



ACMAV / AMA Victoria COVID-19 Question and Answer Session – 3 March 2020

These questions were kindly answered by

- Prof Allen Cheng (ID Physician, Alfred Health)
- Dr Jason Kwong (ID Physician, Austin Health)

Information is current as of 3 March 2020. Compiled by A/Prof Jason Chuen (ACMAV).

Question	Response
<p>If temp hospitals are required, will there be consideration in using the old Peter Mac site for Covid 19 coverage or similar sites.</p> <p>What are the plans for overflow bed capacity? Private hospitals?</p>	<p>Public hospitals are all making their own plans, in co-ordination with DHHS. This includes a variety of measures to increase bed capacity - cancelling elective surgery, re-commissioning empty ward space, alternative models of staffing, arrangements with private hospitals. A system of “designated hospitals” isn’t likely to be feasible as it would require large numbers of patients to be transported between hospitals.</p>
<p>What is likelihood that Australia will implement 14 day quarantine for ALL overseas travellers? What would it take to trigger this?</p> <p>At what point will travel bans be pointless?</p>	<p>Travel bans will be pointless if there is more spread within Australia than imported cases. The Commonwealth Health Minister has signalled that further travel bans are not likely but can’t be ruled out.</p>
<p>Doctors who perform after-hours home visits are feeling isolated from briefing emails and emergency medical supplies. Is there a way to assist them?</p>	<p>Suggest subscribing to the CHO alerts that are coming thick and fast. https://www2.health.vic.gov.au/newsletters</p>
<p>What are the recommendations for people from countries with confirmed cases but not on current high-risk list eg France?</p>	<p>The risk from Iran is extreme - we have now have been several cases in less than an estimated 1000 people that have arrived from Iran, and the high number of exported cases and reported deaths suggests there may thousands on cases. This is much higher than other countries.</p> <p>However, for patients with symptoms compatible with severe COVID-19 disease (e.g. pneumonia requiring hospitalisation) who have recently arrived from other countries with cases e.g. France, it would be prudent to test.</p>

<p>If returned travellers from non-high risk countries show respiratory symptoms should they be managed as suspected cases?</p>	<p>There are two lists - high risk (China, Iran, Italy, South Korea) and moderate risk (Singapore, Hong Kong, Thailand Cambodia, Indonesia, Japan). Anyone with fever or respiratory symptoms who have become unwell within 14 days of leaving any of the those countries should be tested and managed as suspected cases.</p> <p>As outlined in the updated DHHS guideline: "Clinicians may choose to test any patient, particularly returned travellers with acute respiratory infection if it is felt to be clinically necessary".</p> <p>https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19</p>
<p>What is the plan to restore supply chain for PPE? Is manufacturing facility present in Australia or are we dependent on imports?</p>	<p>There is a mix of both, although most masks and respirators do come from overseas. There are active national plans to improve supply.</p>
<p>Will government implement mobile clinics for coronavirus testing? Can we issue a list of fever clinics so that GPs can send patients there?</p>	<p>The model of care is being actively considered but we are all going to be a part of the response. Fever clinics are going to need personnel to staff them. The establishment of fever clinics is under discussion at the moment.</p>
<p>Will money be available to GP clinics to support coronavirus related activities?</p>	<p>This will be a Commonwealth issue, as Medicare is funded nationally.</p>
<p>What are the recommendations for people living in the same household as a self-isolated person? Can DHHS distribute clearer guidance for people being self-isolated?</p>	<p>Yes, although it does depend on the living circumstances. There is information for the public here https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19 and here https://www.dhhs.vic.gov.au/sites/default/files/documents/202002/Home%20Isolation%20Guidance%20-%201%20Feb%202020.pdf</p>
<p>Should we quarantine households instead of individuals? Is Wuhan style quarantine conceivable in Melbourne?</p>	<p>It will not be possible to enforce quarantine on a large scale (we'll certainly not be welding doors shut) and some of the other interventions (blockading cities) will not be feasible. That doesn't mean that other public health interventions aren't effective - Singapore and Hong Kong have achieved control with case finding and isolation.</p>
<p>Why don't we put N95 masks on everybody? Isn't it better to be safe than sorry?</p>	<p>It isn't necessary, doesn't work, is uncomfortable (in 2009, more than a few nurses got facial pressure sores) and we don't have an unlimited supply of P2 respirators.</p>
<p>Should we start preparing patients for cancellation of elective surgery and outpatients now, before flu season hits? If so, how?</p>	<p>I think this is a real possibility if we are faced with extreme pressures from COVID-19 for hospital and ICU admission - scaling down</p>

	<p>elective surgery is often the only means to accommodate additional patients in the hospital system. However each health service is different, and will likely contact patients waiting for surgery or appointments at the appropriate time.</p>
<p>Is there a chance that GPs and hospital doctors will be redeployed to other public health service duties? What would trigger that and how will we find out?</p>	<p>My feeling is that GPs and hospitals will have their hands full dealing with severely unwell patients, and that there won't be capacity to re-deploy them to other tasks.</p>
<p>Will Vic or Fed Govt fund coronavirus activities or metro telehealth consultations for private clinics or hospital outpatients? Will AMA advocate for this?</p>	<p>JC: Both AMA Victoria and Federal AMA have advocated for introduction of expanded telehealth item numbers, and this is supported by RACP and RACGP. This is a Federal matter and we are all awaiting the Health Minister's response.</p>