Australian Federation of Medical Women
the voice of australian medical women

STATEMENT FROM THE AUSTRALIAN FEDERATION OF MEDICAL WOMEN REGARDING COVID-19 PANDEMIC (SARS-CoV-2)

The AFMW recognises the Global COVID-19 Pandemic as a **health emergency first and foremost,** in addition to its profound social and financial consequences.

We welcome the Federal Government's $2.4 billion package to address the situation.

Our members are urged to consult regularly the relevant Federal and State Health websites for resources, situational and procedural updates.

Federal Resources:
https://www.health.gov.au/resources/collections/novelcoronavirus-2019-ncov-resources

Additional resources and references are provided at the end of this document

We urgently request Federal and State Governments to give high priority to our concerns below, and **welcome comments and feedback from our members**, so that we can truly be **the voice of Australian Medical Women during this crisis**.

We emphasize that epidemiological evidence indicates that **coronavirus 'responds extremely well to public health measures such as social distancing and quarantining'*,** and that **Australia is uniquely positioned medically, socially and geographically to provide "extreme social distancing" in a compassionate and caring way that will protect our most vulnerable during this pandemic until a vaccine becomes available that can reduce community acquired infection.**

(*epidemiologist Gideon Meyerowitz-Katz)

The Executive Committee Australian Federation of Medical Women
12 March 2020
Updated 14 March 2020 with additional resources and Appendix 1

medical women's society ACT & REGION
MWS of NSW
QMWS Queensland Medical Women's Society
VMWS Victorian Medical Women's Society Inc.

KEY POINTS

- The highest priority should be given to protecting the most vulnerable including the aged, disabled and socially disadvantaged, with increased messaging and action in this regard

- Protection of Aboriginal and Torres Strait Islander Communities requires special emphasis

- Social distancing measures should be extended to reduce spread and protect the vulnerable and with high priority

- Case reporting and investigation should be rapid and thorough and supported and coordinated by Federal and State Health Departments, not the hospitals or clinics where they are identified. Reporting should be publicly available, detailed, frequent, and transparent. For accurate interpretation this should include measuring and comparing nationally and by States, the number and location of cases, the case fatality rates, the number of tests performed each day, the recovery rate and the number of tests per million population.

- Consideration should be given to early school closure and a prolonged Easter break, with cancellation of large gatherings to limit community spread until a vaccine is available

- Dissemination of information should be more effective and widespread, including information concerning social distancing measures, hand and food hygiene and specific contact details for information hot-lines and the locations of testing

- Information should be provided by non-electronic means to the most vulnerable who do not have access to digital technology

- Large residential groups of vulnerable people such as Aged Care facilities require surveillance to ensure stringent infection control advice and procedures are followed

- The “well” elderly should be provided with options that enable voluntary isolation in a safe and compassionate way, This may include home isolation or transfer to safer locations.

- Mental health and domestic violence services warrant additional support through this crisis

- Older workers, particularly those in positions of front-line health care should be offered alternative duties, that make use of their invaluable experience in a safer environment

- Testing should be made more accessible, and rapid and be provided in sites that do not compromise the safety or provision of health care, and (if drive through options), the tester.

- Personal Protective Equipment should be provided with adequate supplies and timely and appropriate training to front-line health workers

BACKGROUND

Current national and international data provides evidence that COVID-19 infection:

- Is now increasingly identified in Australia from community acquired spread
- Is likely under-estimated in Australia due to strict criteria for testing, with our current testing rate much lower than in countries where the infection has been controlled
- Has a high mortality in the aged and vulnerable, and a higher mortality in men
- Has low mortality and morbidity in the young
- Has a higher overall incidence in women
- Is very infectious and may be contagious before developing symptoms
- Can be difficult to distinguish from other common upper respiratory tract infections and causes of fever
- Is a higher risk to those working in health care, particularly to those in front-line services, dental care and especially to older (>60 years) health care practitioners
- Can occur in a significant proportion of travellers arriving from outside Australia, both symptomatic and asymptomatic and regardless of their country of origin
- Has a lower mortality in countries where aggressive testing strategies helped to identify and quarantine less symptomatic patients and reduce the spread to vulnerable populations (eg South Korea, Singapore)
- Has an unknown incidence and mortality in countries where testing is limited or severely restricted (eg India, United States until recently)

OUR RECOMMENDATIONS AND REQUESTS:

1. INCREASED PROTECTION OF VULNERABLE POPULATIONS

The **aged, disabled, socially disadvantaged** should be protected from exposure to persons infected with COVID-19, and special consideration and protection should be provided where **large groups of vulnerable people are accommodated together**. This should be a **high priority and should continue until a vaccine is available to provide better protection through herd immunity in the general community**.

Specifically we request:

- Recognition that these more vulnerable patient groups **may not have access to electronic information or devices and alternative means of communication are needed for vulnerable persons when disseminating public health advisory notices.**
- Ongoing special consideration for **Aboriginal and Torres Strait Islander peoples** and their communities who are at particular risk
- Clearer, **more comprehensive and stronger advice regarding social distancing with** surveillance of aged care facilities and care facilities for vulnerable persons in Australian including the need for "universal precautions":
    - reduction of non-urgent, non-essential or elective visits and trade-work
    - increased care with visitation by family, friends, staff, visitors
    - triage of visitors including casual trade workers on arrival for symptoms, and advice regarding hand hygiene or PPE if needed
    - mandatory handwashing/sanitiser and clean clothing before entering and when leaving a facility
    - highest hygiene standards when providing meals
- Increased advice and **assistance for the "well" elderly to provide protective isolation at home, or to transit to safer sites in rural communities** to reduce contact with large groups for example a "buddy" or "mate" could be identified, who is in good health, Blue-Card Certified and at low risk of contagion, to provide assistance with provision of meals, shopping, medical supplies and managing electronic GP consultations (eg: Facetime) or accommodation could be offered in a rural community
- **Increased support for the detection and prevention of**
    - **mental health issues and**
    - **domestic violence**

  as we are aware of the increased demand for assistance in a community under stress
- **Increased advice and support for the cessation of smoking, as another known risk factor for COVID-19**
- Additional advice for the elderly and vulnerable persons to ensure their requests regarding their **advanced health care directives** are in place and **transport is available** should they become unwell and require higher care due to COVID-19

2. REDUCING THE SPREAD AND THE MORTALITY OF SARS-CoV-2/COVID-19

See Appendix 1 for additional information and references

A) Public Screening for COVID infection:

We welcome the governments' initiative to provide "pop-up" services in the community, run by well-trained staff, who have sufficient PPE. We are concerned by reports of long queues outside public hospitals for this service, and the provision of drive through "pop-up" clinics in sites that may risk the safety of the staff as they provide testing.

With its active (including drive-through) testing policy, South Korea has achieved the most effective screening of their population for cases to isolate, and has apparently the lowest case mortality.

Testing of suspected COVID-19 should be

- **free, efficient, rapid, reliable and confidential**
- **provided in a location, and in a way, that is safe for the patient, the tester and the community**
- **performed by staff who have training and access to full Personal Protective Equipment (PPE)**
- **not be directed to busy general practices or hospitals that care for vulnerable patients**
- **given with priority and confidentiality to concerned health care workers**
- **sufficiently well-advertised and organised so as not to burden general health facilities and medical practices with enquiries, clinical presentations and requests for testing**

B) Public messaging

We ask for immediate and effective communication to the public regarding:

- **The importance of hand-washing and food hygiene practice, including on commercial radio**
- **Social distancing especially when unwell with viral symptoms, and other ways to protect the vulnerable in the community**
- **Details of relevant Community Hot-Lines including those for COVID-19, community aid, mental health, domestic violence, smoking cessation and substance abuse services**
- **Locations for COVID-19 testing**
- **Reassurance that in younger people there is a low morbidity and mortality**

C) Schools

State Education Departments should be actively identifying vulnerable students as well as teachers and ancillary staff, to offer assistance with home education and/or voluntary isolation for particularly those with those

- **with a physical disability, chronic disease or immunodeficiency**
- **aged >60years**

- **a family member in the house hold who is vulnerable eg an elderly grandparent, a parent being treated for cancer**
- **a family member who has returned from overseas**
- **Consideration should be given to a prolonged Easter Break, and/or earlier closure of all schools allowing for examinations, and/or a delay in recommencing Term 2 particularly if the number of community acquired infection escalates**

D) Work

Businesses need to identify those staff at risk (as above), and assist with options for staff to work from home for imposed or voluntary self-isolation

E) Food services

Food outlets and dining facilities should require special procedures to minimise the spread of infection when purchasing and eating food (especially take-away and finger food) with particular care for those facilities that cater for high numbers of aged and vulnerable people

F) Travellers

All arrivals from overseas are potentially infectious, regardless of their country of origin. They should be advised **where they can obtain screening/surveillance for COVID-19** to minimise delays in their presentation when symptomatic, and encouraged/required to undertake voluntary 14 day quarantine before a return to work or before exposure to vulnerable persons eg elderly parent.

Workers in the airline and tourism industry in occupations with a higher potential exposure to SARS-CoV-2 should be provided with **sufficient PPE to minimise their risk**, and their concern. Those who are vulnerable should be offered alternative roles and/or work from home where possible.

Safe transport to and from the airport to their accommodation should be provided, potentially with a dedicated service, with special consideration to protect transport workers including those in the higher risk group (>60 years).

3. OPTIMISING COMMUNICATION HOT-LINES

Both State and Federal Hotlines need to be adequately advertised to the community and adequate resourced by well-trained staff

Older and retired GPs/health care workers could provide good oversight or input into this service and would have valuable experience to assist in the triage of complex cases.

There needs to be **better staffing of the helplines**, so that concerned public are not waiting excessively (sometimes at present greater than an hour) for assistance.

In addition, there needs to **be separate, prioritised helplines for those who are in quarantine** in the event of clinical concern or deterioration.

4. PROTECTION OF MEDICAL STAFF AND OTHER FRONT-LINE MEDICAL, PHARMACY AND DENTAL SERVICES

We request that:

- **adequate PPE be made available with priority to all our front line medical practitioners and other health care workers including dentists as a matter of urgency - and not just masks**
- **adequate training in PPE** wearing and disposal be provided to relevant staff to assist in their judicious and most efficient use
- the majority of medical facilities (including general practice and hospitals caring for elective surgery and vulnerable patients) **be protected from exposure** to SARS-Cov-2 and patients with COVID-19
- **general practices and emergency departments NOT be asked to manage the testing of asymptomatic carriers who are potentially still infectious, nor the care or screening of symptomatic patients. This will minimise the risk to other vulnerable persons**
- **older medical staff be offered alternative duties away from high risk areas and frontline services** (in General Practice, acute hospital admissions, ambulance work, general medical, respiratory and infectious diseases wards) and diverted to other duties for example consultative roles, where their experience is invaluable
- **staff entry to hospitals be separated from that of the general patient/visitor population to minimise risk of staff exposure to SARS-CoV-2** and other infections through contact with fomites contaminated by patients and visitors (post script 14 March– *this include toilets as it is possible that faeco-oral transmission also occurs)*

We trust that the Health Department and Government Authorities will give due consideration to these concerns.

We will continue to monitor progress of this outbreak, and canvas the concerns of our Australian Medical Women so that we can bring these to your attention.

The Executive Committee
Australian Federation of Medical Women

A/Prof Deb Colville, President
Dr Lydia Pitcher, Vice-President
Dr Marjorie Cross OAM, Secretary
Dr Marissa Daniels, Treasurer
Dr Sharon Tivey, Immediate Past President

RESOURCES

Controlling the spread of Coronavirus

1. Controlling Corona Virus in Australia with WHO Expert Dr Bruce Aylward (WHO-China Joint Mission on Corona Virus in Chinga) and Prof Craig Dalton (University of Newcastle) March 6, 2020.
   https://www.youtube.com/watch?v=reVadDRwy_A

2. Low Cost Social Distancing Measures – Prof Craig Dalton et al., March 5, 2020
   Full Article: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3549276
   See also Appendix 1

3. Royal Australian College of General Practitioners
   https://www1.racgp.org.au/newsgp/clinical/what-can-australia-learn-fromthe-global-coronavir?

4. Dr Wendy Burton
   https://www.gps-can.com.au/covid19-basics/a-guide

5. Tomas Pueyo
   https://medium.com/@tomaspueyo/coronavirus-act-today-orpeople-will-die-f4d3d9cd99ca

Specific Coronavirus-related Advice for Medical Practitioners

1. Pregnancy and COVID-19 https://www.rcog.org.uk/coronavirus-pregnancy?utm_source=All+Purpose+Master+List&utm_campaign=7931496522-EMAIL_CAMPAIGN_2018_02_08_COPY_01&utm_medium=email&utm_term=0_be2995b43b7931496522-121009925

2. Intensive Care
   - The Italian Covid-19 Experience
   - Emcrit

Federal Government Health Resources

https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncovresources

International Resources

World Health Organisation

https://www.who.int/emergencies/diseases/novel-coronavirus-2019

Centres for Disease Control

https://www.cdc.gov/coronavirus/2019-ncov/index.html
CDC Prevention and Control in Communities:
https://www.cdc.gov/coronavirus/2019cov/community/index.htm

Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE

https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

Worldometer Coronavirus Cases

https://www.worldometers.info/coronavirus/

End Corona Virus Map

https://www.endcoronavirus.org/map

Singapore Data

https://infographics.channelnewsasia.com/covid-19/coronavirussingapore-clusters.htm

State Government Health Website Updates for Health Professionals:

New South Wales
https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirusprofessionals.aspx

Victoria
https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirusdisease-covid-19

Queensland
https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novelcoronavirus-qld-clinicians

Australian Capital Territory

https://health.act.gov.au/public-health-alert/updated-information-about-covid19#informationforhealthcareworkersintheact

South Australia

https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+t opics/health+topics+a+-+z/covid+2019/health+professionals

Western Australia
https://ww2.health.wa.gov.au/Health-for/Health-professionals?intcpid=HIHP

Northern Territory
https://securent.nt.gov.au/alerts/coronavirus-covid-19-updates

APPENDIX 1
Low Cost Social Distancing Measures – Prof Craig Dalton et al., March 5, 2020

Full Article: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3549276

Figure

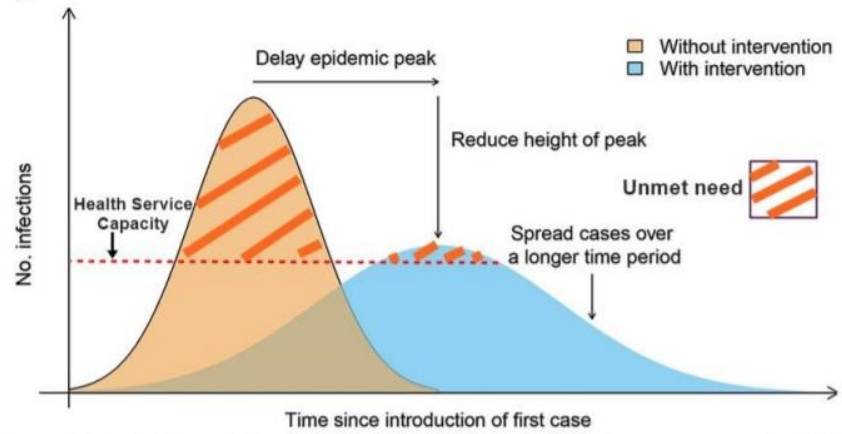

Figure 1: Intended impact of enhanced hygiene and social distancing measures on the COVID-19 pandemic adapted from Fong.[8]

Low cost Hygiene and Social Distancing Interventions

Box 1. Workplace Interventions

- No handshaking policy
- Promote cough and sneeze etiquette (but focus is on excluding ill staff)
- Videoconferencing as default for meetings
- Defer large meetings
- Enforced sanitisation of hands at entrance
- Regular hand sanitation schedule reminders via email
- Lunch at desk rather than in lunch room
- Gamifying hygiene rules e.g. to discourage touching face
- Ill* people stay at home and ill workers immediately isolated
- Hold necessary meetings outside in open air if possible
- Staff with ill household contacts should stay at home**
- Disinfect high touch surfaces regularly and between users
- Work from home where possible and consider staggering of staff where there is no loss of productivity from remote work
- Consider opening windows and adjusting air conditioning***
- Limit food handling and sharing of food in the workplace
- Assess staff business travel risks****
- Enhance hygiene and screening for illness among food preparation (canteen) staff and their close contacts.
- Analyse the root cause of crowding events on site and prevent through rescheduling, staggering, cancelling.

Box 1. Notes: *"Ill" person refers to someone with an undiagnosed respiratory illness or fever, who is not yet under investigation for COVID-19 but nevertheless could be an unrecognised case. ** This could be costly unless used judiciously while awaiting exclusion of COVID-19 in the case and should be introduced based on likelihood of local transmission. *** Evidence that low temperature and low humidity in air conditioned environments may enhance the survival of coronaviruses such as SARS.[15] **** Sites such as the CDC travel risk assessment site may be useful https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

Box 2. School Interventions

- Supervised sanitisation of hands at entrance and at regular intervals
- Defer activities that lead to mixing between classes and years.
- Promote cough and sneeze etiquette (but focus on excluding ill persons)
- Strict stay at home policy if ill
- Gamifying hygiene rules e.g. to discourage touching face
- Regular handwashing schedule
- Disinfect high touch surfaces regularly and between users
- Outdoor lessons where possible
- Consider opening windows and adjusting conditioning
- Enhance hygiene and screening for illness among food preparation (canteen) staff and their close contacts
- Review after-school care arrangements that lead to mixing of children from multiple classes and ages

Box 3. Household-based Interventions

All Households

- Enhanced hand sanitisation
- Gamifying hygiene rules e.g. to discourage touching face
- Disinfect high touch surfaces regularly
- "Welcome if you are well" signs on front door.
- Increase ventilation rates in the home by opening windows or adjusting air conditioning
- Promote cough and sneeze etiquette

Households with ill members (in addition to measures above)

- Ill household members are given own room if possible and only one person cares for them
- The door to the ill persons room is kept closed*
- Wearing simple surgical/dust masks by both infected persons and other family members caring for the case.
- Consider extra protection or alternative accommodation for household members over 65 years or with underlying illness.

*Reference Wein.[16]

Box 4. Commercial/entertainment/transport setting Interventions

- Sanitisation of hands at building entrance encouraged
- Tap and pay preferred to limit handling of money.
- Disinfect high touch surfaces regularly
- Avoiding crowding through booking and scheduling, online pre-purchasing, limiting attendance numbers.
- Enhance hygiene and screening for illness among food preparation staff and their close contacts.
- Enhance airflow and adjust air conditioning
- Public transport workers/taxi/ride share – vehicle windows opened where possible, increased air flow, high-touch surfaces disinfected.