Submission to Senate Select Committee on COVID-19

4 May 2020

C/-
Committee Secretary
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600
covid.sen@aph.gov.au

From

Ian McGarrity

This is supplementary to the submission in my name provided by email at 10.20 on 28 April.

The author felt strongly that:

- the interim report of 29 April concerning "COVID-19 – North West Regional Hospital Outbreak" in Tasmania;
- the near asymptomatic circumstances of the aged care worker who instigated the Covid-19 outbreak at the Anglicare aged care facility, Newmarch House n Western Sydney; and
- the announcement by the WA Health Minister on 1 May that it was only recently that all state and territory jurisdictions had standardised the way they reported and collated PCR Covid-19 tests,

were relevant to the central thrust of his 28 April submission and hence relevant aspects of them justified the following supplementary submission.

This supplementary submission should be read in conjunction with that of 28 April

1. Executive Summary Supplementary Submission

The 28 April submission related to the decision of the Australian Health Protection and Principal Committee (AHPPC) on 21 March to recommend that the vast majority (over 80%) of confirmed Covid-19 'patents' should decide for themselves – self assess – when it is safe for them to re-enter family, community and workplace life. This self-assess policy is still in force.

It also related to the apparent potential of at least some state and territory jurisdictions to not be following the same AHPPC 21 March guideline as it applied to health and aged care workers. It requires very strict supervision and two consecutive negative PCR tests, 24 hours apart, before health and aged care workers re-enter family, community and in particular work life

The full AHPPC guideline is set out in the 28 April submission.

This supplementary submission seeks to emphasise that in the North West Regional Hospital setting in Tasmania some 73 people who have tested positive for Covid19 were hospital workers including some doctors and mostly nurses. Of that 73 more than 3/4 (77%) attended work during their infectious period. 1/5th (20%) attended work on one or more days after the date of onset of their symptoms with the range being from 1 to 7 days.

https://www.health.tas.gov.au/__data/assets/pdf_file/0006/401010/North_West_Regional_Hospital_Outbreak_-_Interim_Report.pdf

In Western Sydney the relevant age care worker continued to work for 6 shifts after experiencing symptoms.

The 28 April submission contended that lay people recovering in a non-hospitalised environment should not be allowed to merely self-asses their recovery and freedom from Covid-19 and infectiousness. That submission argued for at least a face to face bulk billed visit to, or from, a GP to verify any such self-assessment before such people be allowed to re-enter family, community and workplace life.

This submission points out that if 15 doctors and nurses in the North West Regional Hospital in Tasmania setting could not identify when they were suffering from Covid-19 symptoms – it would be amazing to allow lay people without any medical expertise to be relied upon to determine for themselves when they were free of symptoms and no longer infectious, and free to re-enter family, community and workplace life.

Similarly if the experienced aged care worker in Western Sydney was not able to discern she had Covid-19 symptoms for 6 days in Western Sydney, then how is it logical to allow lay people, without any health and or allied aged care expertise to be relied upon to determine for themselves when they were free of symptoms and no longer infectious, and free to re-enter family, community and workplace life.

As background to the 21 March AHPPC guideline the original 28 April submission outlined in detail the confusion and lack of consistency surrounding Australia wide reporting of Covid-19 PCR diagnostic tests at that time.

Materials and experienced human resources to conduct such tests were constrained and resulted in the Chief Medical Officer prevailing on 43,000 GPs in Australia to restrict PCR testing on or about 17 March.

It was in this atmosphere that a guideline was developed that did away with at least 2 PCR tests (it could be many more for some people if negative tests were not at first recorded), 24 hours apart, for non-hospitalised recovering but previously Covd-19 positive people.

The original submission said: "*no one knew how many tests were being done at a national level. There was no daily published coordinated data (as there has been since mid-April). Often NSW alone was reporting testing levels above that reported for Australia as a whole (including NSW)!*

To add to the confusion the World in Data web site was reporting Australia's total tests as of 20 March at 113,615 but qualified this information with the following words: "Some states report tests conducted, some report the number of people tested. We simply sum these across states."

Well it now appears that at least part of the confusion regarding testing statistics outlined for the period around 21 March, continued until last week.

At the 7'49" mark of the recording of the WA Covid-19 update media conference of 1 May, the WA Health Minister announced: "*that until recently South Australia, Queensland and Victoria were reporting the number of actual tests undertaken, whereas NSW, the ACT, NT, Tasmania and Western Australia had been reporting the number of people being tested."*

The difference between tests and people numbers at a national level is tens of thousands.

Notwithstanding the WA Minister saying that reporting the number of tests being undertaken (not people) "was now the *accepted national approach to reporting COVID-19 tests*", the author notes that today, 4 May, at least NSW still reports on the basis of people!

2. Conclusion and Recommendation

The author submits that this supplementary submission significantly supports the arguments put forward in the 28 April initial submission which:

"contended that it is unsafe and inconsistent for the official AHPPC guideline of 21 March – still in force – regarding 'recovery' and release from isolation' to rely on (for the vast bulk of Covid-19 positive people) 'patient' self-assessment for when it is safe for a person to return to family, community and workplace life."

"The original submission understood that two PCR negative tests that were originally required, at least in NSW, to be 'released' may be onerous because these tests may pick up remnants of Corona Virus in the nasal passages, throat or gastro intestinal tract and hence produce variable test results (however it should be noted that notwithstanding this the

AHPPC 21 March guideline requires such tests for health and aged care workers to re-enter, family, community and workplace life).

Hence the original and supplementary submissions recommend to the Select Committee that:

A. as a minimum, before someone who has tested positive for Covid-19 is released into family, community and workplace life that; "at the very least, a bulk billed face to face visit from / to a GP is required to check patient knowledge of and compliance with:
    - the date of symptoms onset;
    - the date of their positive test;
    - the date of symptoms resolution; and
    - 3 days duration since symptoms resolution; and

B. before health and aged care workers who have tested positive for Covid-19 are released into family, community and especially workplace life that the current 21 March AHPPC minimum guideline of:
Healthcare workers and workers in aged care facilities must meet the following criteria for release from isolation

A confirmed case can be released from isolation if they meet all of the following criteria:

- *the person has been afebrile* (no elevated temperature) *for the previous 48 hours;*
- *resolution of the acute illness for the previous 24 hours;*
- *be at least 7 days after the onset of the acute illness; and*
- *PCR negative on at least two consecutive respiratory specimens collected 24 hours apart after the acute illness has resolved*

be monitored and if necessary enforced in all 8 jurisdictions.

Ian McGarrity 4 May 2020