

Brisbane South PHN COVID-19 Pandemic: Update 31/03/2020

Case numbers

- As at 06:00 on 30.3.2020: There are 4093 confirmed cases in Australia including 16 deaths; 656 cases in Qld including 163 in Metro South
- For the most up to date Australian case numbers please see:
<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers>
- John Hopkins CSSE page also provides up to date global and Australian case numbers;
<https://coronavirus.jhu.edu/map.html>

Case definitions and Testing

- Confirmed case: A person who tests positive to a validated specific SARS-CoV-2 nucleic acid test or has the virus identified by electron microscopy or viral culture
- Probable case: A person with fever ($\geq 38^{\circ}\text{C}$) or history of fever (e.g. night sweats, chills) OR acute respiratory infection (e.g. cough, shortness of breath, sore throat) AND who is a household contact of a confirmed case of COVID-19, where testing has not been conducted
- Suspected case: A person who meets the following epidemiological and clinical criteria

People who meet the suspect case definition should be tested.		
Epidemiological criteria	Clinical criteria	Action
Very high risk <ul style="list-style-type: none"> Close contact (see <i>Contact</i> definition in CDNA guidelines) in the 14 days prior to illness onset with a confirmed case. International travel in the 14 days prior to illness onset. Cruise ship passengers and crew who have travelled in the 14 days prior to illness onset. 	Fever ($\geq 38^{\circ}\text{C}$) or history of fever OR Acute respiratory infection (e.g. cough, shortness of breath, sore throat)	Test
High risk setting 1. Two or more cases of illness clinically consistent with COVID-19 (see clinical criteria) in the following settings: <ul style="list-style-type: none"> aged care and other residential care facilities military operational settings boarding schools correctional facilities detention centres Aboriginal rural and remote communities, in consultation with the local PHU settings where COVID-19 outbreaks have occurred, in consultation with the local PHU. 2. Individual patients with illness clinically consistent with COVID-19 (see clinical criteria) in a geographically localised area with elevated risk of community transmission, as defined by PHUs.	Fever ($\geq 38^{\circ}\text{C}$) or history of fever (e.g. night sweats, chills) OR Acute respiratory infection (e.g. cough, shortness of breath, sore throat)	Test (onsite for aged care residents, where feasible)
Moderate risk <ul style="list-style-type: none"> Healthcare workers, aged or residential care workers 	Fever ($\geq 38^{\circ}\text{C}$) or history of fever (e.g. night sweats, chills) OR Acute respiratory infection (e.g. cough, shortness of breath, sore throat)	Test
Background risk <ul style="list-style-type: none"> No epidemiological risk factors 	Hospitalised patients with fever ($\geq 38^{\circ}\text{C}$) AND acute respiratory symptoms (e.g. cough, shortness of breath, sore throat) of an unknown cause	Test

Testing notes

- It is recommended that testing is performed in a nominated specimen collection centre. For private pathology companies performing testing please visit:
<https://www.snp.com.au/our-locations/> (select coronavirus testing)

<http://pathology.mater.org.au/>

<http://www.qml.com.au/>

- There is a worldwide shortage of pathology consumables leading to the following advice:
 - Testing should only occur if a person meets the criteria above
 - Testing household contacts of confirmed cases may not be indicated where resources are constrained and these cases would be considered 'probable cases'
 - Patients with minor upper respiratory illness not meeting the above criteria should NOT be tested
 - If there is a strong clinical suspicion of COVID-19 and the case would have significant public health implications, e.g. index case in RACF, then testing outside the case definition may be considered
 - Healthcare workers with minor upper respiratory symptoms NOT meeting the criteria for testing should remain home until their symptoms resolve, at which point they can return to work
 - Full respiratory virus panel test should only be done in assessment of vulnerable immunocompromised patients
 - There is no benefit in testing a well (asymptomatic) patient in self-quarantine. A negative test does not shorten the quarantine
 - If a person in self-quarantine becomes symptomatic and has a negative test result they still need to remain in quarantine for the remainder of the 14 day period
 - All people referred for testing should self-quarantine until results are available, and for the full 14 days regardless of results if they meet other quarantine criteria (e.g. travel or close contact)

People required to self-quarantine

- **All people with confirmed or probable COVID-19 are required to self-quarantine.**
- **All overseas travellers arriving in Australia after midnight on 15th March 2020 are required to self-quarantine for 14 days from date of arrival in Australia**
- **Anyone who has been in close contact with someone who has novel coronavirus needs to self-quarantine for 14 days from the last date of contact with the confirmed case**
- **Interstate travellers: Anyone arriving in Qld (via air/sea/rail/road) from another State or Territory from 26/3/2020 must self-quarantine for 14 days unless they are an exempt person.** Even if a person is an exempt person or a Qld resident they must self-quarantine if they have travelled in the last 14 days to a 'COVID19 hotspot' <https://www.qld.gov.au/about/newsroom/queensland-border-restrictions>

Hospital Fever clinics

Logan	Armstrong Rd & Loganlea Rd	Meadowbrook	Designated area in ED	10:00 - 1800
PAH	199 Ipswich Rd	Woolloongabba	Short Stay Unit	24hrs, 7 days
Redlands	Weippin St	Cleveland	Short Stay Unit	24 hrs, 7 days
QEII	Troughton Rd & Kessels Rd	Coopers Plains	Area beside ED	12:00 – 20:30hrs
Mater	Raymond Terrace	South Brisbane	Mater Public ED Level 4	24hrs, 7 days

PPE

- The following link has information on PPE including the correct process to fit and remove PPE and requirements for various settings:
<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians/personal-protective-equipment-ppe>
- Standard, contact and droplet precautions are recommended for the clinical care of people with possible COVID-19 infection

- After the consultation, remove PPE and perform hand hygiene. Any contacted/contaminated surfaces must be wiped with detergent/disinfectant by a person wearing gloves, surgical mask and eye protection. For droplet precautions the room does not need to be left empty.
- Patients with severe respiratory symptoms (suggestive of pneumonia e.g. fever and difficulty breathing or frequent or severe or productive coughing) should be managed in hospital and specimens collected in a single room with negative pressure air handling (if possible)
- Limited supplies of surgical masks have been provided by the Australian Government to Brisbane South PHN. We are able to distribute to general practices and pharmacies only where there is a demonstrated need (e.g. no local supply available commercially, population is more likely to have been exposed to COVID-19, practices/pharmacies with an unusual number of patients presenting with respiratory symptoms). Please contact support@bsphn.org.au
- There are very limited stocks of P2/N95 masks provided by the Australian Government to Brisbane South PHN. These are restricted to GPs confirming they are undertaking specimen collection for COVID-19 in their surgeries (limit 1 mask per GP). Note: it is recommended that patients requiring testing are referred to nominated specimen collection centres (links above). Please contact support@bsphn.org.au

MBS updates

- **From 30.3.2020, new temporary bulk-billed MBS telehealth items are available to all Australians** who are not admitted to hospital. The telehealth items are general in nature (not restricted for COVID-19 only or particular practitioners). The following link has the most up-to-date information and Brisbane South PHN will be publishing a dedicated telehealth update shortly: <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB>

Border closures, public health measures and hospital services

- The required 14-day quarantine for international travellers arriving into Australia will be in a state-run quarantine centre from 11.59pm Saturday 28 March.
- All non-citizen and non-resident travellers are banned from entering Australia from 9pm 20/3/2020
- Restricted entry to Queensland began at 12.01am on 26/3/2020
- **From 25/3/2020 the following changes have been made to cope with expended demand for hospital services:**
 - all non-urgent elective surgery temporarily suspended (cat 3),
 - acceptance of non-urgent (cat 3) public outpatient referrals suspended,
 - booking of non-urgent (cat 3) outpatient appointments for those already on specialist waiting list suspended
- Schools: Monday 30 March – Friday 3 April are pupil-free days but schools are open for care and supervision of children of essential workers
- Remote Indigenous communities: Travel restrictions are in place from midnight 22/3/2020
- Hospital visitors: from 26/3/2020, non-essential visits to hospitals are prohibited: <https://metrosouth.health.qld.gov.au/patients-and-visitors/visitor-restrictions-covid-19>
- Aged care facilities: Visits restricted
- Social distancing measures: closure of many public venues, physical distancing guidelines and limitations of group events (see Australian and Queensland Government sites for up-to-date details)

Release from isolation

- Pages 9-11 of the COVID-19 National Guidelines for Public Health Units provide information on criteria when confirmed or probable cases of COVID-19 can be released from isolation <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

Latest Clinical Updates

- Updated guidelines released re: COVID-19 and pregnancy
<https://www.health.qld.gov.au/qcg/publications#maternity>
- RANZCO released guidelines for GPs performing eye examinations
<https://ranzco.edu/home/covid-19-information/>
- Update from National Asthma Council including recommendation to avoid nebulisers where possible
<https://www.nationalasthma.org.au/news/2020/covid-19-and-your-asthma-patients>

Resources

Brisbane South PHN Resources

<https://bsphn.org.au/primary-care-support/covid-19-information-for-primary-health-care/>

Health Pathways includes clinical and practical information about COVID-19 for GPs

<https://spotonhealth.healthpathwayscommunity.org/LoginFiles/Logon.aspx?ReturnUrl=%2findex.htm>

Queensland Health COVID-19 for Health Professionals

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians>

Australian Government COVID-19

<https://www.health.gov.au/>

RACGP

<https://www.racgp.org.au/coronavirus>

RACGP summary of financial support for practices

<https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/financial-assistance-for-practices>

National Coronavirus Helpline 1800 020 080