

Tertiary Hospitals Medical Leads Advisory – COVID 19

RECOMMENDATIONS

The Combined Medical Leads Group recommends that every mechanism to “flatten the curve” with respect to the spread of COVID-19 be initiated in WA. This is a time-critical recommendation. Particular attention should be paid to extending isolation restrictions to include all personal Interstate travel.

We also recommend restricting any communal gatherings where social distancing cannot be maintained.

The unique case for WA:

1. The health and well-being of Western Australians is the primary priority of the Medical Leads Group
2. We are currently at a different point in the exposure curve compared to the other states. Early action taken now will have big gains and provide broader protection
3. Undiagnosed cases from the Eastern states will add significant burden to the WA population and risks accelerating our curve
4. We have less flexibility in the distribution of critical care resources available and an extended re-supply timeline compared to Eastern states
5. We are uniquely placed geographically with only a small number of entry points into the State. This enables us to restrict spread more efficiently
6. We have big distances between many of our country towns and communities. This is a significant disadvantage when caring for non-metropolitan patients who become critically ill. Keeping disease out of the country towns will be much more effective than trying to treat it.

Prepared by _____ on behalf of the Tertiary Hospitals Medical Leads Advisory Group



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BACKGROUND

The Combined Medical Leads Advisory Group comprises representatives from the Medical Service Leads of FSH, RPH & the SCGHOPH Group. Additional advice on COVID 19 has been provided by Clin Prof Michaela Lucas (incoming President of ASCIA and Immunologist at PathWest). These are Senior Clinicians with responsibilities for key components of the unified WA Health response to COVID-19.

The Advisory Group recognises that significant effective and proactive work has already been carried out in preparation for wider spread of this virus within WA. The Group seeks to provide clinical recommendations and advice in a succinct format to assist the WA Health Covid-19 Taskforce with managing this Pandemic. Members remain fully committed to providing clinical support to the Taskforce.

Detailed information provided by PHEOC via Sitrep, Federal advisories and electronic resources embedded on HealthPoint have been considered prior to preparing this advice.

Other facts considered:

- Global viral spread is occurring at a rate of 10-fold increase every 16 days. In some Northern European countries this has been 10-fold in 10 days.
- The mortality of COVID-19 is extremely high in countries where numbers of severe cases increased rapidly and exceeded critical care capacity
- Overseas growth curves are consistent in exponential pattern without social distancing. Asian experience demonstrates that there is opportunity to limit virus impact if timely action is taken

CONCERNS

- There is extremely limited availability of testing infrastructure and supplies in WA. Rationing is currently in place
- There is limited stock of PPE and hand disinfectant available to allow for ubiquitous protection of health care staff and the community. In many places the supply is at zero.
- There is currently limited evidence of effective anti-viral treatment. In vitro evidence of reduction in viral potency with hydroxychloroquine suggests this agent may be of some benefit. Supplies, distribution and prioritisation of need will be a concern if the drug becomes more-widely prescribed.
- WA Health has an agreed plan to expand critical care capacity, but this remains finite and would be insufficient if uncontrolled/ exponential spread was to occur
- There is no effective vaccine