Australian Government

Department of Health

Chief Medical Officer

Dear Colleague

I am writing to update you on the COVID-19 outbreak situation in Australia and internationally, and to outline the Commonwealth's current planned response activities.

Communication

There has been a significant amount of advice and information already provided to health professionals. I recognise that the evolving nature of this outbreak has required public health advice to evolve rapidly with the emerging epidemiology. This has made it more challenging for people to keep it up to date and has led to some confusion and a perception of inconsistency of information / information gaps. We are addressing this and will enhance communication to all health professionals with regular updates. There is the very real possibility that larger scale community outbreaks will occur across Australia, placing a significant burden on the health system, in which you play an absolutely critical role.

Situation as at 11 March 2020

As you will be aware, the international situation has changed materially in the last few weeks. Cases have now been reported in over 100 countries, some with sustained widespread community transmission. Despite our success in containing the initial cases associated with travellers from mainland China, we are now seeing the expected second wave of imported cases from a number of countries (most notably Iran). New imported cases are being seen every day, some from countries not previously identified as high risk. We also have evidence of limited community transmission in Sydney. It is no longer realistic that we will be able to prevent further importation of cases, and further local outbreaks seeded from imported cases are likely.

Disease characteristics

Before I outline to you what we are doing to in our response to COVID-19, I will share with you our current state of knowledge about COVID-19. It is clear that a great majority of people with COVID-19 infection (>80%) have mild disease, not requiring any specific health intervention. This mild disease contributes to the high transmissibility of the virus, as many people with infection will continue working and interacting with the community because their symptoms are so mild.

There is very little evidence of significant COVID-19 disease in children. Initially, it was suggested that children were less susceptible to infection, but more recent evidence supports the fact that children may be infected, in many cases without being aware of symptoms. The role children play in transmission is unknown.

The greatest concern remains the relatively small number of cases with severe pulmonary disease, some with a fatal outcome. We know that the majority of fatal outcomes have been seen in the elderly, or people with comorbidities. However, we still don't have certainty about the Case Fatality Rate (CFR) for COVID-19, as the estimates from some countries appear to be over-estimated by under ascertainment of mild cases. It seems reasonable to assume a CFR of around 1% in a country like Australia with a strong health system.

Current approach to response

At present our response, under the Australian Health Sector Emergency Response Plan for COVID-19 (www.health.gov.au/Covid19-plan), is focused on early identification of cases, isolation, contact tracing and quarantine where indicated - under the supervision and direction of the public health unit in each state or territory.

If more widespread community transmission occurs, the focus will shift to early detection and home isolation of cases to prevent or delay transmission, with less emphasis on identifying contacts who are generally unlikely to be very infectious, unless they themselves also develop symptoms. We will let you know if and when such a shift in the public health response is indicated. Even in a large scale outbreak, isolation of as many cases as possible can play a critical role in flattening the epidemic curve.

Testing

Testing for COVID-19 infection is currently focused on those people with respiratory symptoms who have a relevant travel history or who have been in contact with cases. We will also be shortly recommending the testing of health care workers with respiratory symptoms **plus** a fever >37.5, not because they have a higher risk of COVID-19, but because the system impacts of an infected health care worker are more significant.

Testing has largely been done so far by public health laboratories, but I am pleased to advise that we are working on further expanding access under Medicare to private pathology laboratories for the SARS CoV2 virus (COVID-19 virus).

It is important at this time that all positive results are immediately reported to the state/territory public health unit, whose contacts are provided at the end of this letter.

Reducing exposure in health care settings

It is clear that, with increasing cases of COVID-19, there will be benefit in more sophisticated strategies to prevent the co-mingling of suspect or proven cases with other patients in health care settings. We have previously advised members of the

community that, if they believe that they could potentially have or be exposed to COVID-19, they should phone their GP or local health service and seek advice before attending. If followed, this practice has allowed the practice or hospital to make arrangements for isolation and testing.

As case numbers increase, there is a need for new strategies. We will shortly be announcing to the community an expansion of the 24/7 COVID-19 national hotline (1800 020 080). Expansion of the national hotline is part of our strategy to support the health system manage the flow of cases.

People who believe that they may have been exposed to or have COVID-19 will be encouraged to call the national hotline to seek advice. A standard protocol for the call centre operators will be provided. Should you see a patient with suspected COVID-19 in consulting rooms, the hotline will be able to provide your staff with advice on where to send them to get tested.

Respiratory clinics

We are also actively developing across the nation a series of COVID-19 respiratory clinics, dedicated to the assessment of suspected cases and early treatment of patients with mild to moderate symptoms. Some of these are being established by state and territory health services and the Commonwealth is looking at complementing these with a limited number of primary care respiratory clinics at volunteer general practices who have the appropriate infrastructure and capability. Rural and regional areas will need special consideration and arrangements.

Government is also planning to provide a time limited expansion of telemedicine MBS items to enable remote consultation of patients with COVID-19, so that they can continue to receive essential health care, including specialist care, while they are in isolation. Doctors will also be able to provide telehealth consultations to patients in higher risk groups, such people aged over 70 and people with chronic illness, who will not want to be exposed to COVID-19 by attending clinics.

Personal Protective Equipment (PPE)

Many doctors have expressed concern about the availability of PPE, in particular surgical masks, which are the appropriate PPE for use with most patients with respiratory symptoms. There is a worldwide shortage of masks but we have a very active procurement plan to significantly boost the National Medical Stockpile.

We have provided over one million masks to Primary Health Networks, initially for supply to GPs who have been at the frontline of assessment of potential COVID-19 cases. We appreciate that many other medical practitioners will also potentially see suspected COVID-19 patients in coming weeks and may require additional surgical masks for protection during a clinical consultations. We will be communicating further in coming days about arrangements for requesting PPE from the National Medical Stockpile when commercial supplies are not available.

There has been a change to messages about what PPE is required in the clinical assessment of potential COVID-19 cases. All of the evidence currently suggests that droplet spread is the main mode of transmission and that surgical masks are effective for routine care and non-aerosolising procedures (and much easier to appropriately fit than are P2 masks). Only where there is uncontrolled coughing are P2/n95 masks needed, and doctors will generally divert such patients to hospitals at this time. For your reference, the current PPE guidelines endorsed by the expert COVID-19 infection control committee is available on the Department of Health website, www.health.gov.au/Covid19-health-professionals.

Hospital and Critical Care Capacity
A relatively small proportion of people with COVID-19 will need acute admission to hospital for management. At present some cases with mild disease are admitted principally to ensure isolation but this will not be possible in larger scale outbreaks. COVID-19 patients with more severe disease are generally those with significant lower respiratory tract involvement, some of whom develop respiratory failure requiring ventilation. Severe disease is more common in the elderly and those with comorbidities.

If a large outbreak were to occur in Australia, this could place significant pressure on our critical care capacity. We are working actively with local health networks and the Australian & New Zealand Intensive Care Society to map current capacity and develop options for significant expansion if required.

Vulnerable groups
We are very aware that additional work is needed in the residential aged care sector and for vulnerable groups, including Aboriginal and Torres Strait Islander Peoples. These have been the subject of separate planning workshops and will have their own strategies, which will be shared with you, acknowledging that many of you are involved in the care of these patients.

Community campaign
We will also be undertaking a broad community education campaign on COVID-19. One of the important messages will be the value of standard hygiene messages (hand washing, cough etiquette, social distancing) in preventing transmission. I am sure that you will play a role in communicating that message to your patients along with general balanced information about this virus.

We will be providing regular updates on COVID-19 on the Department of Health website and also through direct communications such as this. Those of you working in Health Services will also be receiving regular local updates.

No-one can accurately predict how the COVID-19 outbreak will develop in Australia. Our collective response has to be flexible and collaborative.

The Australian Government has committed to provide the necessary resources to support the response in whatever form it needs to take. The critical role of all medical practitioners in this response is well understood and greatly appreciated.

Finally, can I apologise for this very long letter. We doctors hate reading long correspondence but there is a lot of information to convey.

Yours sincerely

Professor Brendan Murphy
Chief Medical Officer

11 March 2020

Contact details for State and Territory Public Health Units:

ACT - 02 5124 9213 or 02 9962 4155 a/hrs	**SA -** 1300 232 272
NSW - 1300 066 055	**TAS -** 1800 671 738
NT - 08 8922 8044	**VIC -** 1300 651 160
Qld - 13HEALTH (13 43 25 84)	**WA -** 08 9328 0553