

COVID-19

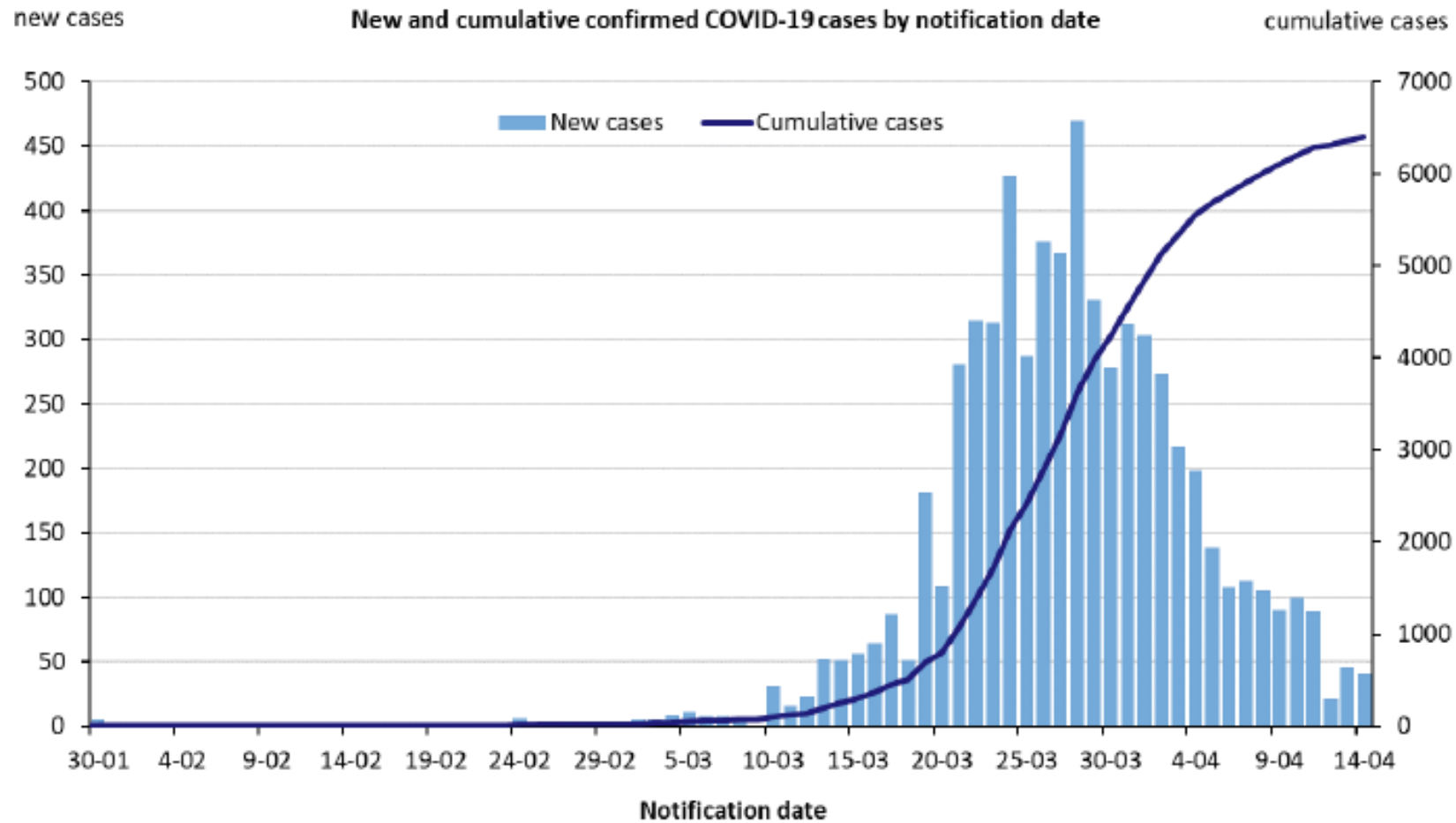
CORONAVIRUS DISEASE 2019



Health

Hunter New England
Local Health District

National picture



Number of new cases each day are reduced

Total number of cases are flattening

Social distancing impact – community ILI

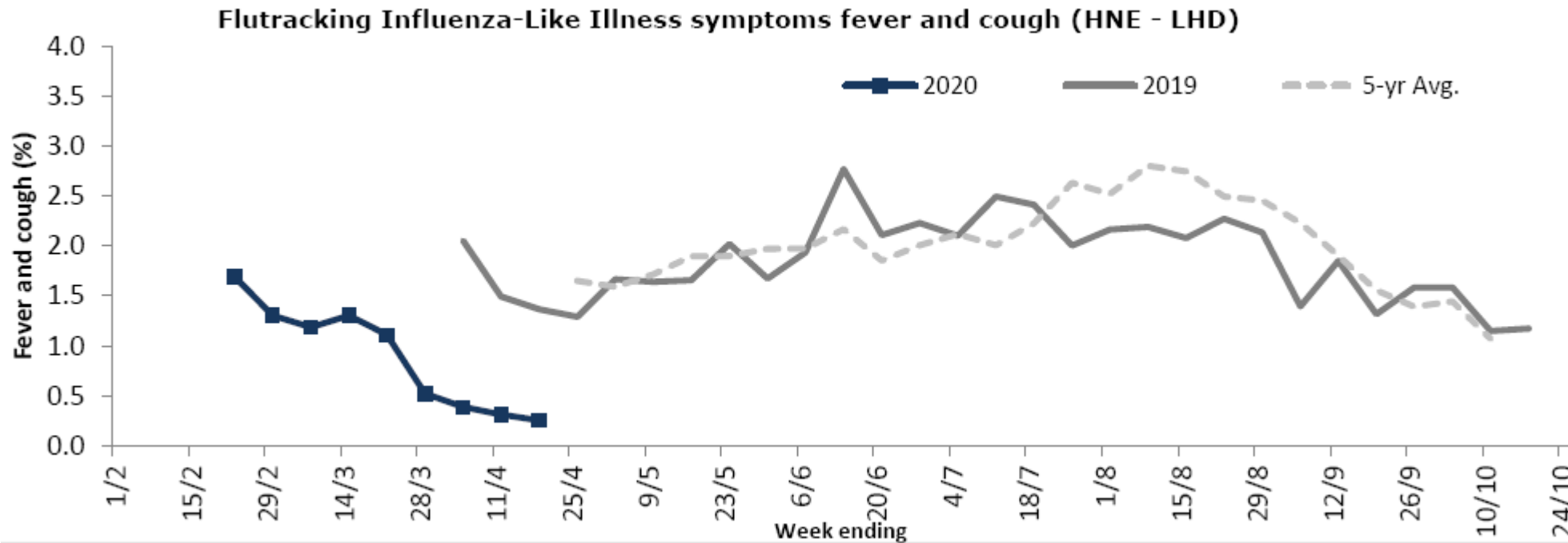
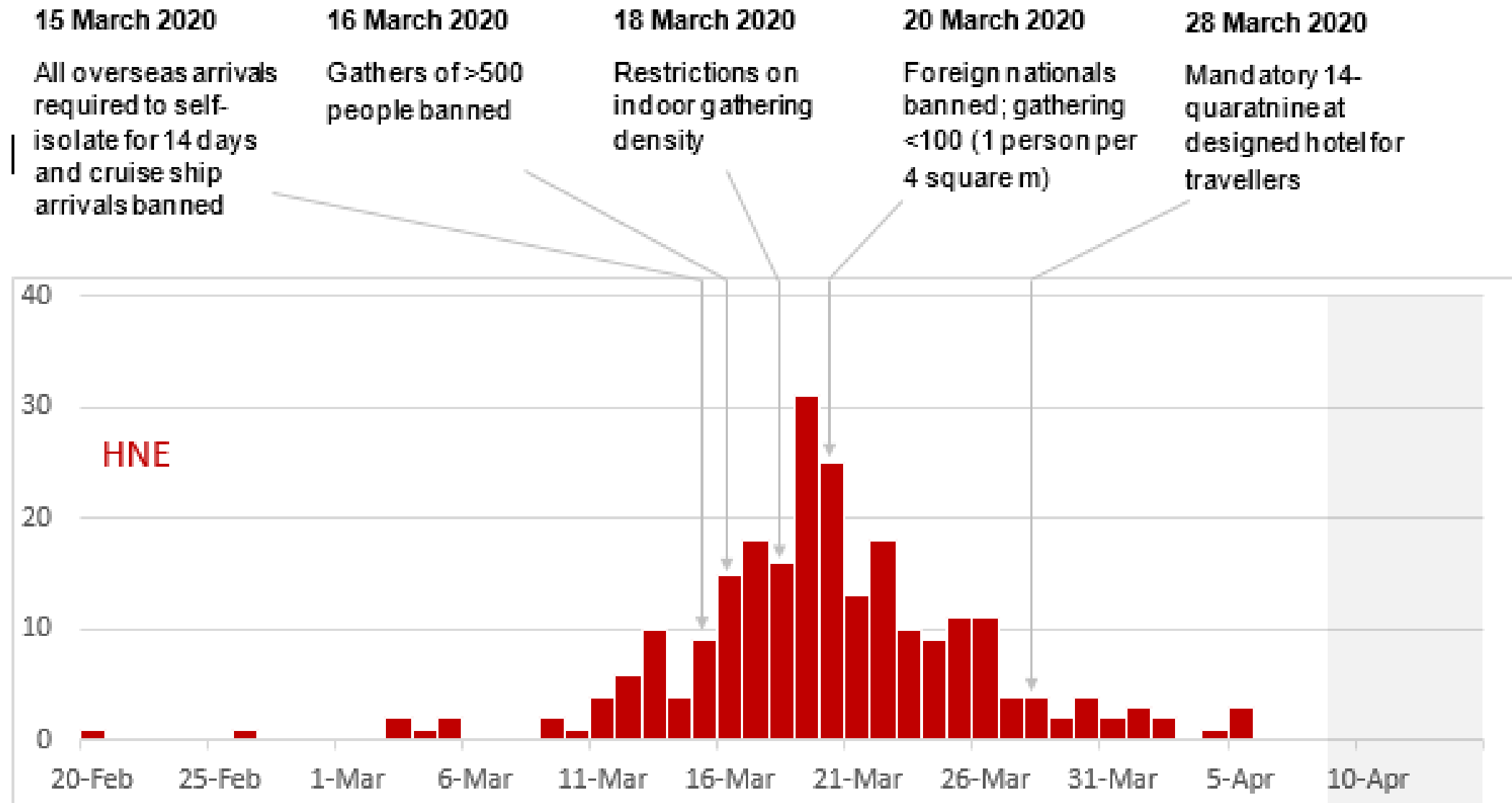
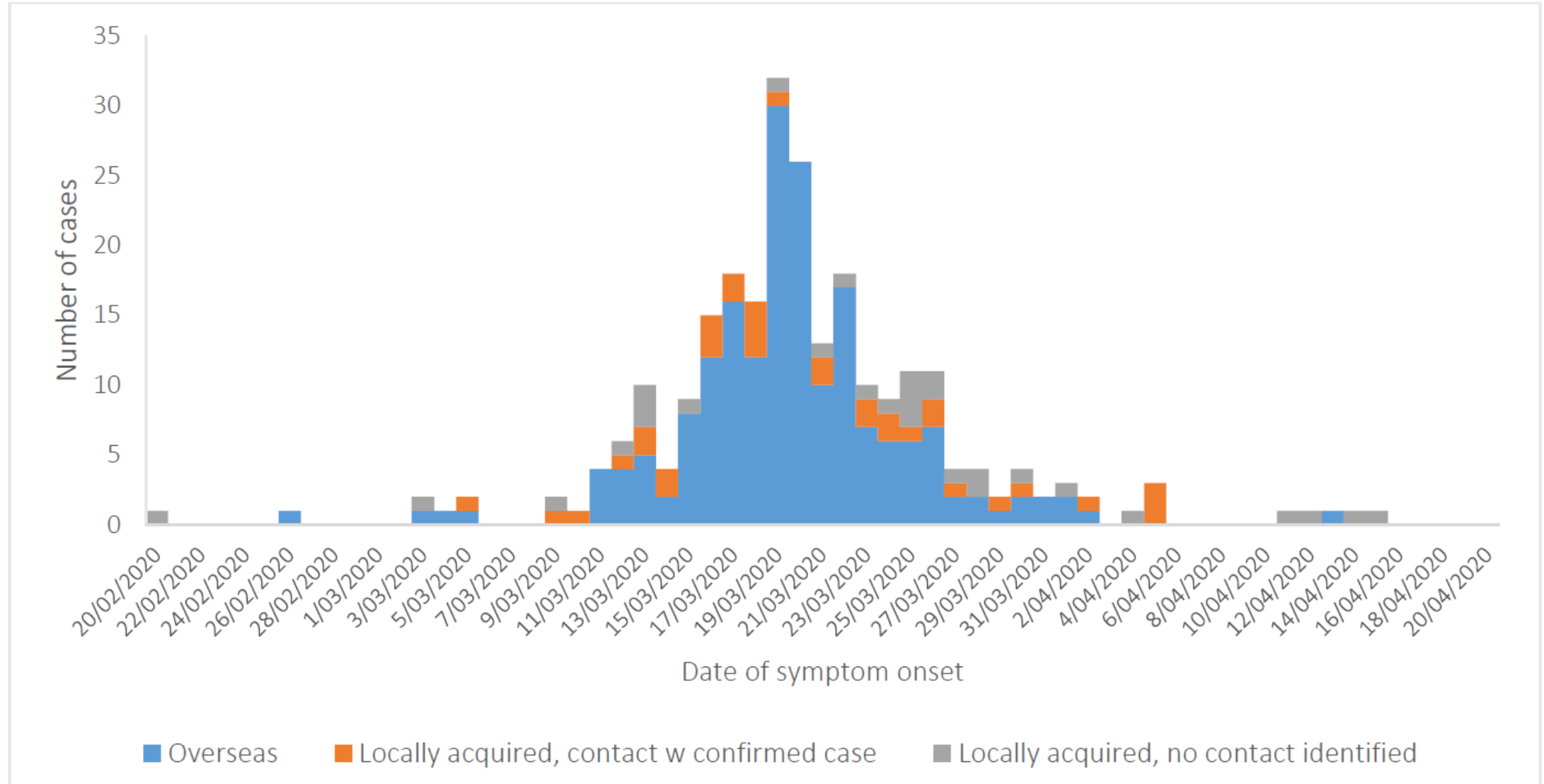


Figure 5. Epidemic Curves for HNE and Health Sectors within HNE, 20 Feb – 9 Apr, 2020



Appendix 2: Epidemic curve of confirmed and probable cases in Hunter New England Local Health District (n=277; 252 represented), by date of symptom onset and general place of acquisition, as at 20 April 2020 (18:30)



Demographics – HNELHD (n=271)

Age	Female	Male	Total	Percent
0-9	1	1	2	0.7%
10-19	9	4	13	4.8%
20-29	30	19	49	18.1%
30-39	17	17	34	12.5%
40-49	6	8	14	5.2%
50-59	26	17	43	15.9%
60-69	33	21	54	19.9%
70-79	24	22	46	17.0%
80-89	10	6	16	5.9%
90-100	0	0	0	0.0%
Total	156	115	271	100.0%
Median age (range)	56.0 (3 - 87)			
Indigenous Status				
Aboriginal	7	3	10	3.7%
Torres Strait Islander	0	0	0	0.0%
Both Aboriginal and Torres Strait Islander	0	0	0	0.0%
Neither Aboriginal or Torres Strait Islander	144	108	252	93.0%
Not Stated/Unknown	5	4	9	3.3%

30.6%

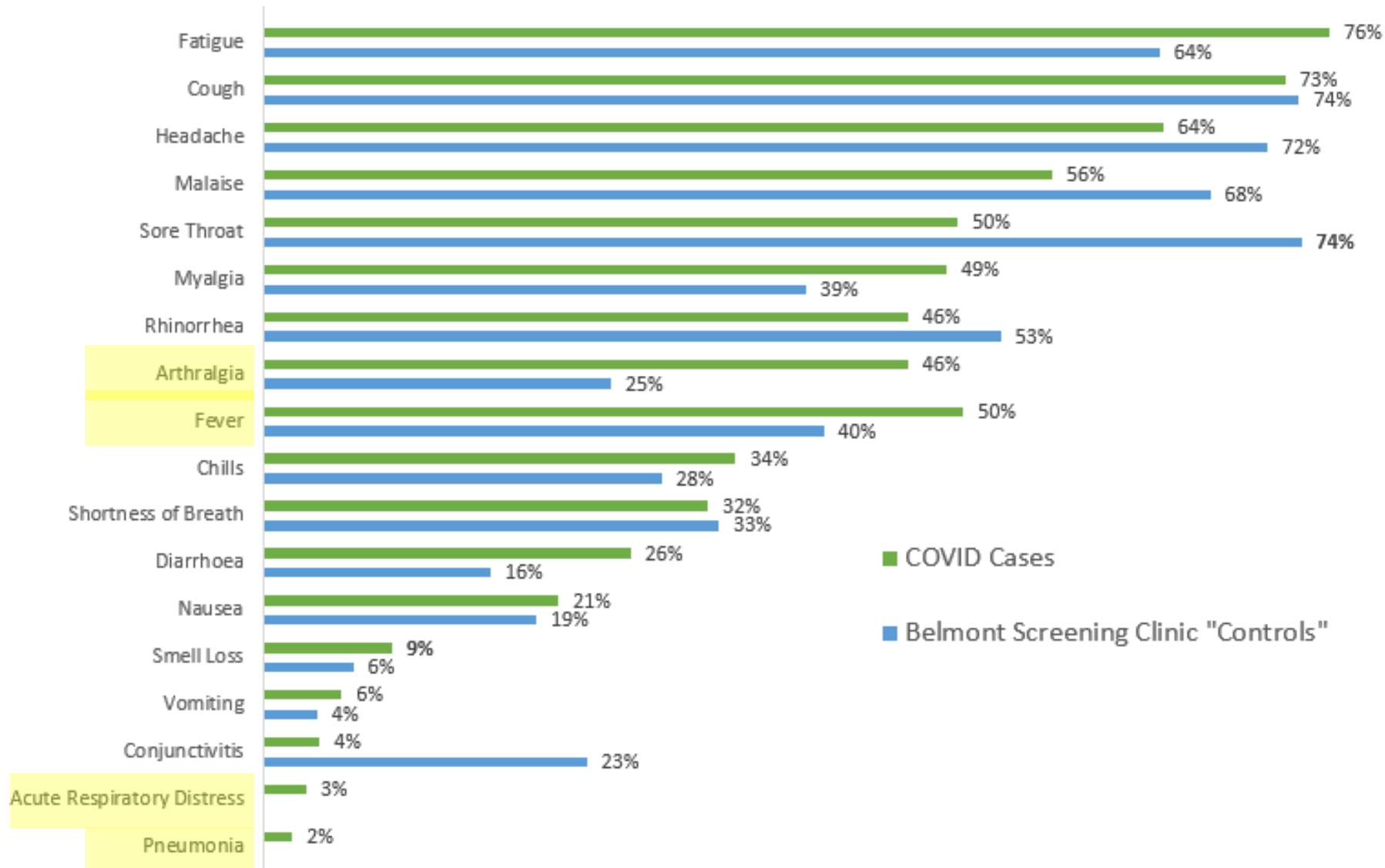
58.7%

Illness		
Onset date (range)	20/02/2020 - 05/04/2020	
Currently hospitalised	7	
Outcome		
Alive	267	98.9%
Deceased	3	1.1%
Source		
Overseas travel	204	75.6%
Locally Acquired (within Australia), contact with a confirmed case	39	14.4%
Locally Acquired (within Australia), no contact identified	27	10.0%
Under investigation	0	0.0%

Locally-acquired cases, unknown source

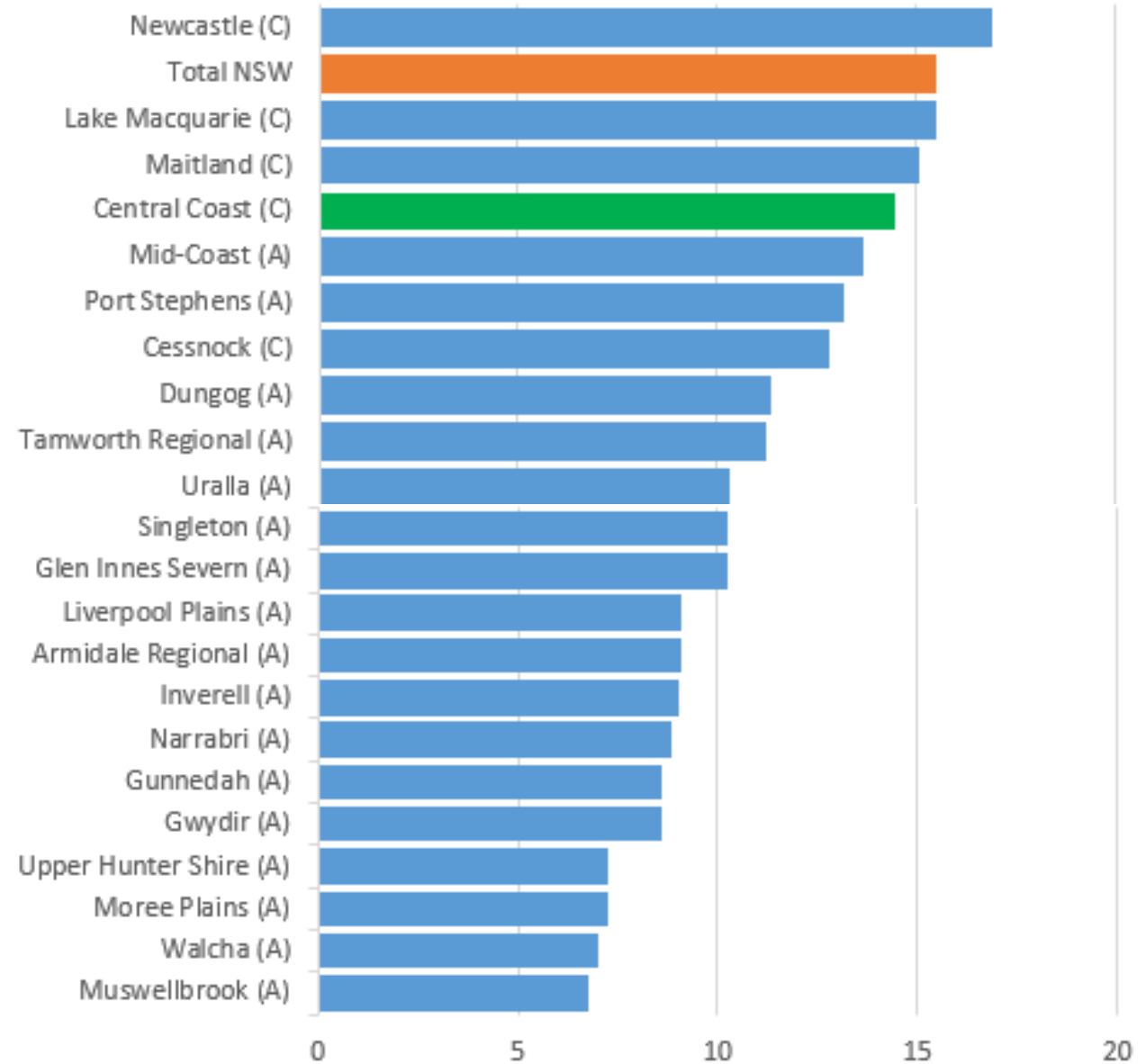
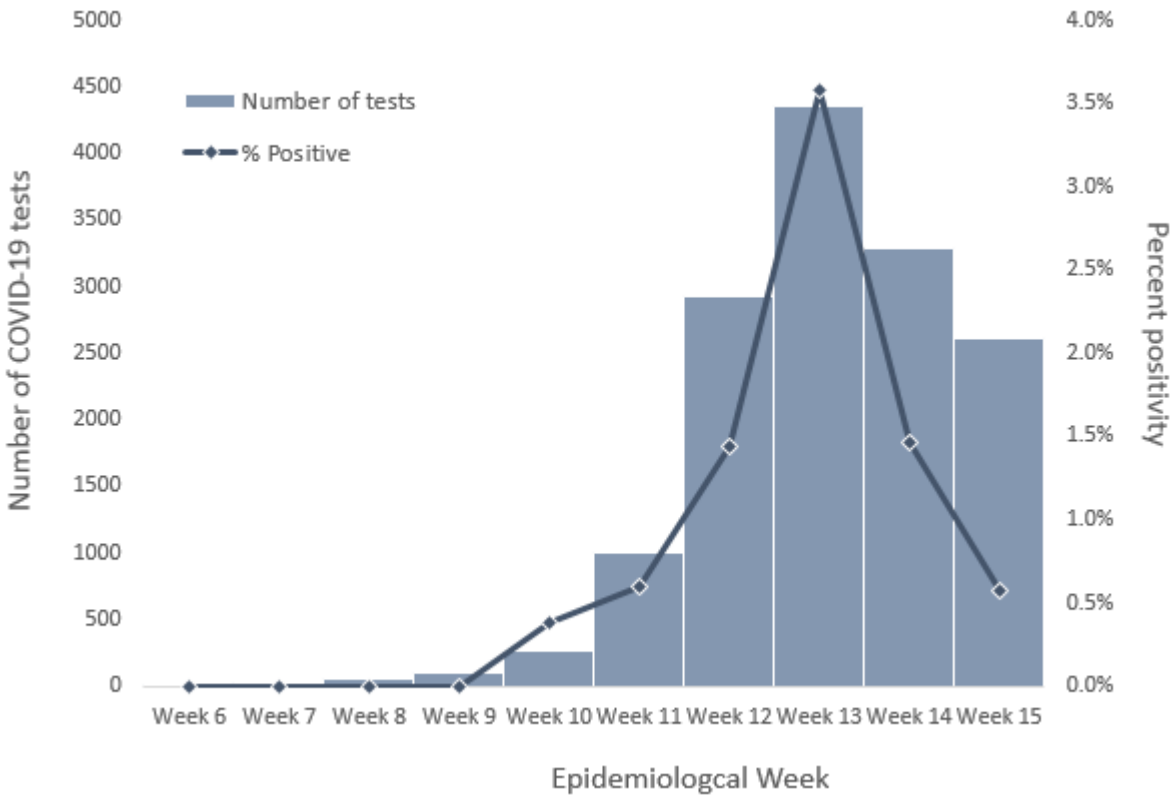
Armidale	1-4
Cessnock	1-4
Gunnedah	1-4
Maitland	1-4
Moree Plains	1-4
Port Stephens	1-4
Tamworth	1-4
Newcastle	5
Lake Macquarie	6

Symptoms: COVID-19 vs non-COVID-19



Testing data

Tests per 1000 population, by LGA



Testing criteria

- Fever ($\geq 38^{\circ}\text{C}$) or history of fever **OR** acute respiratory infection (e.g. cough, shortness of breath, sore throat)

AND

- Close contact of person with COVID-19
- International travel
- High risk setting
- Healthcare workers
- NSW-specific: living in communities with local transmission, self-identify as Aboriginal, referred by GP/PHU, clinical suspicion

Release from isolation criteria

- Non-hospitalised patients – at least 10 days after onset of symptoms AND resolution of acute symptoms for at least 72 hours
 - Hospitalised (if not released during hospital stay) – at least 10 days after discharge AND resolution of acute symptoms for at least 72 hours
 - Healthcare workers – 7 days after onset of symptoms, AND resolution of acute symptoms for 24 hours, AND two negative PCR swabs at least 24 hours apart
-
- PHU will release and provide certificate
 - Clearance swabs are NOT required for any cases to be released from isolation, other than HCW/ACF workers for returning to work

COVID-19 Central Coast update

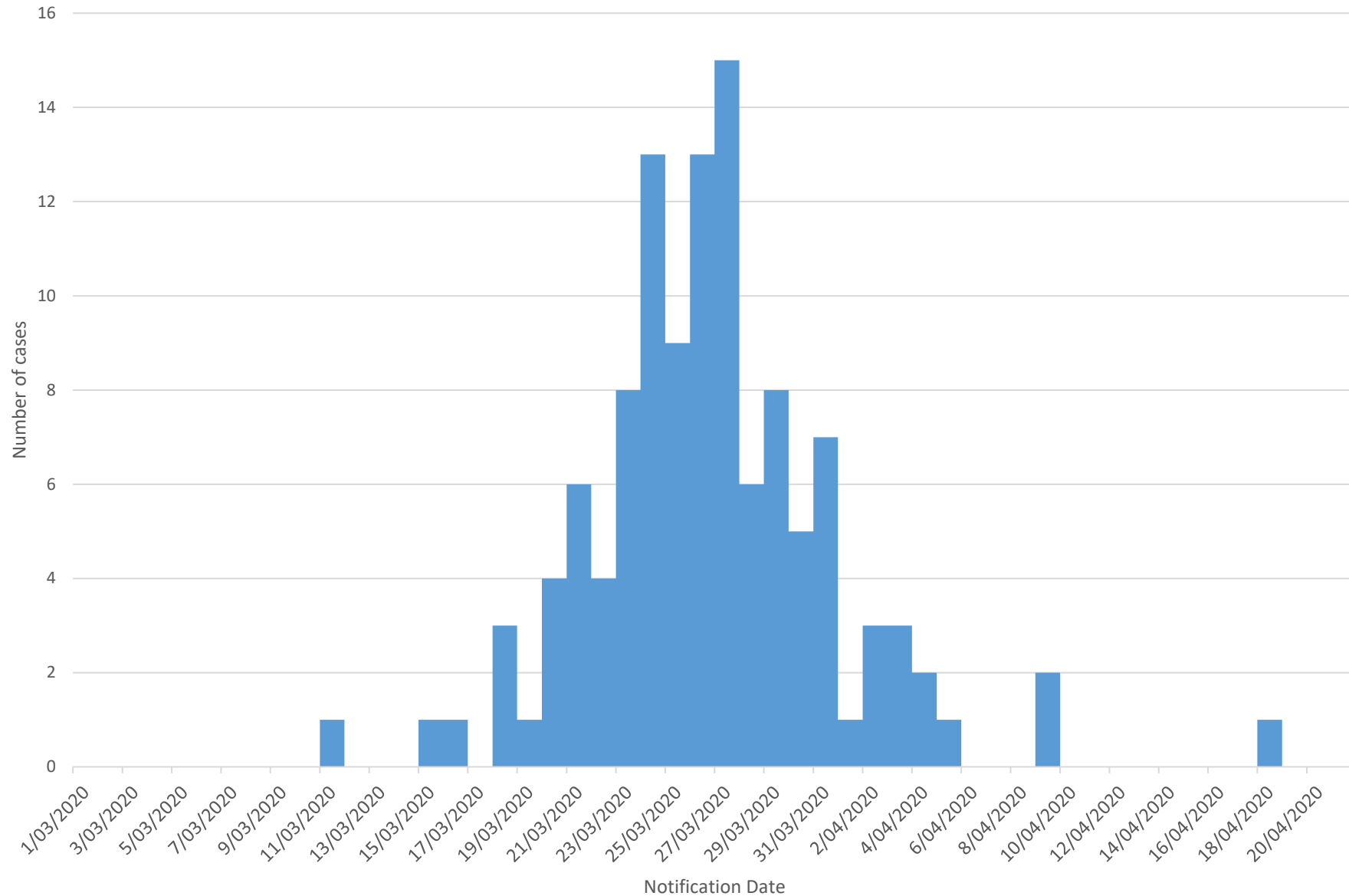
Dr Katherine Todd MBBS MPH MAppEpi FAFPHM
Public Health Physician

Progress so far

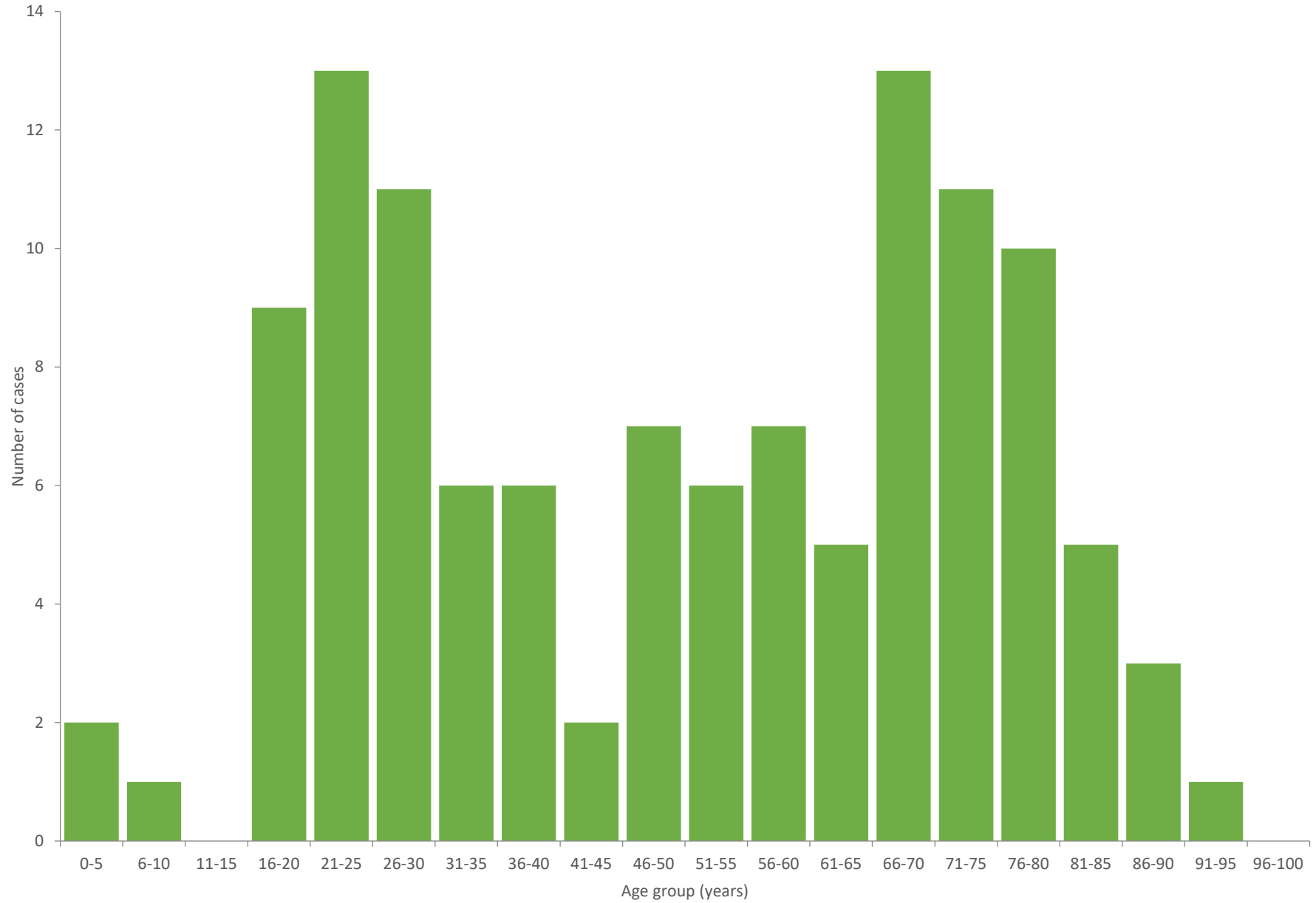
- 118 cases to date (first case notified 11 March)
 - 100 recovered
- 89 overseas acquired (75% of all cases)
- 24 cases locally acquired from a known case or in a cluster
- 4 cases where source not identified
- 1 under investigation

Confirmed COVID-19 Cases by notification date

Central Coast Local Health District, 1 March 20 – 21 April 20



Central Coast COVID confirmed cases by 5 year age group



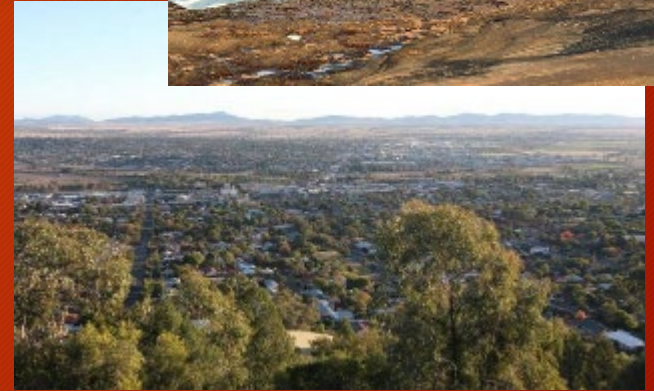
- Clinical management of COVID patients
 - Very few patients have needed hospital admission
 - Those that need clinical review have for the most part been managed by their GPs, with support from Gosford Hospital Infectious Diseases and the PHU
 - Health Pathways update for Central Coast in progress
- Release from isolation
 - Current recommendation for release is based on clinical progress; swabs are only needed for HCW
 - PHU is releasing straightforward cases
 - Those that are more complicated may need assessment by their GP (e.g. persistent post-viral cough)

PHN/PHU COVID-19 UPDATE #5 - Aboriginal Health

Kristy Crooks & Kylie Taylor HNE PHU

21/04/2020

Acknowledgement of Country - who we are...where we come from



Reflections on 2009 H1N1 pandemic

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Outback Qld braces for swine flu surge

Posted 7 Aug 2009, 12:10pm

Queensland Health says it expects a surge in swine flu cases in central western Queensland in late September now that the region has confirmed cases of the illness.

One person is in a central west Queensland hospital with swine flu - it is the first time a person has been hospitalised for the virus in the central west.

Queensland Health will not release details of the hospital involved, citing privacy reasons.

District CEO Jill Koeneman says the region is well prepared for the pandemic because it has had plenty of time to plan.

Outback Outbreak



SBS ONDEMAND

The swine flu pandemic has now claimed about 3,000 lives worldwide. In Australia, Indigenous communities are some of the worst affected.

Strategies for reducing impact of pandemics on Aboriginal communities

- ‘One size fits all’ approach to pandemic control policy is unlikely to work.
- Family-centred approaches - social distancing won’t work as well for our communities - goes against our ways of living and interacting together
- Culturally appropriate communications strategies (*‘localised, personalised, and humourised’*)
- Addressing Aboriginal health needs that considers social connectedness
- Strengthens, values and centres culture
- Respectful engagement to develop appropriate policy - Aboriginal people leading - establish culturally appropriate governance models
- Local community leaders/champions/organisations/representatives

Top down v's the ground up...



Public Health action plan

1. Identify cases
2. Isolate case to stop transmission
3. Trace contacts
4. Repeat
5. Social distancing & preventative public health measures

COVID-19: IDENTIFYING THE SYMPTOMS

Coronavirus
(COVID-19)

SYMPTOMS	COVID-19	COLD	FLU
	Symptoms range from mild to severe	Gradual onset of symptoms	Abrupt onset of symptoms
Fever 	Common	Rare	Common
Cough 	Common (usually dry)	Mild	Common (usually dry)
Sore Throat 	Sometimes	Common	Sometimes
Shortness of Breath 	Sometimes	No	No
Fatigue 	Sometimes	Sometimes	Common
Aches & Pains 	Sometimes	Common	Common
Headaches 	Sometimes	Rare	Common
Runny or Stuffy Nose 	Rare	Common	Sometimes
Diarrhea 	Rare	No	Sometimes for children
Sneezing 	No	Common	No

Adapted from material produced by WHO, Centre for Disease Control and Prevention.



TOGETHER WE CAN HELP STOP THE SPREAD AND STAY HEALTHY.

For more information about Coronavirus (COVID-19) visit health.gov.au



HEALTH WARNING CORONAVIRUS (COVID-19)

INFORMATION FOR TRAVELLERS

Developed a fever or cough?



FEVER



COUGH



SORE THROAT



SHORTNESS OF BREATH

[KNOW THE SIGNS]



www.health.gov.au

Keeping everyone safe: Social distancing helps stop the spread of COVID-19 between people



Stay 1.5 metres or 2 big steps away from other people.



Stay at home. You can go out to shop, see a doctor or care for someone.



Don't visit family or friends. Talk to them on the phone or online instead.



Outdoor exercise is OK but stay 1.5 metres away from others.

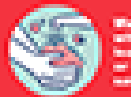


No shaking hands, hugging or kissing other people.



If you are sick, stay at home.

Stay Safe



Wash your hands with soap for at least 20 seconds, or use a hand sanitizer.



Enough to cover your entire nose and mouth. Change the filter every 2-4 hours.



Do not touch your mouth, nose or eyes.

For more information

Call the National Coronavirus Health Information Line on 1800 028 388.
For a free telephone interpreter ring 131 450, use the language you want. Ask the interpreter to connect you to the Coronavirus Health Information line.



Cases & Contact tracing for COVID-19

EXPOSURE

Where/How I Got It?

The source of my infection

- FROM TRAVEL OVERSEAS
 - Boat - cruise
 - Plane - holidays

- HOTSPOTS
 - Where there are lots of cases

- CONFIRMED CASE
 - someone I have been around who already has it

CASE

Whose Got It?



FAMILY



WORKMATES



EXPOSED

'Contacts' - Who could I now give it to?

IF THEY START TO GET SICK

Go to ED/Dr for testing

If they test positive That contact now becomes a case & Everything is repeated for them & the people they were around

If they test negative - stay a CONTACT

Public Health
MONITORS
CONTACTS CLOSELY
14 DAYS MIN.
IN QUARANTINE

If no symptoms, once quarantine is finished, That's it for them!

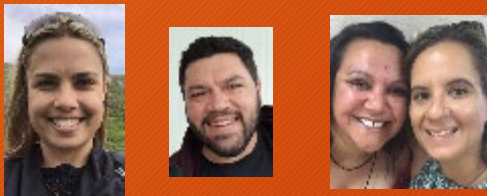
The power of social/physical distancing

CONTACT TRACING NOW =
9 people

FAMILY



WORKMATES



CONTACT TRACING 3 WEEKS AGO = approx. 60 extra people



Plus:

- Others at the party I didn't get a photo with
- my Thurs night oztag team
- my rep oztag team I train & play with
- Other people at work

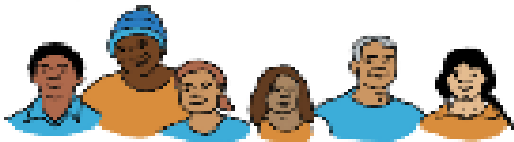


AHCWA
Aboriginal Health Council
of Western Australia

WWW.AHCWA.ORG.AU WWW.FACEBOOK.COM.COM/AHCWA/

COVID-19 SYMPTOMS

LOOK AFTER YOURSELF & YOUR COMMUNITY

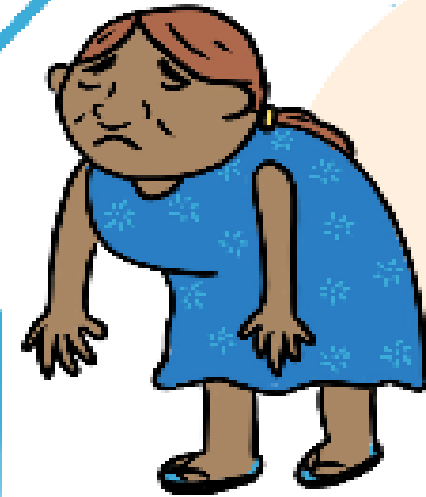


SORE THROAT



IS YOUR THROAT HURTING?

FATIGUE



ARE YOU FEELING MORE TIRED?

CALL YOUR LOCAL HEALTH CLINIC IF YOU'VE GOT SYMPTOMS

FEVER



ARE YOU BURNING UP OR FEELING HOT & COLD?

COUGH



ARE YOU HAVING A HARD TIME BREATHING?

HARD TO BREATHE



ARE YOU COUGHING?

DRAWN BY @WILLBESSEN

RESOURCES

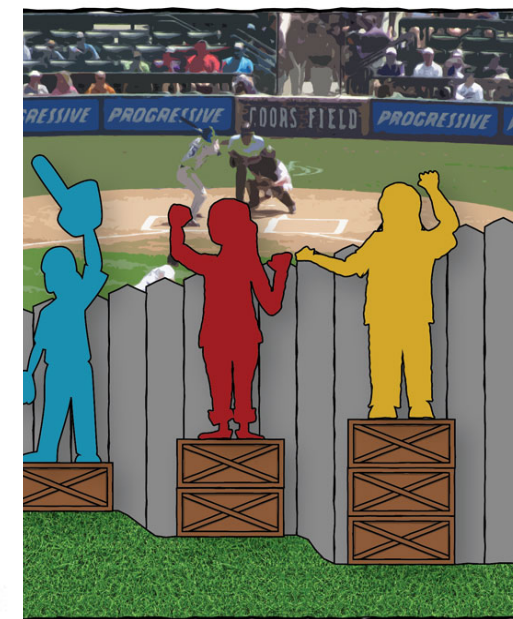
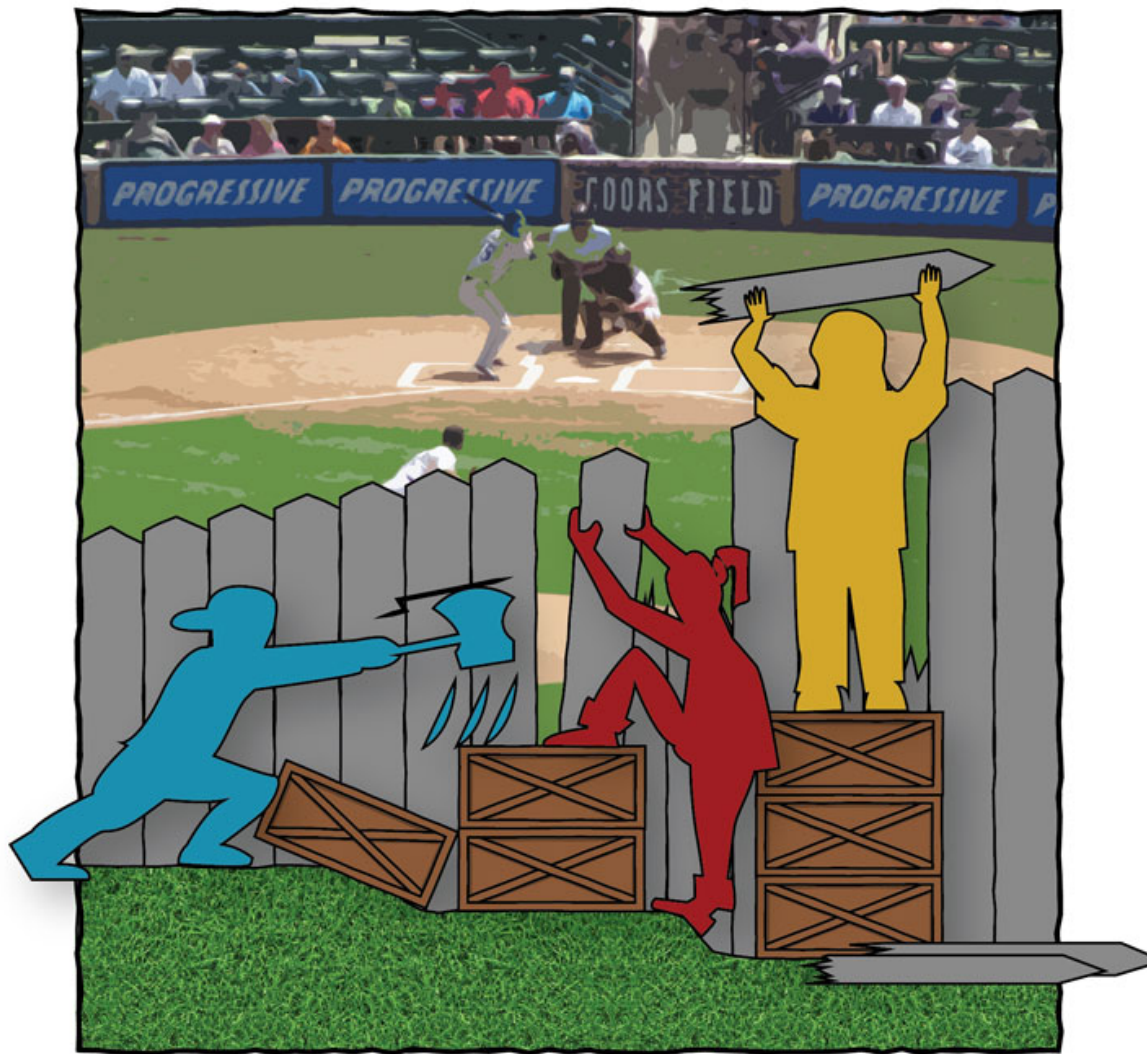
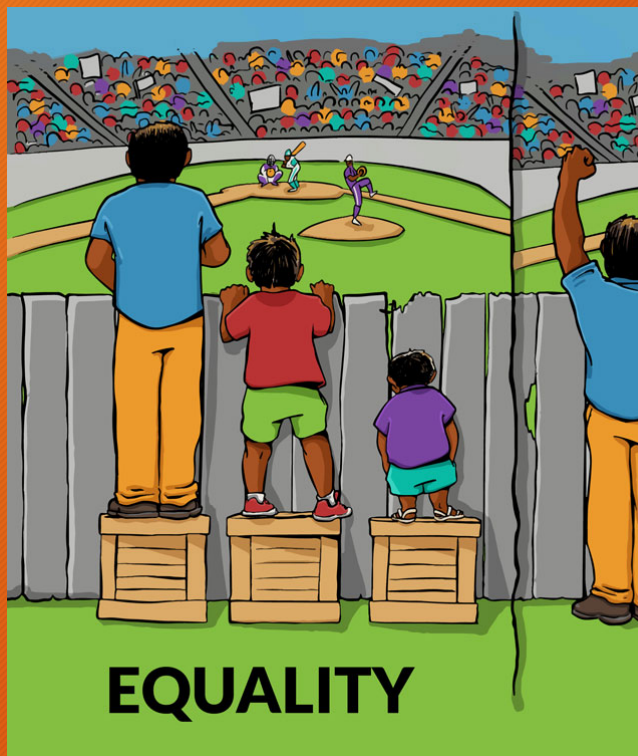
Most people really want to know....

- What is it?
- How do I prevent it?
- How do I catch it, how do I spread it?
- What are the symptoms & what do I need to do if I get sick?

Keep messaging:

- Clear & consistent
- Easy to read/see & understand
- Varied - using different mediums and methods to target different age groups
- Adaptable & relateable - localise, personalise & humourise

Ground up



NSW Health - <https://www.health.nsw.gov.au/Infectious/diseases/Pages/covid-19-resources.aspx#Aboriginal>

Keep Our Communities Healthy - Brochure

Keep Our Communities Healthy - Sorry Business

Keep Our Communities Healthy - Protect Community and Elders

Keep Our Communities Healthy - Stay Connected

Keep Our Communities Healthy - Hygiene

AH&MRC - <https://www.ahmrc.org.au/coronavirus/>

NSW ACCHS Seasonal Influenza Preparedness Toolkit

AH&MRC Pandemic Toolkit

Australian Government; Department of Health -

https://www.health.gov.au/resources?f%5B0%5D=field_related_health_topics%3A1471

Aboriginal and Torres Strait Islander Advisory Group COVID-19 Communique.

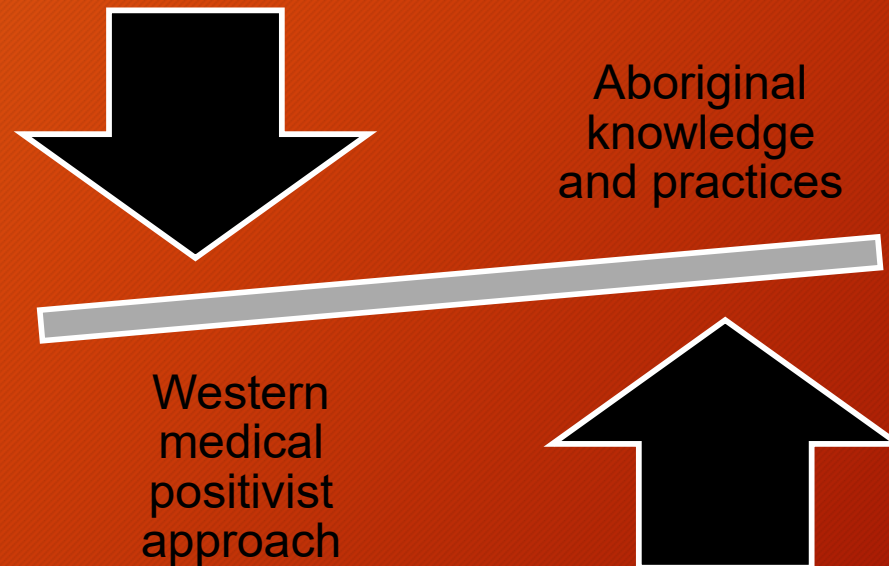
Management Plan for Aboriginal and Torres Strait Islander Populations (Released 30th March 2020, The Aboriginal and Torres Strait Islander Advisory Group on COVID-19 have developed a National Management Plan to protect Aboriginal communities and save lives).

NACCHO - <https://www.naccho.org.au/home/aboriginal-health-alerts-coronavirus-covid-19/>

- Local AMS & ACCHO may have also developed their own, check out their Facebook & Instagram pages
- States & Territories have localised resources to suit their communities - most are available on their websites. QLD have some really good ones - they seem to have the system in place for rapid design & dissemination.

Change the system, improve our health

- Listen, learn and build together
- Aboriginal people leading the way
- Making space and time, valuing other worldviews and respecting other ways of working



Thanks & Acknowledgements

- ACCHO & AMS Staff & clients
- HNE Public Health Unit & PHN
- HNE Aboriginal Health Unit
- HNE Aboriginal Governance Group on COVID-19
- The communities & families that have trusted us with their stories