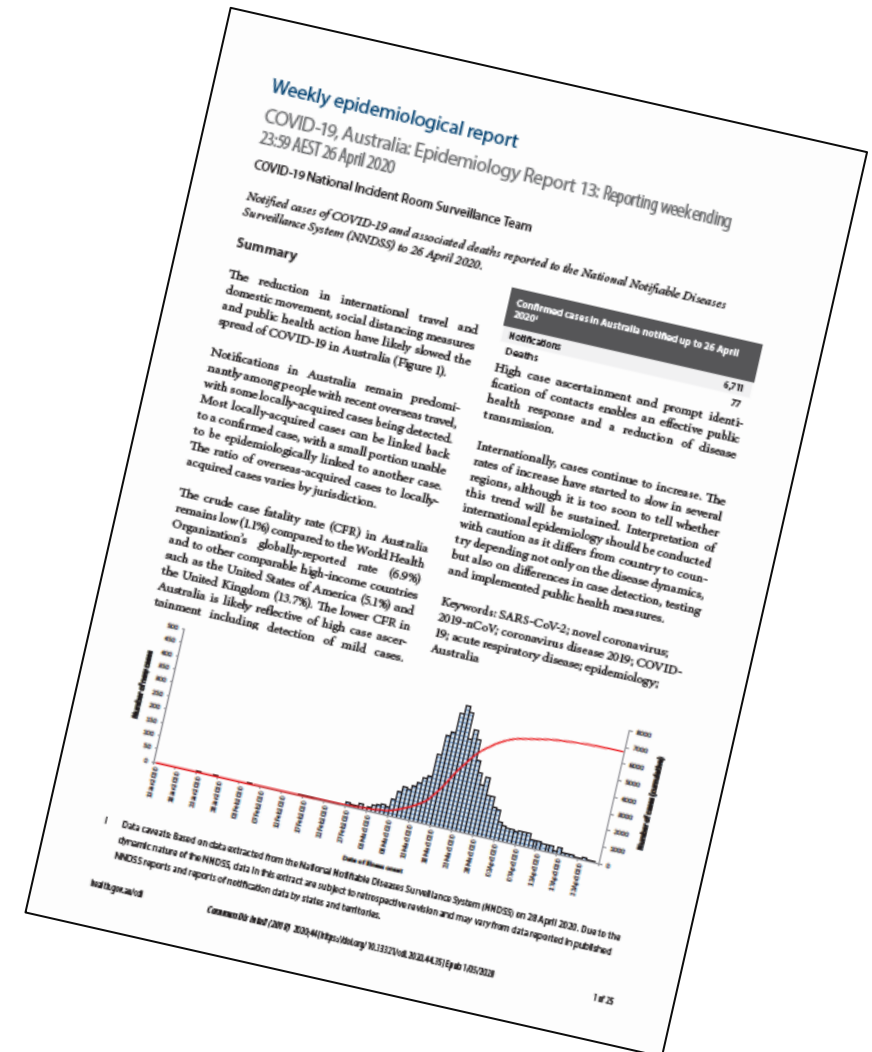
CDI 26 April 2020



# COVID-19 and Aged Care Facilities

CDI update 26 April (Australian data)

- 103 cases of COVID-19 associated with 24 residential aged care facilities
- 60 cases residents, 43 cases in staff
- 16 deaths

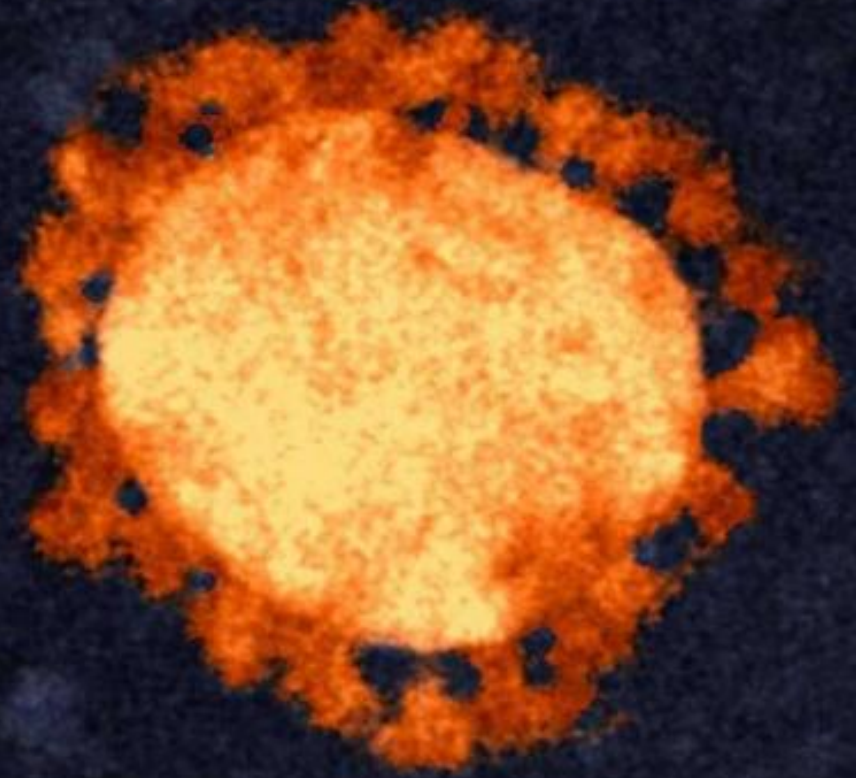




# COVID-19 in NSW ACFs

- Mixed picture. Confined to small numbers in some
- Dorothy Henderson (North Sydney)
  - 17 residents infected (24% attack rate)
  - 6 resident deaths
- Newmarch House (Western Sydney)
  - 37 residents infected (~37% attack rate)
  - 15 deaths
  - 28 staff infected





Images courtesy of Jason Roberts / VIDRL - Doherty Institute (with technical assistance from Andrew Leis / Bio21 Institute), Sandy Crameri / CSIRO and NIAID-RML.

# COVID-19 Central Coast update

## 5 May 2020

Dr Katherine Todd

MBBS MPH MAppEpi  
FAFPHM

Public Health  
Physician

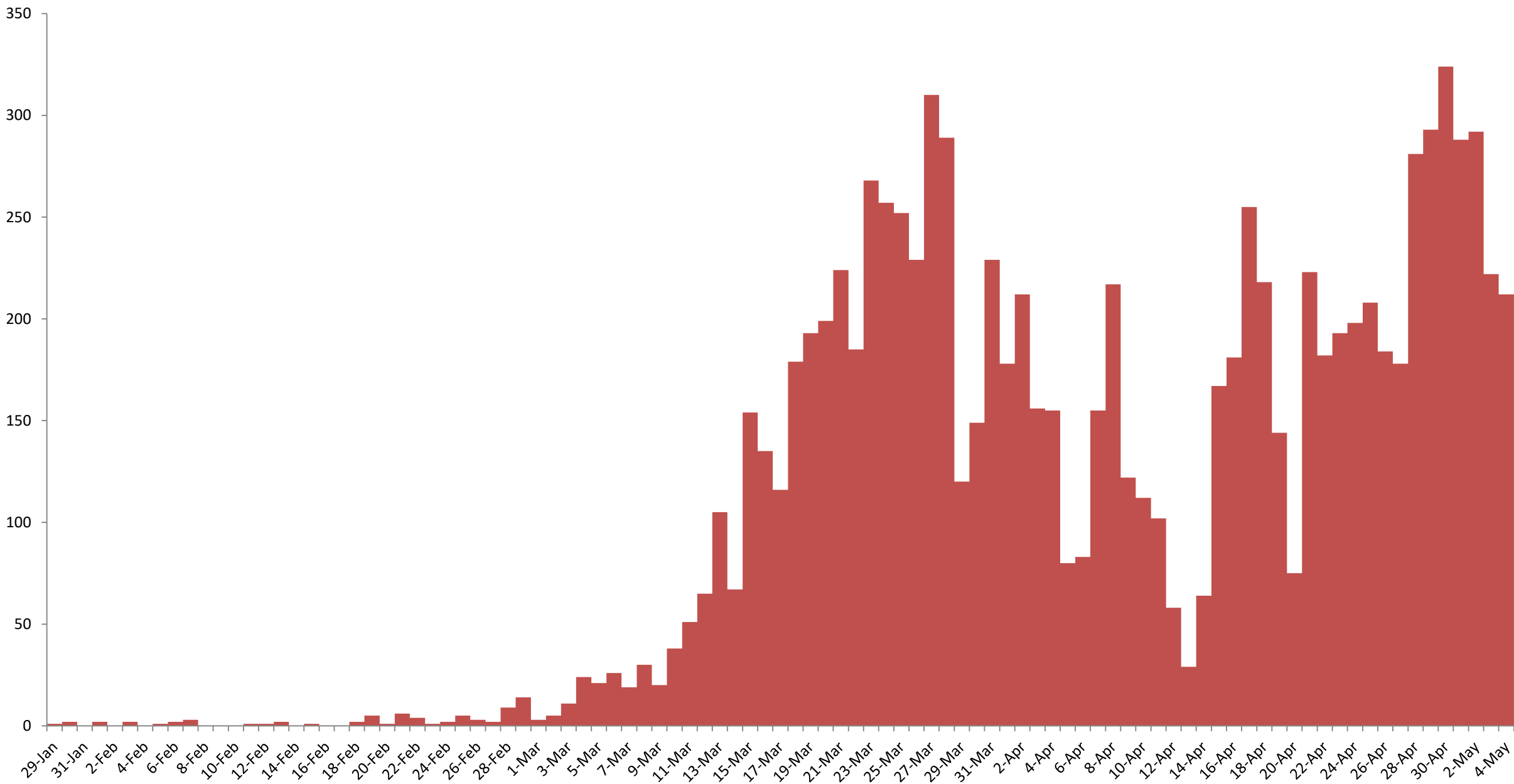


# Progress to date

- 116 cases<sup>1</sup> to date
  - 88 overseas acquired (76%)
  - 23 Locally acquired – contacts of confirmed case and/or in a known cluster (20%)
  - 5 locally acquired – contact not identified (4%)
- 115 have been released from isolation/follow-up

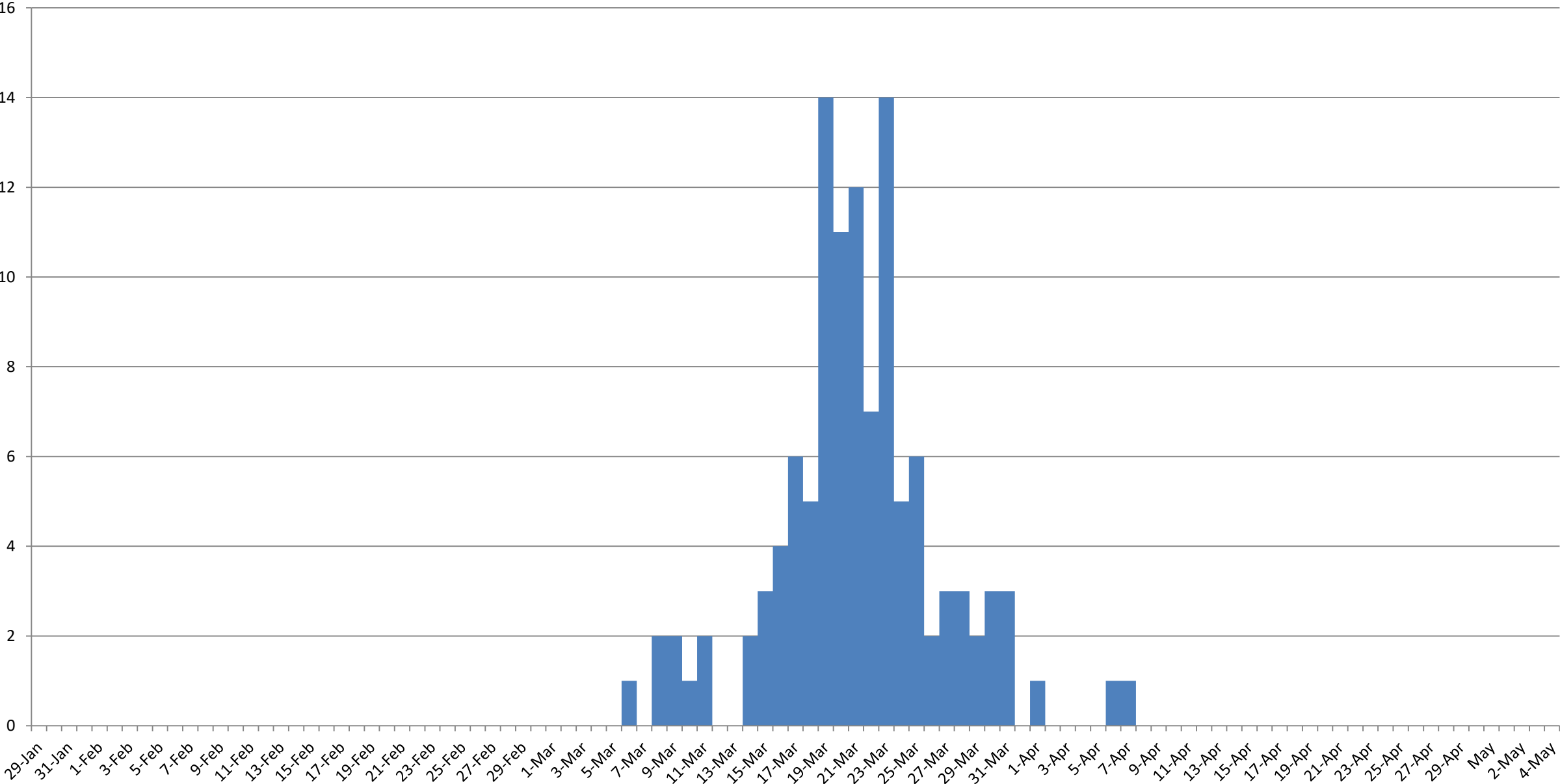
<sup>1</sup>Cases include those who test positive on viral PCR and are currently resident on the Central Coast

COVID-19 testing of CCLHD residents, 29 January - 4 May 2020





Confirmed cases of COVID-19 among CCLHD residents by onset date, 29 Jan – 4 May 2020



# COVID-19 in aged care facilities

- Up to half of COVID-19-related deaths in Europe are occurring in long-term care facilities
- Nursing homes have high transmission rates for infectious disease for a range of reasons:
  - Crowding
  - Sharing of bathroom facilities
  - Gathering in common areas
  - Low preparedness for infection control

NEWS / HEALTH

## Corpses of the elderly found abandoned in Spanish care homes

*Teams sent to disinfect nursing homes found elderly residents abandoned, and others dead in their beds.*

by Graham Keeley



25 Mar 2020



## *How Can It Happen Here? The Shocking Deaths in Canada's Long-Term Care Homes*

About half the people killed by the coronavirus in Canada have been residents of nursing homes.



By Dan Bilefsky

April 17, 2020



# US experience

- In multiple states, more than half of the recorded fatalities have been from nursing homes
- >97,000 residents and staff from US nursing homes and long-term care facilities have tested positive (USA Today)
- In New Jersey, 86% of the state's 575 long-term care facilities have had COVID outbreaks
- In a study of a large outbreak in Washington state in March which eventually led to >30 deaths, CDC reported:
  - Residents with COVID-19 may not report typical symptoms such as fever or respiratory symptoms
  - Some may not report any symptoms
  - Unrecognized asymptomatic and pre-symptomatic infections likely contribute to transmission
- CDC suggest the following priorities for nursing homes:
  - Keep unrecognized COVID-19 from entering the facility
  - Identify infections early and take actions to prevent spread
  - Assess current supply of personal protective equipment (PPE) and initiate measures to optimize supply
  - Quickly recognize and manage severe illness

# UK experience

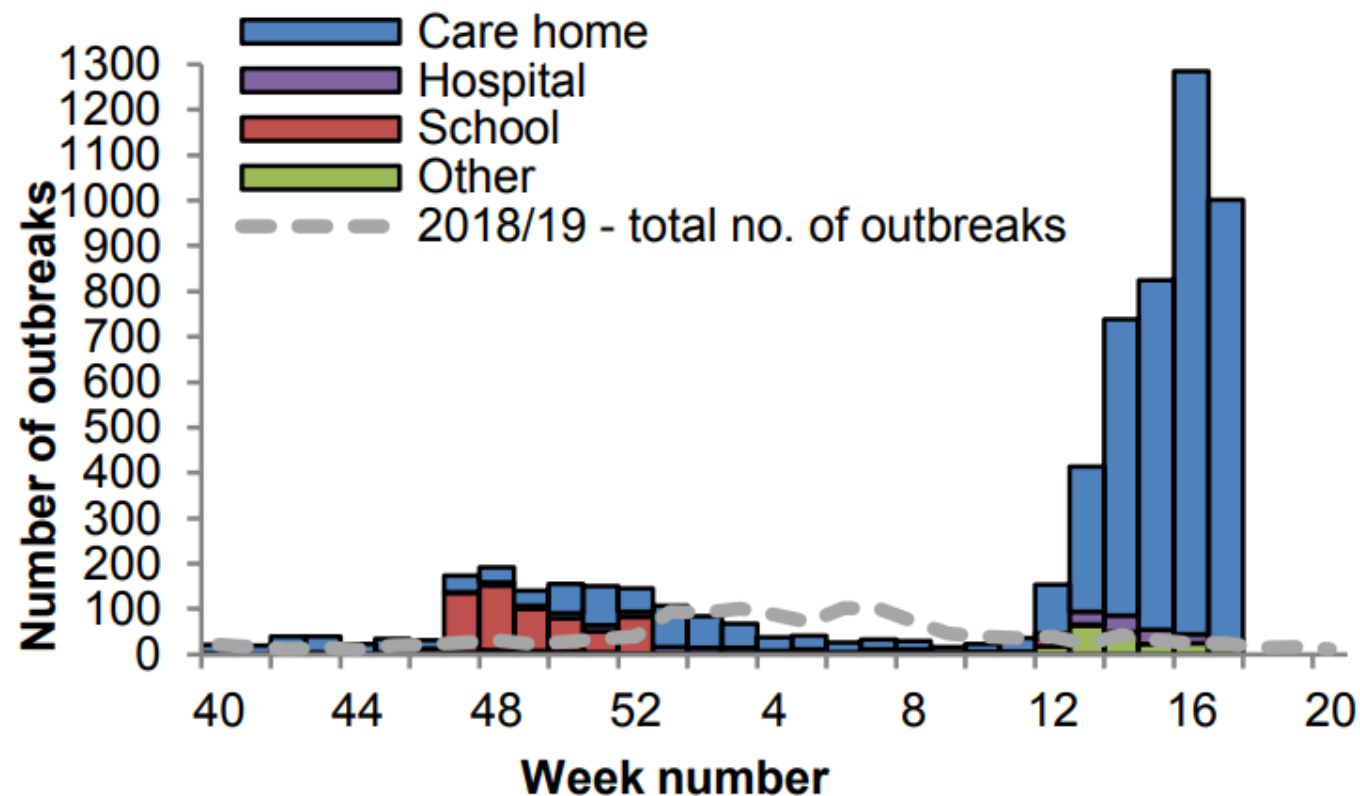
- As of 1 May:
- 4,516 out of 15,517 care homes (29%) in England have confirmed or suspected outbreaks of COVID.
- In the week ending 26 April:
  - 1006\* new acute respiratory outbreaks were reported
    - 971 were from care homes (458 tested positive to SARS-CoV-2)
    - 7 in hospitals
    - 4 in prisons
    - 2 in schools
    - 22 in other settings

(The 2017/18 season and 2018/19 seasons recorded less than <250 outbreaks during their peak weeks )

<https://www.cebm.net/covid-19/covid-19-uk-hospital-admissions-28th-april/>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/882403/National\\_influenza\\_report\\_30\\_April\\_2020\\_week\\_18.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882403/National_influenza_report_30_April_2020_week_18.pdf)

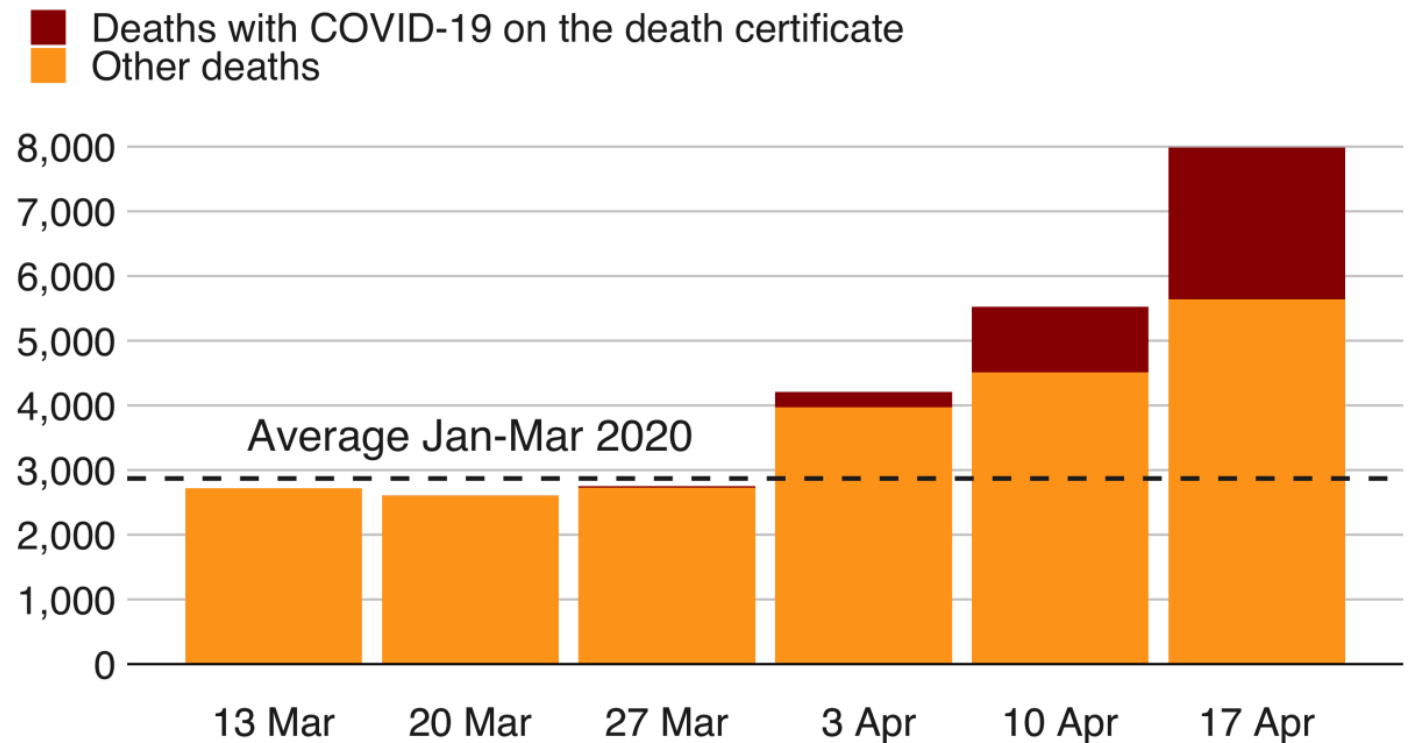
**Figure 2: Number of acute respiratory outbreaks by institution, UK**



- Data from the Care and Quality Commission (CQC) showed that in care homes:
  - Prior to April 10 there had been 1043 deaths
  - Between April 10-24 there were 4343 deaths (a 400% increase)
  - Half of these were reported between April 19 and 24
- In Scotland, 40% of the 2,272 deaths recorded up to 26 April were in care homes.

## Care home deaths are still rising

Weekly death registrations in care homes in Great Britain



Source: ONS, NRS



- Issues experienced in the UK:
  - Difficulties with data collection & accuracy, and reporting delays
  - Shortages of PPE
  - Difficulty accessing tests for residents of care homes
    - Including confusion between Public Health England and the Department of Health and Social Care
    - Somewhat ameliorated by the establishment of mobile testing units (currently 8 in England, 96 military-run units being deployed)
  - Difficulty in workers accessing testing (organised by employer via CHQ, location of testing facilities, access issues)
  - Movement of workers between facilities
  - Discharge of positive patients from hospital to facilities
- Ongoing challenges:
  - Struggles with staffing
    - Staff shortages prior to COVID
    - Limited sick leave (55% of carers in the private sector do not have any sick leave entitlements)
  - When and how to accept hospital discharges to care homes

# One French nursing home goes above and beyond...

“The action she took to stop the virus from infecting and killing the vulnerable older adults in her care was both drastic and effective: [the Director] and her staff voluntarily locked themselves in with the 106 residents.

For 47 days and nights, staff and residents of the Vilanova nursing home on the outskirts of the east-central city of Lyon waited out the coronavirus storm together.”



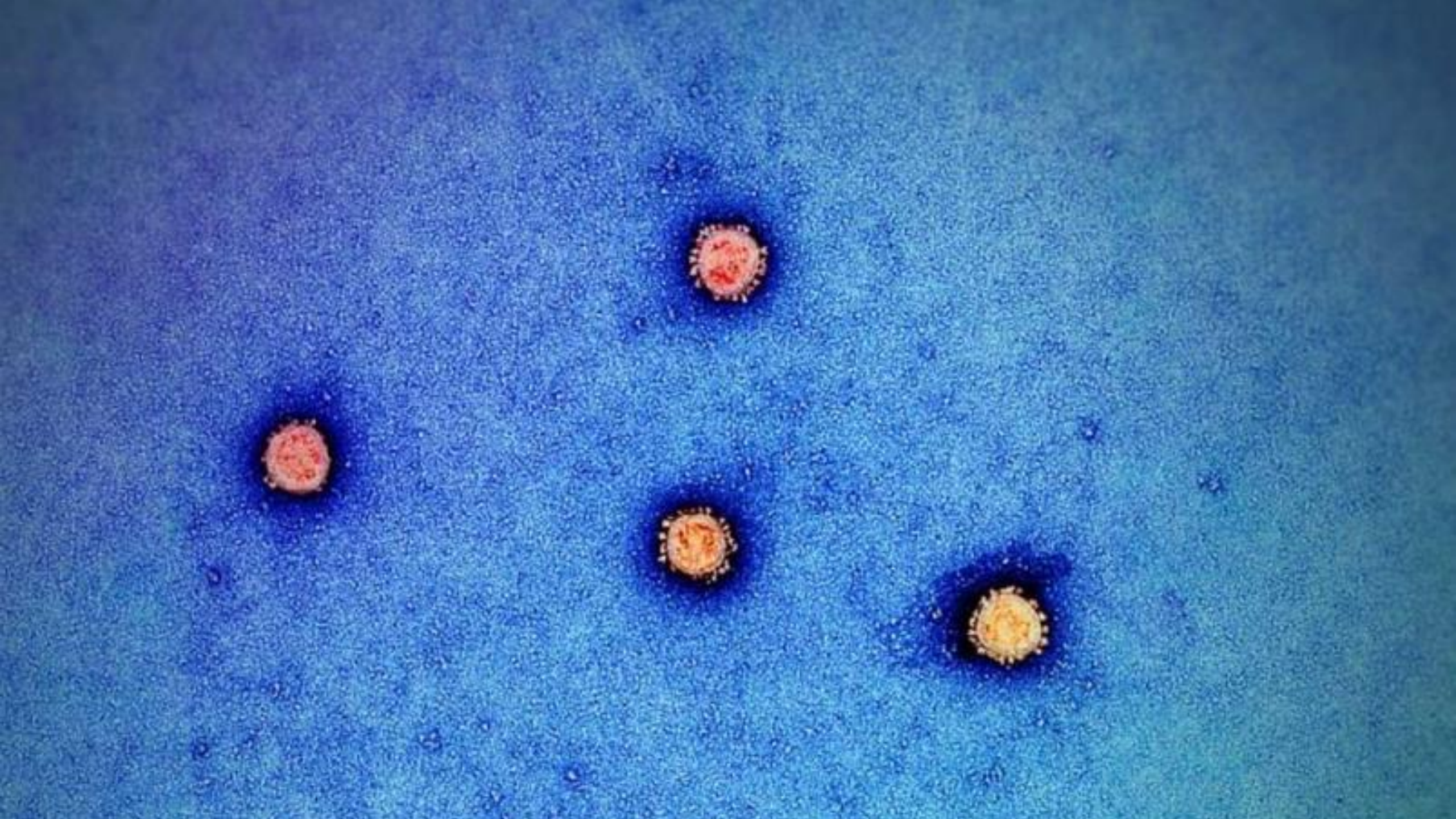
<https://www.smh.com.au/world/europe/in-france-a-nursing-home-takes-on-covid-and-wins-20200505-p54pty.html>

# Key learnings so far

- Residential aged care facilities and their residents and staff are highly vulnerable to COVID-19
- Have a high index of suspicion and low threshold for testing for COVID-19 in RACF residents and workers
- All ACF should have a preparedness plan that accounts for how they will manage PPE, infection control, testing and staff (including accounting for quarantine and/or illness)







# NSW COVID19 Schools Study

To mid April in NSW:

- 15 schools (10 high, 5 primary) with one or more cases of COVID-19 in staff or students
- 18 cases (9 staff, 9 students)
- 863 close contacts (753 students, 128 staff)
- Evidence of *potential* transmission in 2 schools
  - From a **teacher** to 1 **student** in a primary school;
  - From two co-primary index **student** cases in a high school to another **student**
- NCIRS report available online



# COVID19 Schools Study Summary

- No school outbreaks have been recognised
- 18 cases in NSW schools led to two documented secondary cases in children
- Rarely children infect other children
- Adults may infect children more often – because they get sicker
- Rare for children to infect adults
- No teachers appear to be infected at schools