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## **AFC COVID-19 Newsletter 8: The Next Wave**

Despite the completion of South Australia's COVID-19 'testing blitz' last week, we can expect to see even broader testing criteria moving forward.

Plans are being made to begin population-based random testing of asymptomatic people, such as health and aged care workers, in a public health initiative to gauge whether we have missed any asymptomatic community transmission.

With over 10 days of no new cases, this is becoming less likely. It appears that we are on track to maintaining an effective reproductive number (i.e.,  $R_0 < 1$ ). There is hope that we are on our way to eliminating COVID-19 in South Australia.

There is still the risk of a second wave as has been seen overseas (ie in Singapore and in the United Arab Emirates). Australia is working to detect and to be able to respond to this with enhanced social testing and the design of 'rapid response' strategies. While we gain more data from enhanced testing the proven strategies of social distancing for all and quarantining of those who test positive remain.

Below is a review of news over the past week.



## Current Status

**Internationally**, there have been 3,503,670 proven cases of COVID-19 and 245,172 deaths so far. Globally mortality is approximately 7%. Global statistics can be

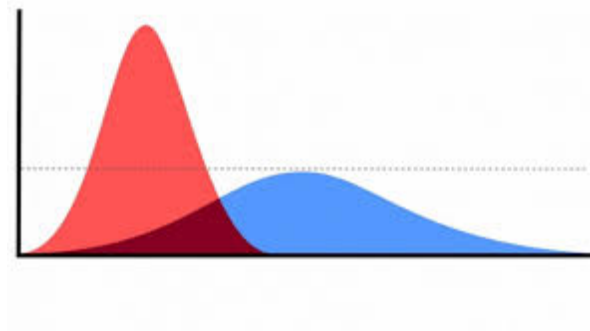
approximately 70%. Global statistics can be found [here](#).

**Nationally**, there have been 6,801 confirmed cases and 95 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. At the moment all but 15 patients who tested positive have recovered. Three are in hospital and none in ICU.

**Click below** for a fascinating simulation that allows you to control a pandemic in the US based on implementing lockdown strategies, social distancing, and deploying hospital beds.

### Control a Simulated Pandemic



### Practice Recommendations

The number of new cases of COVID-19 in SA has dropped to zero despite a surge in testing and widened testing criteria. There currently appears to be no community transmission.

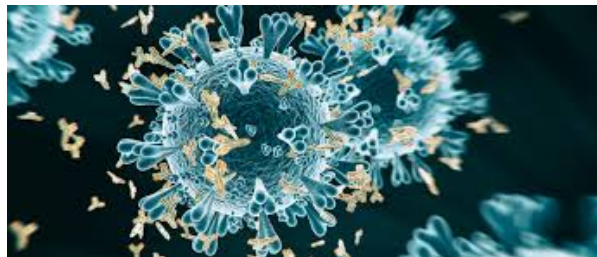
In SA, 423 of 428 cases (almost 97%) are reported as recovered.

Last week our practices 'opened our doors' and maintained social distancing practices.

As of Monday 4th May we will continue easing restrictions.

Updated guidelines can be found below.

### **Recommendations for Easing Restrictions**



### **SA Health Update**

SA Health has expanded its COVID-19 testing criteria.

Specifically, patients who meet the following criteria should be tested for COVID-19:

- Fever OR history of fever or chills in the absence of an alternative diagnosis that explains the clinical presentation\* OR
- Acute respiratory infection (e.g. cough, sore throat, shortness of breath, runny nose) OR
- Acute unexplained loss of smell or altered sense of taste OR
- Persons with new onset of other clinical symptoms compatible with COVID-19 (headache, myalgia, nausea, vomiting, diarrhoea) AND who are close contacts of a confirmed case of COVID-19; or who have

returned from overseas in the past 14 days.

\* Importantly, clinical discretion applies including consideration of the potential for co-infection (e.g., concurrent infection with SARS-CoV-2 and influenza)

For more information regarding this health update click below.

### **SA Health Update #18**



### **Sewage**

One way to mitigate a potential 'second wave' of infection is through surveillance of wastewater. Research has demonstrated the Sars-COV-2 virus is excreted in urine and faeces., where it can be within three days of infection - before respiratory symptoms manifest.

The idea is that we can measure how coronavirus titres in sewage, and extrapolate how many people are infected. From there, we can test sewage upstream to find the geographical source of the virus. From this point, communities can be tested en masse to detect disease to.

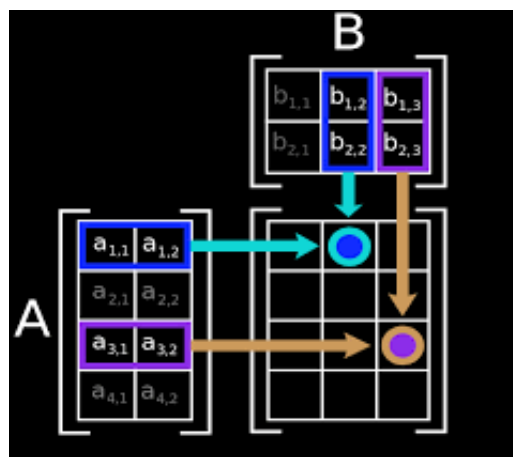
Routine wastewater surveillance could be

Routine wastewater surveillance could be used as a non-invasive early-warning tool to alert communities to new COVID-19 infections.

Definitely watch this space.

For more information click below.

### Sewage Testing



### PPE Matrix

Despite COVID-19 numbers being low in the community, it is always good to know how to protect yourself (and/or others) if you happen to find yourself having to manage a potential or confirmed COVID-19 patient.

SA Health have recently published a risk stratified COVID-19 Personal Protective Equipment (PPE) Matrix as well as a list of Infection Control Recommendations.

This is definitely worth a bookmark.

### PPE Matrix and Infection Control



## **Influenza Vaccine and RACFs**

The threat of an impending flu season compounds the concerns of healthcare providers working in aged care.

For this reason, anyone entering a residential aged care facility (RACF) not only needs to be vaccinated against influenza but is required to provide evidence of vaccination.

Information regarding restriction of entry into RACFs can be found below.

### **RACF Entry Restrictions**



## QR codes

Since its release, approximately 4 million people have downloaded the [COVIDSafe App](#) - approximately 16% of the population.

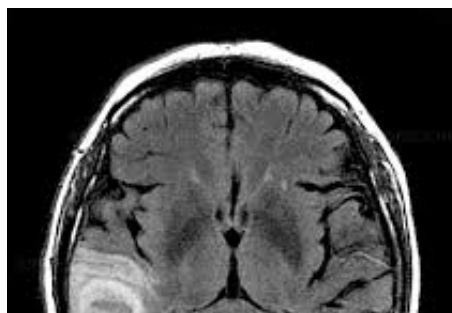
We know that the Government is aiming for 40% (notably, even Singapore had only a 20% download rate). Hopefully we will reach these targets.

Thomas Peuyo provides [an analysis of the pros and cons of bluetooth contact tracing apps](#) and explains that opt-in technologies such as COVIDSafe which are dependent on subjective reporting may be limited in their effectiveness. For this reason, other technological methods should be considered.

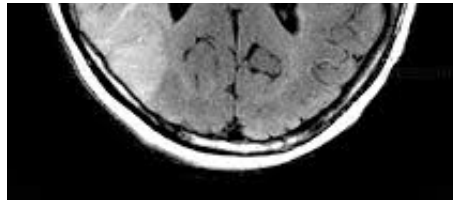
One such method is to use Quick Response (QR) codes. These are codes that can be easily printed and posted anywhere. When you enter a building, you might need to scan a QR code. Scanning it ties you to that place at that time, and everybody else who also tagged around the same time. This could enhance contact tracing effectiveness.

Click below for more information.

## Using QR codes







## **Strokes in COVID-19 Patients**

Last week the New England Journal of Medicine (NEJM) published a clinical case series of patients under the age of 50 who presented with ischaemic stroke in the context of COVID-19 infection.

This research supports an earlier study conducted in Wuhan, China which showed that the incidence of stroke in COVID-19 patients was 5% during the initial outbreak.

The association between thrombophilia and ischaemic strokes and COVID-19 clearly requires further investigation.

The article can be found below.

### **NEJM Article**



## **Domiciliary Service**

This week SA Pathology will expand its domiciliary service to include COVID-19 testing to residential homes and RACFs

...to residential homes and to refer within a 30-minute radius of a regional pathology laboratory and selected patient centres.

Criteria for a domiciliary visit includes patients with:

- Fever
- Respiratory symptoms of any type
- Inability to attend a drive-through or walk-in assessment clinic
- Inability to attend a SA Pathology patient centre
- Any direction from Communicable Disease Control Branch (CDCB).

Information can be found below.

### **SA Pathology**



### **Surgical Societies**

Now that elective surgery has recommenced, which procedures are available to patients?

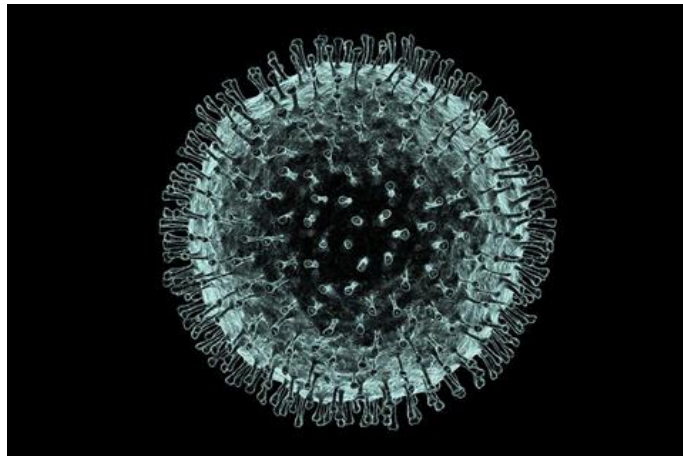
To help answer this question, individual guidelines and statements have been released by the various surgical specialties. These guidelines complement the Australian Health Protection Principal Committee's

(AHPPC) [primary statement](#).

A decision-making tool for general surgery has also been included in the guidelines.

Click below for more.

### **RACS Guidelines**



### **COVID-19 Re-infection – truth or fiction?**

There was early concern that COVID-19 infection might not preclude reinfection.

This speculation was based on a series of cases in South Korea, in which patients who tested positive for COVID-19 subsequently became re-infected. This concern has been subsequently ameliorated by more research suggesting that the testing used in these studies was actually picking up dead viral fragments rather than primary infection – the supposed re-infection was in fact the primary infection after all.

You can find out more below.

### **COVID-19 Re-infection**



## **Home Monitoring Access**

Carers who are part of the Australian Commonwealth Home Support Programme (CHSP) have access to funding to purchase up to \$1000 worth of personal monitoring technology for their vulnerable clients during COVID-19. This technology includes tablets, smart devices and internet subscriptions. The scheme has been designed to help vulnerable and older Australians stay connected with their loved ones and carers.

More information can be found here:

### **CHSP Funding**



## Human Challenge

One way to speed up the vaccination development process is to hold human challenge trials. This is when a small number of participants are deliberately exposed to the COVID-19 infection. Ruling in or ruling out a vaccine can be done quickly without the need for large number of participants (eg 10,000) whereby half receive a vaccine, and half receive a placebo.

Because there is currently no cure for COVID-19, the somewhat important risk is that volunteers may die.

There is a website, [1daysooner.org](http://1daysooner.org), set up to encourage people to volunteer. A live counter shows that there are already over 9192 who have signed up.

The ethical dilemma behind such study are great and a model for such a study is still in the making. The WHO Organisation are working hard to develop guidelines regarding such trials.

More information can be found below.

### Human Challenge Trials



### Seeing versus Looking

## Seeing versus Looking

What are some less obvious ways COVID-19 could change our lives?

Assoc. Professor Anupam B. Jena, an epidemiologist and physician shares the power of creative observations in his talk “The profound difference between seeing and looking” on the TED Radio Hour.

He suggests that the COVID-19 pandemic is “The Great Natural Experiment”. We should be asking questions that may otherwise be overlooked. For example, what is the impact of forcing people to stay close together for unusually long periods of time? There is already evidence of domestic strain. It may also be the case that in families that have at least one smoking member, second-hand smoke exposure (especially among children) could rise.

What impact has COVID-19 had on the delay of surgical procedures and cancer screening on patient outcomes? For example, cardiac bypass surgery in patients with severe heart disease?

What about the outcomes of individuals with alcohol dependence? Might these have worsened due to stress and the lack of availability of resources like AA?

The list is endless.

You can listen to his insightful talk [here](#).

**TED Radio Hour**

## Recent guidelines

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

[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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