

NSW Novel coronavirus (COVID-19) Update webinar Tuesday, 4 & 11 February 2020.

For the complete RACGP NSW&ACT and NSW Health recordings – information and the discussion please go to:

Tuesday 4 February 2020: <https://www.youtube.com/watch?v=l1wntCpagEE&feature=youtu.be>

Tuesday 11 February 2020: <https://www.youtube.com/watch?v=m71tgQf6cKo>

Following are the questions and answers from the sessions. *Please read in conjunction with the NSW Health Advice.*

Updated advice for General Practitioners is available on the NSW Health website at

<https://www.health.nsw.gov.au/Infectious/alerts/Documents/2020/novel-coronavirus-latest-gp-alert.pdf>

Personal protective equipment (PPE)

1. *Are standard surgical masks sufficient for GPs when dealing with symptomatic patients/taking swabs?*

If taking specimens from patients with mild symptoms - use standard, contact and droplet transmission precautions: long sleeved gown, gloves, protective eyewear/face shield, and surgical mask.

Patients whose illness is severe enough to consider hospital admission should be referred directly to the emergency department. Specimen collection from these patients is best done in the emergency department; for patients with severe symptoms specimen collection is recommended to be done with airborne precautions, including a P2 mask.

Please see: http://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0007/567988/Infection-Control-Primary-and-Community-Care-2019-nCoV.pdf

2. *When do GPs need to use gowns, gloves and mask?*

A long sleeved gown, gloves, protective eyewear/face shield, and surgical mask are recommended to be worn by health care workers for the routine care of patients with suspected or confirmed COVID-19.

These precautions are also recommended for specimen collection from patients with mild illness not requiring hospital referral. See: http://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0007/567988/Infection-Control-Primary-and-Community-Care-2019-nCoV.pdf

3. *If the GP sees a patient for 15 minutes while wearing PPE, and that patient is subsequently diagnosed with novel coronavirus, is the GP considered a close contact and do they require isolation?*

If the GP was wearing appropriate PPE, they will not be considered a close contact so isolation is not required.

4. *Where can I get more stock of P2 masks once our practice stocks have run out?*

General practices with questions about access to masks should contact their local primary health network.

5. *How long do P2 masks work for, and can they be reused multiple times?*

P2 masks should be removed and disposed of after about four hours of continuous use, or when they become moist. This is because the seal will not be as effective. P2 masks should be replaced after each use.

Symptoms and transmission

6. *What is the severity of symptoms experienced in the majority of cases?*

Infection can cause severe acute respiratory illness, but there is a spectrum of disease. Some people with confirmed COVID-19 have had only mild illness. Investigation is ongoing in Australia and internationally to characterise the disease caused by the novel coronavirus.

7. *Is there any evidence that the virus is transmissible via faecal-oral route?*

We are still learning about transmission. Available evidence suggests respiratory droplets are the main source of infection, Faecal-oral transmission cannot be ruled out at this point. Even if faecal-oral transmission can occur, it is unlikely to be a major route of transmission in Australia due to our high level of sanitation.

8. *Is conjunctivitis considered a manifestation of coronavirus?*

Conjunctivitis has not been listed as a clinical manifestation of COVID-19 in published reports of patients in Wuhan, China (see The Lancet article: [Chen et al. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study The Lancet, 29 January 2020.](#)) However, the American Academy of

Ophthalmology has reported anecdotal evidence that the virus can cause conjunctivitis (see the AAO [Alert: Important coronavirus information for ophthalmologists](#)).

Testing

9. *Is Hong Kong considered part of mainland China for the purposes of testing/self-isolation?*

Currently (13 February 2020) Hong Kong is excluded.

Please see the case definition and NSW Health advice to general practitioners on who to test:

<https://www.health.nsw.gov.au/Infectious/diseases/Pages/2019-ncov-case-definition.aspx>

<https://www.health.nsw.gov.au/Infectious/alerts/Documents/2020/novel-coronavirus-latest-gp-alert.pdf>

Please see advice from the Australian Government on which travellers must self-isolate:

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert#who-is-at-risk>

10. *Are GPs required to carry out swab testing on patients, or can they be sent directly to an ED or Pathology?*

GPs can choose to collect swabs for COVID-19 testing if they use appropriate PPE. Alternatively the patient can be referred to an ED or a private pathology collection centre.

See <https://www.health.nsw.gov.au/infectious/diseases/Pages/coronavirus-testing.aspx> for a list of collection centres that are providing a specimen collection for COVID-19 testing, or phone your local collection centre to check before referring your patient.

11. *Why are we required to take two nasopharyngeal swabs?*

Collection of duplicate specimens are recommended to enable parallel testing for other respiratory pathogens; your usual pathology provider will test for common viral respiratory pathogens and the other swab will be forwarded to a reference laboratory for COVID-19 testing.

12. *What is the turnaround time for ordered pathology tests?*

The turnaround time depends in part on the transport time for samples to reach testing facilities. The test itself takes four hours after the sample is received at the reference laboratory.

13. *Does the turnaround time for pathology tests differ in rural settings?*

Currently all testing facilities are in Sydney; this will affect the turnaround time for rural settings. For GPs in far northern NSW, existing arrangements for laboratory samples to be tested in QLD facilities will continue to apply for novel coronavirus testing.

14. *If a nasopharyngeal swab comes back positive, but the patients symptoms are mild, do we need to send them to the ED?*

Patients who test positive should be referred for co-management between the local infectious disease physician and public health unit. Please notify your local public health unit on 1300 066 055 immediately on being notified of a positive COVID-19 result.

15. *The patient has a negative novel coronavirus test result. What then?*

Depending on the circumstance, advise the patient to:

- Stay in self-isolation if they:
 - are a close contact of a patient with confirmed COVID-19 within the last 14 days;
 - have been in, or transited through, mainland China (excluding Hong Kong, Macau, Taiwan) since 1 February and within the last 14 days; or
 - have been in Hubei Province, China in the last 14 days
- Re-present if their symptoms become worse; consider re-testing or referral to ED if they have severe illness

Pathology providers

16. *Is there going to be a blood test for novel coronavirus?*

There is no diagnostic blood test at this time. As for other respiratory viruses, a respiratory tract swab is the best specimen for virus detection. It is likely that a serological test will be available at some point, but this may not be useful for diagnosis of acute disease.

17. *What advice should be given to a patient being sent to the collection centre for testing?*

The patient should:

- go straight to the pathology collection service from the GP's rooms
- wear a surgical mask

- not travel to the collection centre by public transport
- be advised about good respiratory etiquette and hand hygiene

Please call ahead to the pathology provider to advise a patient is on the way.

If the patient is a student returning to a campus, and requires self-isolation, contact the public health unit (1300 066 055) who will liaise with the university to take appropriate precautions.

18. *Is there a list of pathology facilities that have confirmed they are set up for testing, and are we able to have a list of those facilities?*

A list of pathology collection sites is available on the NSW Health website:

<https://www.health.nsw.gov.au/infectious/diseases/Pages/coronavirus-testing.aspx>

19. *What are the contact details for the Westmead and RPA COVID-19 clinics?*

Westmead and RPA COVID-19 clinics are primarily used to support EDs and for additional surge capacity as required. GPs are encouraged to refer patients who meet the COVID-19 case definition to the local pathology collection service. If the local service cannot collect specimens or the patient is very unwell, please refer the patient to the local ED.

20. *Are we required to call the Public Health Unit before sending a patient to a private lab for testing?*

There is no requirement to call the Public Health Unit but they can provide additional advice or assistance if needed (1300 066 055).

Treatment and vaccination

21. *Is there any treatment?*

There is no specific treatment. General supportive care is important. Clinical trials of several different antiviral drugs are underway in China, and are planned in other countries, including Australia.

22. *Can Tamiflu be used in symptomatic patients?*

There is no evidence of efficacy of Tamiflu in patients with COVID-19.

23. *How long after clinical infection is the virus cleared?*

There is variability between cases and this is still being studied. Patients who test positive should be referred for co-management between the local infectious disease physician and public health unit.

24. *Are there vaccinations for novel coronavirus available?*

Currently there are no available vaccines that protect against coronaviruses. WHO has reported that it's likely to be 18 months before a vaccine might be available for use.

Infection control

25. *What cleaning procedures should be followed in general practice spaces where patients who are symptomatic have been?*

Follow the usual infection control procedures for respiratory infections.

Information on environmental cleaning in the primary care setting is available at:

http://www.ccc.health.nsw.gov.au/data/assets/pdf_file/0007/567988/Infection-Control-Primary-and-Community-Care-2019-nCoV.pdf .

26. *What should we do in practices where we do not have AIIR (Airborne Infection Isolation Room)?*

Patients should be given a surgical mask and kept isolated in a separate room.

Self-isolation

27. *If a patient returns from overseas and is required to self-isolate for 14 days, are their immediate family members/partners who have not travelled then required to self-isolate if they show any symptoms?*

Other members of the household who have not travelled are not required to be isolated unless they are a contact of a confirmed case. Information on self-isolation for returned travellers is available at:

<https://www.health.nsw.gov.au/Infectious/factsheets/Pages/hubei-contacts-and-travellers.aspx>

28. *What is an aerosol generating procedure?*

Aerosol-generating procedures include: tracheal intubation, non-invasive ventilation, tracheostomy, suctioning, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy. Collection of respiratory specimens is not generally regarded as aerosol generating, but airborne precautions should be used for collection of specimens from severely symptomatic patients.

Nebulisers should not be used in people with suspected or confirmed COVID-19. Alternative medication administration devices (e.g. spacers) should be used.

For more information on precautions for healthcare staff during aerosol generating procedures, see: <https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus.aspx>

Patient management

29. *How should GPs handle patients who are asking for clearance certificates for school, work etc.?*

Testing will not determine whether or not an exposed person is infected.

There are no public health requirements for clearance certificates to return to work, school or university. This includes returned travellers from China who have completed the recommended 14 day period of home quarantine.

30. *How should we deal with patients who refuse to self-isolate?*

Contact your local public health unit for assistance if this occurs. Under the Public Health Act, COVID-19 is a notifiable disease and public health orders can be issued as a last resort.

31. *How should we deal with requests from unreasonable patients e.g. and Asian man coughed or sneezed near me?*

It is important for GPs to correct misinformation about the transmission of novel coronavirus and help reduce the stigmatisation of particular community groups. The risk of transmission in NSW remains low.

32. *Is there a translation service that can be used to make waiting room signs in Chinese?*

There is a travel alert poster for waiting rooms available in simplified Chinese on the NSW Health website. See: <https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus-resources-zh.aspx>

Travel advice

33. *Why is there differences in travel recommendations from different countries? E.g. Australia is just mainland China whereas UK includes Hong Kong, Singapore, Taiwan and Malaysia?*

Each country is conducting their own risk assessments based on imperfect epidemiological evidence.

Australian health authorities are constantly monitoring emerging evidence for any indication of significant transmission of the virus in other countries and will modify travel and public health advice if appropriate.

34. *What are the safety recommendations for domestic flights within Australia?*

Individuals who have recently returned from Hubei Province must isolate themselves for 14 days after they left Hubei Province.

Individuals who have been in, or transited through mainland China (excluding Hong Kong, Macau and Taiwan) on or after 1 February 2020 must isolate themselves at home for 14 days after they left China.

Returned travellers from China who are well or have been tested for novel coronavirus after arriving in Australia and returned a negative test result may travel directly to their home/hotel using public transport, taxis or ride-sharing but must wear a surgical mask while travelling. Similarly, travellers can also continue on onward flights, but must wear a surgical mask.

Incubation period

35. *There have been reports out of China that the incubation period is in fact 24 days, not 14 days, do we know if there is any validity to this?*

Australian health authorities are constantly monitoring emerging evidence around the epidemiology and clinical characteristics of COVID-19.

The best evidence currently available suggests that the usual incubation period for infection is 7-10 days. The 14 day period acknowledges that, like MERS-CoV infection, a small number of cases will have longer incubation periods. We are not aware of reliable information suggesting longer incubation periods.