



## News from the Covid-19 AFC Response Team Thursday, 9 April 2020 Newsletter 4

Australian figures appear to be very promising.

Testing of travellers, clusters, and social distancing may have been sufficient to have slowed the spread of COVID-19.

It will be some weeks before we can be confident that community spread has been managed and hopefully soon stopped.

This newsletter will talk about important changes in prescribing, screening and home monitoring.

As a team we have commissioned a highly efficient drive through immunisation service and will soon be opening a respiratory clinic. We have a small stock of rapid serologic antibody tests for Covid-19 and they appear to work in our internal testing BUT they have now been banned in SA.

Below is a brief summary of COVID-19 related health-care related news items that have been published recently.

### CURRENT SITUATION

#### Globally

- As at 8:00am 9th April 2020 - internationally there have been 1,508,133 proven cases of COVID-19 and 88,279 deaths so far ([www.worldometers.info](http://www.worldometers.info)).
- Globally mortality is approximately 5%.
- The rate of increase of test positive cases remains exponential.

#### Nationally

- As at 6:00am on 9th April 2020, there have been 6,052 confirmed cases of COVID-19 in Australia. 105 new cases have been identified in the previous 24 hours. There have been 51 deaths reported.
- Australian mortality stands at approximately 0.8%

#### Locally

- There are a total of 420 confirmed cases in South Australia.
- SA Pathology has carried out approximately 35,000 tests (1.8% of the population).
- There are currently 10 patients in the ICU at the RAH who are COVID-19 positive, 7 of whom are intubated.
- Sadly, there have been three COVID-19 related deaths this week in South Australia.

### NEWSFEED

Department of Health and Australian Health Protection Principle Committee (AHPCC)

- **Daily Health Alerts** - The Department of Health is issuing daily health alerts online. These health alerts include how the Government is monitoring and responding to the outbreak and a daily infographic which provides a quick view of the COVID-19 situation in Australia. It can be found [here](#).
- **Proposed COVID-19 Therapies** - Lopinovir/ritonavir and hydroxychloroquine (hydroxychloroquine; +/- azithromycin) are the most common drugs prescribed for therapy or prophylaxis against COVID-19.





There are several clinical trials being undertaken to assess the efficacy of antiviral therapies in COVID-19 infection.

- However, advice on off-label medicines for treatment and prophylaxis of COVID-19 is that due to safety concerns, and the unknown effects of prescribing some proposed medications for COVID-19 infection, there are no current recommendations to treat patients with mild to moderate COVID-19 illness. It is also not recommended to use medications prophylactically.
- **Self-isolation of COVID-19 confirmed cases** - The AHPPC have stated that if a treating clinical team is satisfied, then COVID-19 'well' patients should be cared for in their homes. This will allow the provision of appropriate care while minimising the impact on the community, health system and frees hospital beds for more severe cases. Please see further information regarding the GP assessment service below.
- **Organ Donation** - All living donation programs have been suspended (there have been some exceptions for paediatric patients). The suspension of living donations has occurred due to a number of considerations, namely:
  - the risk of COVID-19 infection to patients during the highly-immunosuppressive post-transplantation phase; and
  - the impact that expected increased pressure for intensive care unit (ICU) beds due to COVID-19 could have on recipient hospitalisation post-transplant.
- **Rapid IgM/IgG immunoassays** - As aforementioned, the AHPPC advise against the general use of COVID-19 antibody tests in primary care and residential care environments mainly because of unknown cross-reactivity effects and the risk of false-negatives during the acute phase of illness. However, the tests will likely be used in the near future.
- **In-home carers** - The Department of Health has developed information sheets for in home carers of patients with COVID-19. These can be found [here](#).

#### SA Health

- The SA Health 'What should you do' flowchart for COVID-19 testing has been updated in regards to recent travel. It can be found [here](#).
- The Women's and Children's Hospital is fast-tracking intensive care training for about 80 nurses. Three additional high-dependency beds have already been opened and the state government is planning for an additional 10 intensive care beds at the hospital.

### Practical Topics

#### Testing

- To accommodate the significant increase in volume of testing for COVID-19, SA Pathology has temporarily engaged with an alternate pathology provider, Clinpath, to undertake Enteric NAT Testing for COVID-19.
- Whilst epidemiological and clinical criteria for testing suspected COVID-19 cases has not changed, The Clinical Service Director of SA Pathology Dr Tom Dodd has suggested that if clinicians have a patient that has 'COVID-19-like' symptoms but does not fit the current criteria, then they can and should be tested for COVID-19. Reagent and swab supply is not an issue at present.
- There have been issues with regards to COVID-19 results being available for GPs. This week, SA Pathology is making steps to ensure that all COVID-19 test results are forwarded to GPs.
- Two new SA Pathology collection centres have been established for immunocompromised and vulnerable patients. One at Marion and another at Elizabeth GP Plus.

#### Telehealth

- Telehealth services must be bulk billed for:
  - Commonwealth concession cardholders
  - children under 16 years old
  - patients who are more vulnerable to COVID-19
- However, private billings can be applied for all other patients.
- As many of our patients may be facing financial hardship during this stressful period, charging a gap at this point in time is not recommended by Australian Family Care.



#### Clinical Care and Prescribing

- The AMA and Dr Brendan Murphy have both put out media statements regarding the fact that some Australians are putting off seeing their doctor or getting a test, investigation, or immunisation due to fears of contracting COVID-19.
- This could mean that a medical condition like cancer or heart disease will go undetected.
- It has also been evident that there have been significant reductions in investigative diagnostic tests, including skin cancer biopsies and cervical cytological screening.
- Please ensure that business remains 'status quo' in terms of patient surveillance and follow-up during the pandemic.
- In regards to prescribing, according to SA AMA, signed scripts should be faxed or e-faxed to a designated pharmacy with the dispensing pharmacy named on the script.
- There is no need for the original to be sent to the pharmacy (or the patient). This includes S4 and S8 drugs.
- My Health Records should be updated and should include Care Plans and a clear medical summary.

#### Community Care of COVID-19 Patients

- To better streamline the process of community managed care, all non-hospitalised patients who are diagnosed with COVID-19 will be assessed by the GP Assessment Service.
- After assessment they will be referred to the appropriate referral centre, most likely the MRU as this will allow for at least daily phone calls and the ability to escalate care needs quickly and activate Hospital in the Home, as required.
- GPs will receive a letter stating their patient has been referred, but there is no specific requirement to follow-up patients on a daily basis while they are in isolation.
- The GP Assessment Service will be liaising with CDCB and Infectious Diseases to discharge community patients from isolation.
- In exciting news, AFC has been contracted to provide one of three Respiratory Clinics in Adelaide. We will be able to announce details next week.

#### National COVID-19 Clinical Evidence Taskforce

- A large coalition of peak Australian health professional groups has come together to develop new "living guidelines". These guidelines will provide updated evidence-based guidance to clinicians caring for people with COVID-19.
- The living guidelines include: flowcharts incorporating recommendations
- Taskforce members include RACGP, RACP, ACEM, and ASID
- The initial focus of the guidelines is on:
  - Definitions of disease severity
  - Monitoring and markers of clinical deterioration
  - Antiviral medications and other disease modifying treatments
  - Respiratory support
- The living guidelines can be found [here](#).

#### ADDITIONAL NOTES

- If you have a topic that you believe is relevant to COVID-19 and applicable to our work processes, please send it through to Dr Renee Petrilli ([renee.petrilli@australianfamilycare.com](mailto:renee.petrilli@australianfamilycare.com)). These items will be distributed via our COVID-19 newsletter and website which can be found [here](#).

#### ETHOS

- Our ultimate aim is safety for our patients, our families, our community and ourselves. If we are not well we are unable to care for others.

Dr Renee Petrilli and Dr Brian Symon

