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AFC COVID-19 Newsletter 7: The Hammer and the Dance

The number of new cases of COVID-19 in SA has dropped to almost zero over the past week.

Hearteningly, this decline in the incidence of COVID-19 has been observed even with increased community testing.

More so, the single new case identified on the 22nd of April was linked to overseas travel.

There currently appears to be almost no community transmission in SA.

Thomas Peuyo, a Stanford MBA graduate has written [several](#)

illuminating papers regarding the COVID-19 epidemic.

In his most recent article, Thomas describes the 'hammer' and the 'dance'. The 'hammer' represents governmental strategies attempting to reduce virus transmission. This includes social distancing and border lockdowns. What follows is the 'dance', a prolonged period in which countries ease and tighten restrictions in an attempt to control the epidemic on an ongoing basis.

Countries which have been implementing the 'dance' effectively include Taiwan and South Korea. In addition to implementing wide-scale testing and enforcing community mask-wearing, these countries have adopted mass surveillance systems to rapidly isolate and quarantine suspected cases of COVID-19.

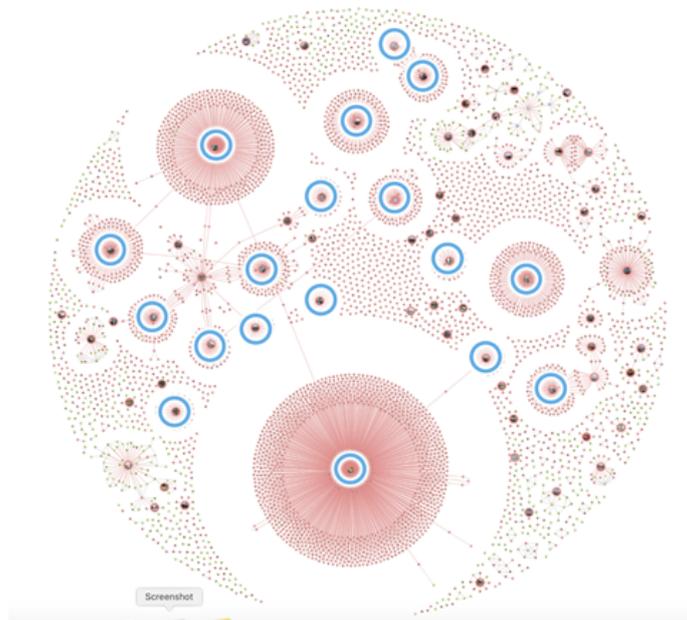
As we move towards the 'dance' in Australia, there are growing calls for such extensive surveillance measures. The Australian Government could consider using anything from CCTV footage to private mobile phone location data to track the movement of cases and aid contact tracing. Indeed, the new app 'COVIDSafe' released today is a promising tool which may help to contain the spread of COVID-19 nationally.

Could these measures ultimately do

more harm than good however, especially with respect to privacy and confidentiality rights? The Human Rights Watch claims that China and Russia's surveillance systems are expanding capacity, and are broadly restricting rights under the guise of a public health initiative.

To this end, Australia's 'dance' must effectively combat the COVID-19 pandemic, whilst simultaneously ensuring a balance between safety and privacy, so as to not compromise basic human rights.

Below is a review of news over the past week.



Current Status

Internationally, there have been 2,931,922 proven cases of COVID-19 and 203,596 deaths so far. Globally mortality is approximately 7%. Global statistics can be found here -

found [here](#).

Nationally, there have been 6,711 confirmed cases and 83 COVID-19 deaths in Australia. Australian mortality stands at approximately 1%. National statistics can be found [here](#).

Locally, there are a total of 438 confirmed cases and four COVID-19 deaths in South Australia.

Encouragingly, new case numbers and case mortality appear to be plateauing internationally.

Moving forward, it is becoming apparent that the tools we choose to facilitate contact tracing will be fundamental if we are to effectively suppress this disease around the world.

Click below for realtime contact tracing in Singapore.

Real-Time Contact Tracing



Opening Our Doors

Because there has been almost no community transmission of COVID-19 in SA

community transmission of COVID-19 in 2021, we feel strongly that it is no longer appropriate for our clinic doors to remain closed. Likewise, it is important that we learn our own 'dance', and continue to protect our staff and patient's from the ongoing potential risk of COVID-19.

We will therefore be opening our front doors to patients. Prior to entry into the clinics, patients will be screened to ensure they are not a COVID-19 'suspect' or 'confirmed' case. We will also continue to maintain strict physical distancing and hand hygiene practices.

We have recommend strategies to help move into the next phase of easing restrictions.

Click on the link below to find out more.

Recommendations for Easing Restrictions



Elective Surgery

Over the week there has been a great deal of news focusing on the re-commencement of elective surgery.

Priority procedures will be based on:

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- Low risk, high value care procedures as determined by specialist societies;
- Selection of patients who are at low risk of post-operative deterioration;
- Children whose procedures have exceeded clinical wait times;
- Assisted reproduction;
- Endoscopy;
- Cancer Screening programs; and
- Expand dental services to level 2 restrictions

Further information regarding the strategic approach to re-commencement of elective surgery can be found below.

Strategies for Elective Surgery

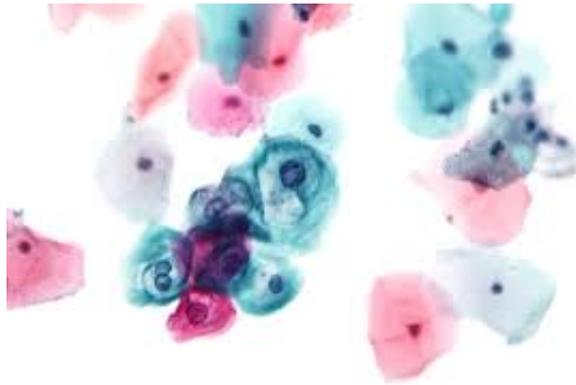


COVID-19 Myths

From 5G wireless communication causing COVID-19 to '[detergents knocking the virus out in a minute](#)', the myths regarding COVID-19 are certainly going viral.

Below is an infographic detailing some of the common COVID-19 myths and theories that are certainly 'out there'.

COVID-19 Myth Infographic



Cervical Screening

Guidelines for managing cervical screening in patients during the COVID-19 pandemic have been released. These guidelines outline strategies for the management of patients with intermediate and higher risk results, and those on the 'test of cure' pathway.

Some patients may also be eligible for self-collection of a vaginal sample. However, it is apparent that some pathology laboratories do not currently accept self-collection specimens. Please confirm with designated laboratories that they will accept self-collected samples prior to organising this method with patients.

The cervical screening guidelines can be found below.

Cervical Screening



Chemotherapy at Home

A new initiative is allowing eligible patients undergoing cancer treatment at the Royal Adelaide Hospital to receive chemotherapy at home. This initiative is based on a partnership between the RAH and 'chemo@home'.

The goal of this program is to reduce the need for immunocompromised and vulnerable people to attend hospital during the COVID-19 pandemic.

So far, 29 patients have been able to sign up for the 'chemo@home' program.

A patient information brochure and guidance regarding cancer therapies and infusions can be found on the chemo@home website below.

Further information





Cardioprotective Therapies

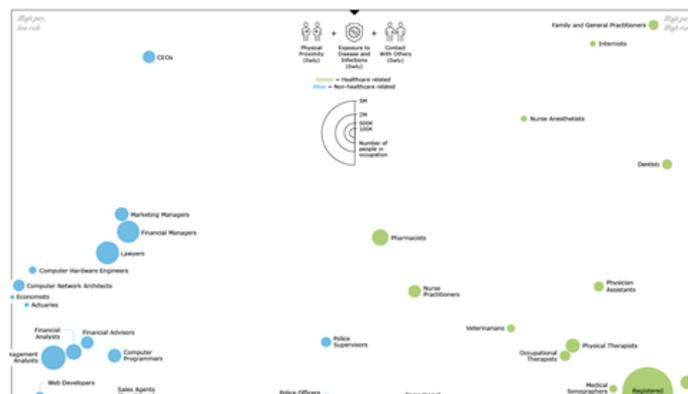
A trial has been commenced investigating the efficacy of various common cardioprotective drugs in the prevention of COVID-19-induced myocardial damage.

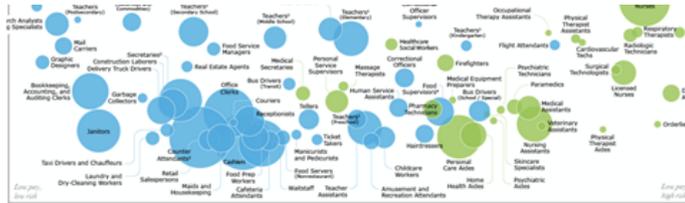
This trial will include more than 3,000 patients in the United Kingdom, with a completion date of March 30, 2021. Investigated pharmacotherapeutics include aspirin, clopidogrel, rivaroxaban, and atorvastatin.

The primary endpoint of this study will be all-cause mortality. Secondary endpoints will include troponin fluctuations, discharge statistics, and intubation rates.

Further information regarding this trial can be found below.

Clinical Trial





Occupational Risk

Due to the nature of their jobs, we know that doctors, nurses, medical receptionists, dentists, and dental hygienists are at risk of being exposed to COVID-19 whilst at work.

However, what about non-healthcare workers? What is their relative level of risk, and how does that compare to other professions?

Below is an interesting infographic comparatively quantifying the risk of exposure to COVID-19 by profession. Not surprisingly, bus drivers, school teachers, and flight attendants are all considered high risk.

COVID-19 Occupational Risk Exposure



Renal Transplants

During the pandemic, transplants were postponed indefinitely. This is because transplant recipients who take immunosuppressive drugs, were at a higher risk of COVID-19 infection.

However, in light of apparent low rates transmission, the Australian Health Protection Principal Committee (AHPPC) now supports the recommencement of kidney transplantation. The timeline for when other organ transplants remains unclear but is likely to be announced in the coming weeks.

The AHPPC statement can be found below.

AHPPC Statement



Telehealth

AHPRA and the National Boards have developed the following information which outlines our expectations of how registered health practitioners will use telehealth in the context of the COVID-19 pandemic.

More information can be found below.

AHPRA Guidelines



Fatality Rates - Why so Different?

How can we understand the risk of death from Covid-19 when there are so many numbers flying around? The answer lies in the fact that there are actually three different types of fatality rate:

1. Case Fatality Rate;
2. Infection Fatality Rate; and
3. Crude Mortality Rate.

They are all calculated in different ways and represent different phenomena.

When we know what each means and how they work, we learn more about how COVID-19 affects communities.

Below is a quick overview of these important statistics.

Fatality Rates



Vaccine Trials

The first human trials for vaccines began last week. Trials are being conducted at multiple centres across the UK, and are expected to run for the next six months.

This work will enable researchers to determine whether healthy people can be protected from COVID-19 with the new vaccine, called 'ChAdOx1 nCoV-19'.

It is important to note that all vaccines require large-scale safety and efficacy studies. This is a lengthy process. For this reason vaccines developed today are unlikely to be available for at least 12-18 months.

Below is more information regarding the trial.

COVID-19 Vaccine Trial

Recent guidelines

[CDNA National guidelines for public health units](#)

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[ACEM COVID-19 Clinical Guidelines](#)

[Australian Bureau of Statistics Certifying COVID-19 Deaths](#)

[RACGP Guidelines for Management of Diabetes during COVID-19](#)

[SA Health Flowchart 'What You Should Do'](#)

[Australian 'Living Guidelines' for the Clinical Care of people with COVID-19](#)



The AFC COVID-19 Response Team is dedicated to keeping our staff and patients safe.

If you have any suggestions, news, or queries please drop us a line.

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