

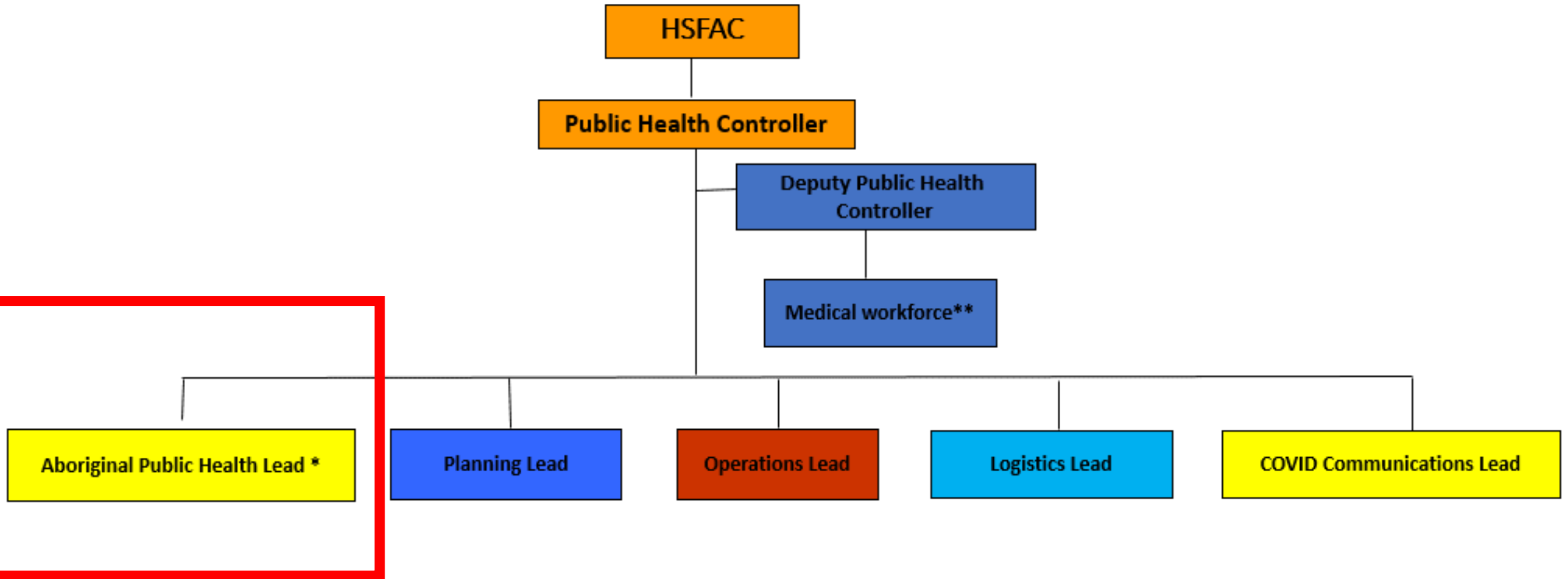


Aboriginal Epi update

26 October 2021

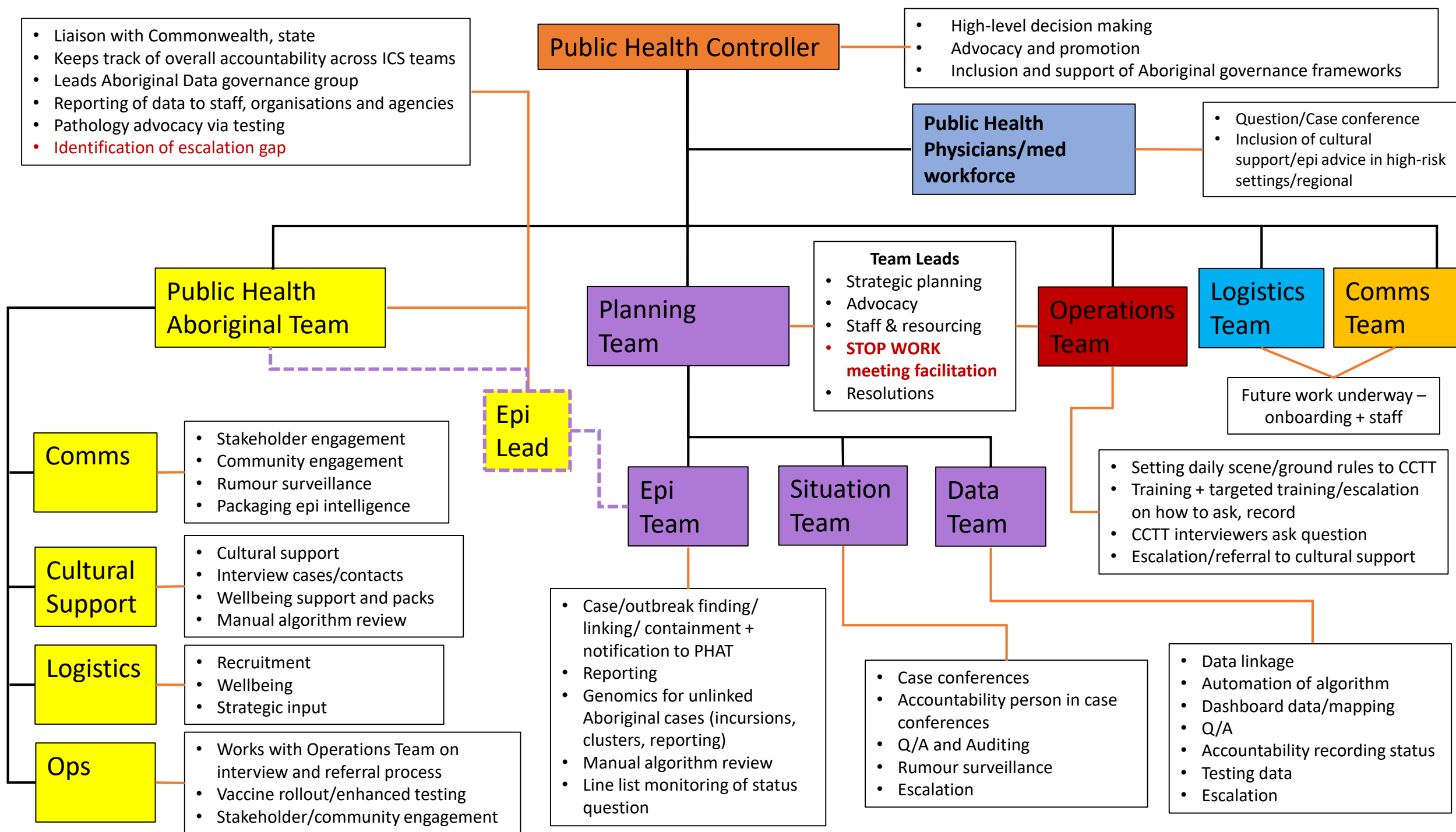
Kristy Crooks and Charlee Law

Incident Command System



*PHU Aboriginal Team provides cultural governance across the entire ICS operation; including planning, operations and logistics.

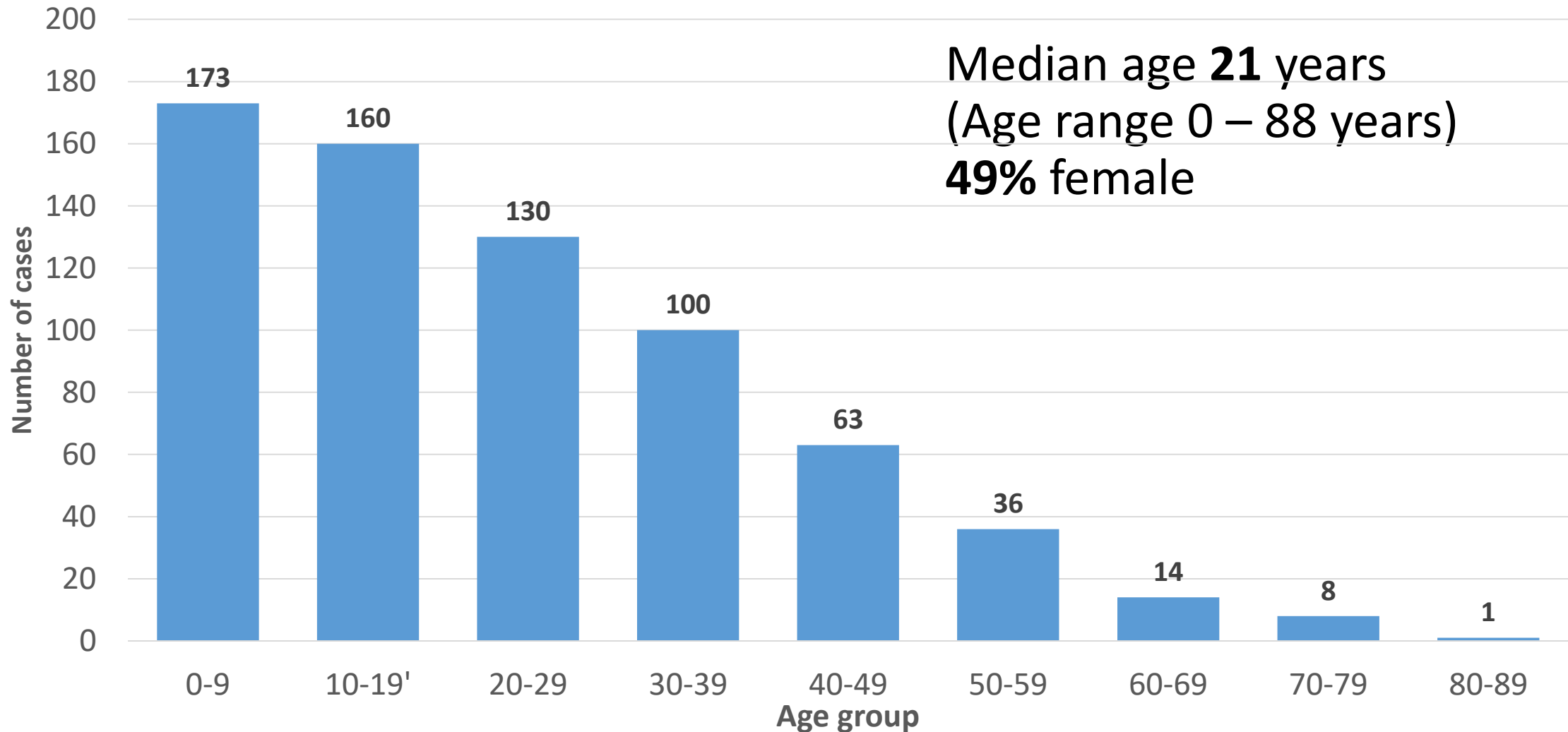
** Medical workforce is rostered as required by Public Health Controller to the various teams; after distribution the medical officer is directed by the Team lead

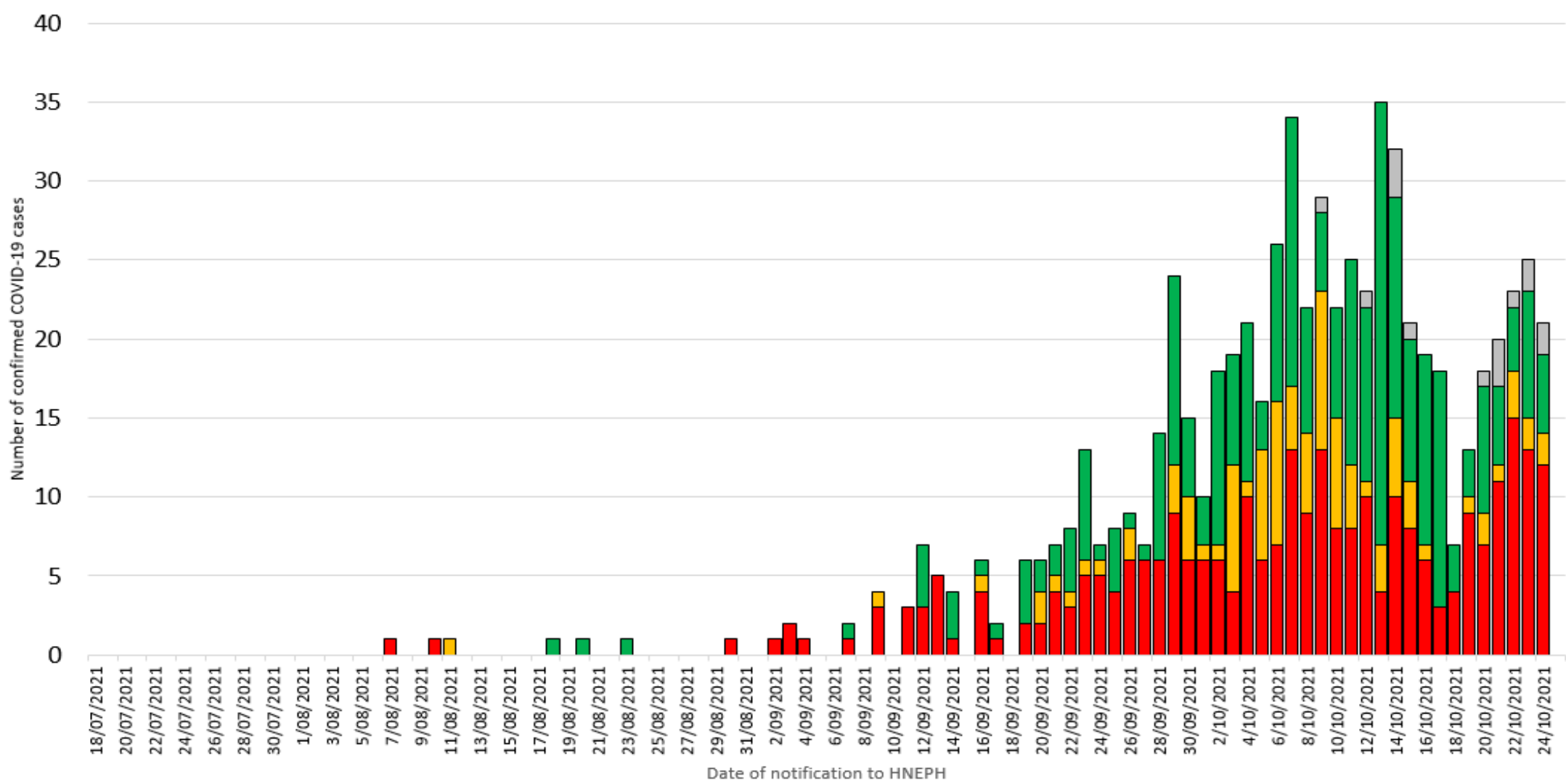


Aboriginal case update – Monday 25 October

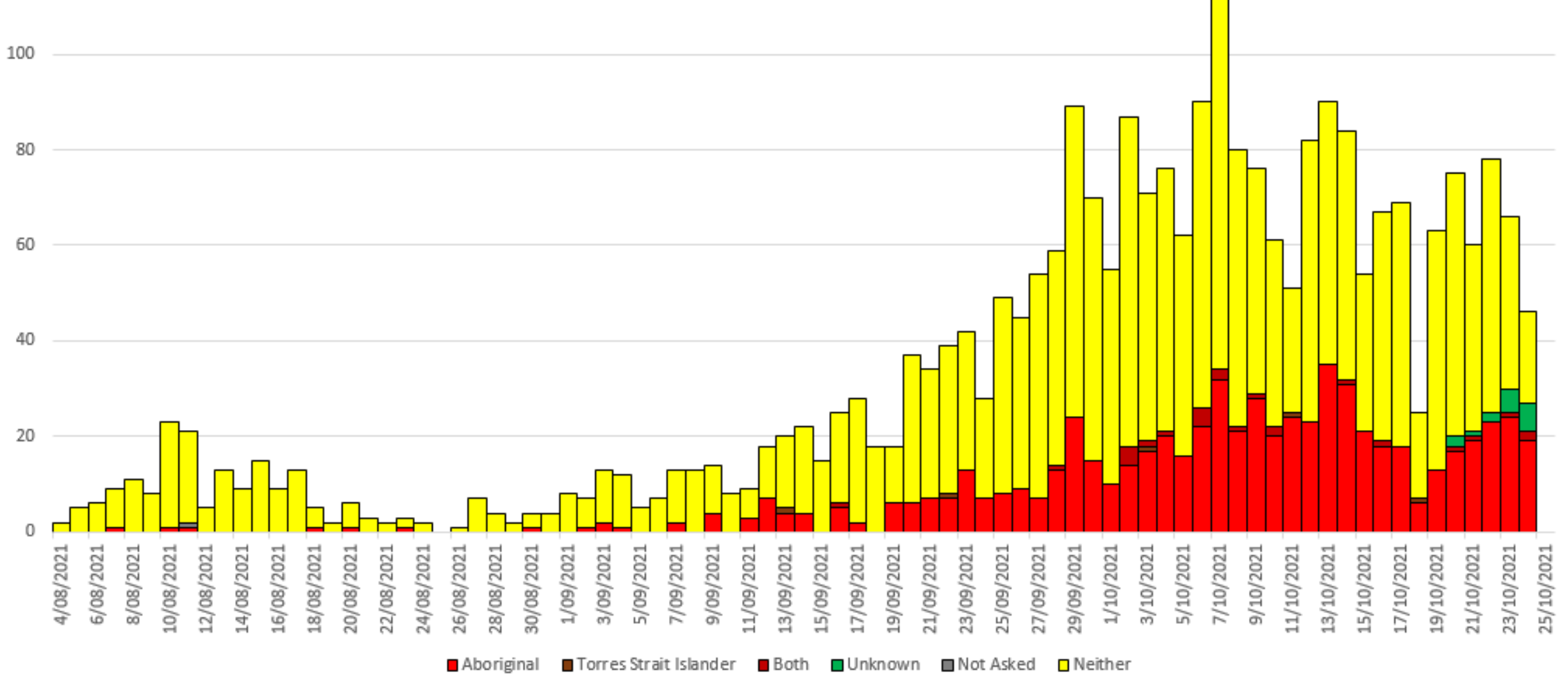
- 2695 cases in HNE on Monday 25 October
- 685 Aboriginal or Torres Strait Islander (25% or 1 in 4 cases)
 - 355 Aboriginal
 - 5 Torres Strait Islander
 - 25 Both Aboriginal and Torres Strait Islander
- 100% (99.96%) Aboriginal status completeness – steady
- Over 1199 cultural support referrals
 - 1036 HNE only, others in WNSW
 - 280 active (mix of cases and close contacts)

Age of Aboriginal and Torres Strait Islander COVID-19 cases in Hunter New England





Infectious in community

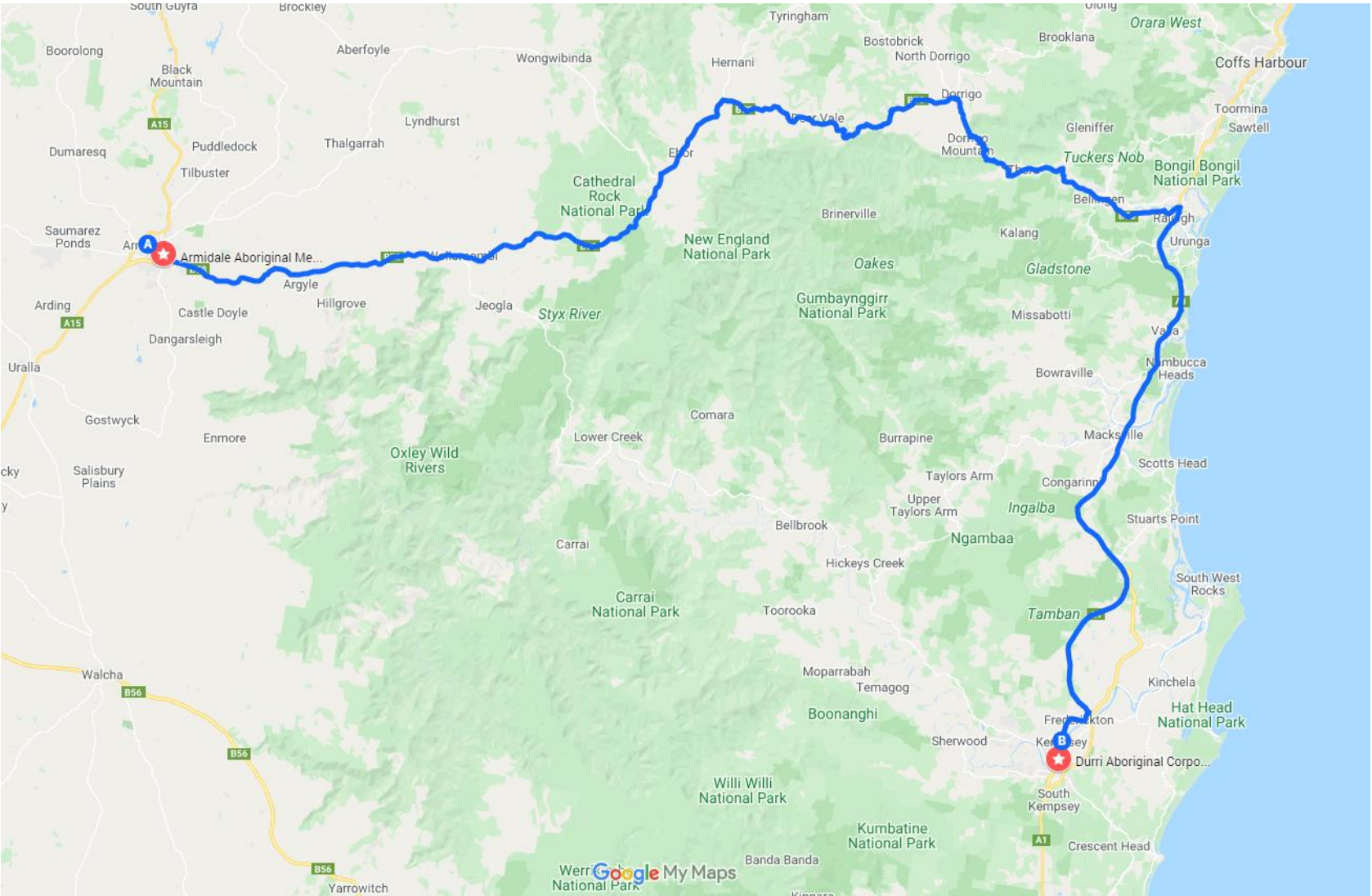


Epidemic curve by Aboriginal and Torres Strait Islander status, notification

So how is COVID spreading in Aboriginal communities?

- Transmission within and between households is the most common way COVID-19 has spread in HNELHD
- 7 in 10 Aboriginal people are getting COVID from in the home
- The first case to an outbreak has usually been infected at work or school
- Increased trend in outbreaks: workplaces and crisis accommodation

Pairing local and cultural intelligence with household mapping



Public health response to COVID-19

- **Prioritisation:** Aboriginal people are a priority population for COVID-19
- **Vaccination:** COVID-19 vaccines are up to 95% effective, and our best chance to reduce transmission
- **Restrictions:** on people's movement and interactions (essential workers only) until 70% vaccinated
- **Contact tracing:** Isolation of cases until they are no longer infectious and quarantining any close contacts for 14 days after exposure
- **Outbreak response:** Certain environments are high risk for rapid transmission, such as nursing homes or crisis accommodation. These outbreaks require targeted public health support to prevent rapid transmission and high case numbers

COVID-19 Case management



CASE



Case notified to each Public Health Unit. Immediate interview & within 4 hours of notification

Interview case



Risk assess every part of life for the case

Determine onset of symptoms & calendar of life in the days prior to onset



Accommodate, support, link with services

Support best accommodation option for the case & refer to support services



CCITH, COVIS, AMS, GP, Hospital

Care & Recovery



When you are safe to be around people again

Released from isolation

Challenges:

- False positive & indeterminate results
- Reluctance to isolate
- Strict health accommodation criteria
- Cloudy recall or lack of trust

Achievements:

- Surged from 10 Staff to approximately 100 Staff
- More streamlined processes
- Able to interview HNELHD cases with occasional assistance from MOH
- Sourcing pet accommodation 😊

Contact management



Challenges:

- Delta is so infectious that often contacts are already incubating the virus
- Contacts not shared during the interview are missed
- Delay in test results & longer isolation period
- Confusion when local people realise they are speaking with Sydney

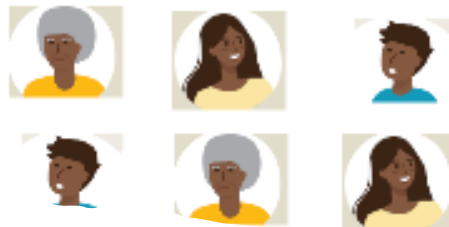
Achievements:

- Relationships with support services
- Answering many questions & assisting families in successfully completing isolation

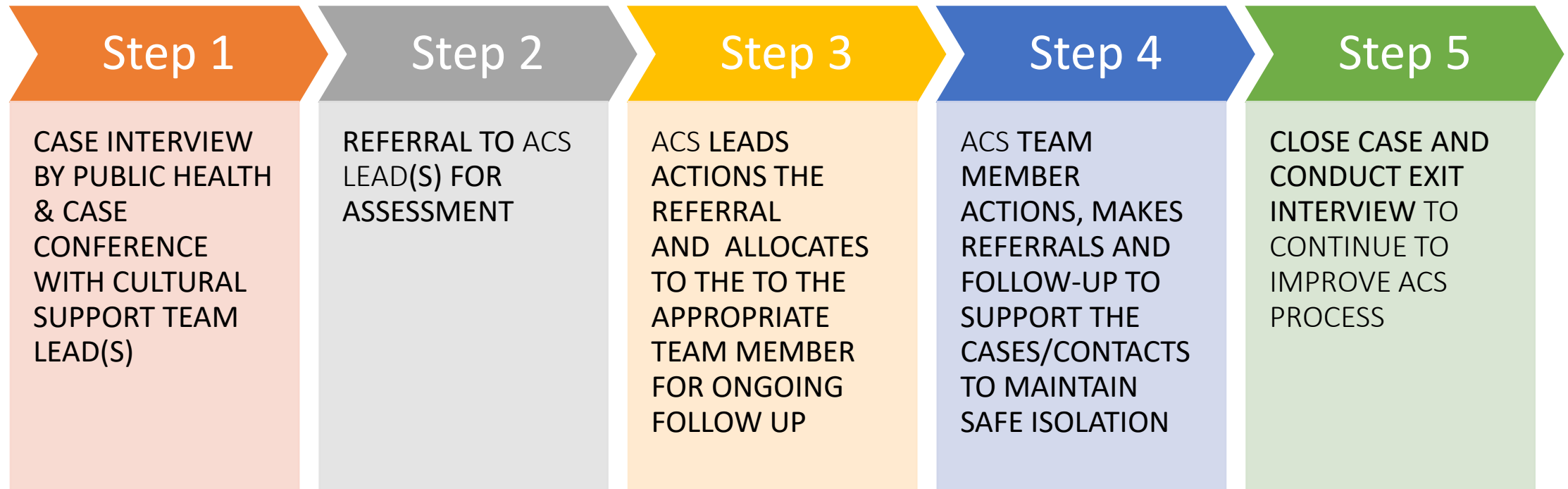
Close contacts:

- Isolate away from others
- Test now
- Test at day 6 & day 12
- Keep isolating for the full 7 or 14 day period depending on your vaccination status

Close Contacts



Aboriginal Cultural Support Process



Steps explained



Step 1

- **CASE INTERVIEW**

- Public Health Nurse conducts interview with case/contacts using the *PHU Case/Contact Interview Form*
- Case/contact identifies as Aboriginal or Torres Strait Islander & a case conference is held with the Cultural Support Team Lead(s)



Step 2

- **REFERRAL TO ABORIGINAL CULTURAL SUPPORT LEAD(S) FOR ALLOCATION**

- Public Health Nurse sends email to Aboriginal Cultural Support Leads with case/contact details requesting cultural support for individual

Steps explained



Step 3

- **ABORIGINAL CULTURAL SUPPORT LEADS ACTIONS, REFERRAL FOR LOCAL SUPPORT AND FOLLOW-UP**
- Aboriginal Cultural Support Leads review case/contact details and provides additional cultural intelligence and relevant information from the case conference
- Aboriginal Cultural Support Leads review case/contact interview notes from the Public Health Nurse
- Aboriginal Cultural Support Leads conducts initial cultural support phone interview to case if urgent or complex supports are identified.
- Case/contact is then allocated to the appropriate Aboriginal Cultural Support officer to provide ongoing holistic health, wellbeing and cultural care that addresses access barriers.

Note: if case/contact is a child, phone interview will be conducted with parent/guardian

Steps explained



Step 4

• **ABORIGINAL CULTURAL SUPPORT TEAM MEMBER ACTIONS, REFERRALS AND FOLLOW-UP**

- *Conducts* follow-up phone call with case/contact, identifies support needs and agree on call frequency
- *Refers* case/contact to any support services if required, using a district mapping spreadsheet that lists all of the services across the district that we can connect people to.
- Records call details and any issues in the progress notes in OneNote and emails to Aboriginal Cultural Support Lead and actions all referrals using the email templates.
- *Follow-up* phone calls continue as agreed, and records all notes.
- *Concerns* identified are escalated to Team Leads for action and resolution.



Step 5

• **CLOSE CASE AND CONDUCT EXIT INTERVIEW**

- When case/contact is released from isolation and all Public Health actions and follow-up are complete, PH Operations closes the case file
- PH Operations team notifies Aboriginal Cultural Support Leads and PHU Aboriginal Team Leads case record is closed.
- PHU Aboriginal Team Leads calls case/contact for exit survey on their experience to see how we can continue to improve our service.

Support offered

