

Submission to Senate Select Committee on COVID-19

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From

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1. Executive Summary

This submission relates 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 ‘patients’ should decide for themselves – self assess – when it is safe for them to re-enter family, community and work life. This self-assess policy is still in force and is as follows:

Confirmed cases with mild illness who did not require hospitalisation

The person can be released from isolation if they meet all of the following criteria:

- *at least 10 days have passed since the onset of symptoms; and*
- *there has been resolution of all symptoms of the acute illness for the previous 72 hours*

The person should be advised to continue to be diligent with hand hygiene and cough etiquette and practice social distancing, as is indicated for the rest of the community, as this will assist in reducing the influenza (sic) transmission.

(Submission author note: it might say something of this AHPPC release that it refers to “influenza” in the last paragraph. Covid-19 and influenza are caused by entirely different viruses. Might this indicate a cut and paste from a previous influenza season outbreak?).

<https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-coronavirus-covid-19-statement-on-21-march-2020-0>

In Australia’s largest state, NSW where nearly 50% of all Covid-19 cases have been confirmed, this AHPPC guideline has been implemented (with the apparent problematic exception of health and aged care workers – see Section 2.6). This NSW implementation of the AHPPC self-assess policy is still in force and is as follows:

When can people be released from self-isolating at home or hotel?

Confirmed cases or suspected cases

People confirmed as having coronavirus with a mild illness who are home isolating can end self-isolation if:

- *at least 10 days have passed since the onset of their symptoms and*
- *all symptoms of their acute illness have been resolved for the previous 72 hours.*

<https://www.health.nsw.gov.au/Infectious/diseases/Pages/covid-19-release-from-isolation.aspx>

Effectively the above AHPPC and NSW Health guidelines suggest that the 80% of infected people who ‘recover’ outside of hospital, self-assess whether and when they are safe to return to family, community and work place life – **on the basis of their belief that:**

- 10 days have passed since the onset of their symptoms (Submission author note: this is less than 10 days after any positive Covid-19 test as almost every positive test would have occurred after the onset of symptoms); and
- 72 hours have elapsed since those symptoms resolved.

So, just for emphasis, people who have tested positive for Covid-19 and for example may be in one of the following difficult, very pressured or problematic circumstances:

- for whom English is a second language (or in the case where it is not spoken at all have an interpreter);
- under severe financial pressure to return to work; or
- under pressure to leave a domestic violent situation,

decide, when their symptoms began, when they ‘resolved’ and then add three days.

This submission does not suggest the above cohort should be dealt with differently from all Australians attempting to 'recover'. The author only wishes to outline the difficulties for, and pressures some Australians will be under, when self-assessing.

All Australians who have tested positive for Covid-19 and who have not needed to be hospitalised will be anxious to return to family, community and work place life as soon as possible.

This submission argues that all Australians in such a position should not be allowed to self-assess their own 'recovery'.

This submission requests that pursuant to its Terms of Reference to: *inquire into and report on*

- a) *the Australian Government's response to the COVID-19 pandemic; and*
- b) *any related matters.*

the Covid-19 Senate Select Committee urgently:

- i. investigate the self-assess doctrine outlined by AHPPC on 21 March and adopted at least by NSW Health (and perhaps many other jurisdictions); and
- ii. recommend to the Australian Government, the AHPPC (and its relevant subcommittee the CDNA) that they review the guidelines for 'recovery' issued on 21 March such 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 any positive test;
 - the date of symptoms resolution; and
 - 3 days duration since symptoms resolution

for all confirmed Covid-19 cases that are being returned to normal family, community and work place life without the hitherto required, two negative PCR tests at least 24 hours apart.

For the interest of the Committee in NSW before the self-assess doctrine was applied the following was the regime for determining removal of isolation for non-hospitalised Covid-19 sufferers:

How do we know the people who have had COVID-19 are no longer infectious?

People with confirmed COVID-19 infection stay in isolation under the care of medical specialists until they are no longer experiencing symptoms of COVID-19 infection. Before they are released from isolation, they have tests to see if they still have COVID-19 and the specialist care team assesses they are no longer infectious. Once they are discharged they have a follow up assessment by the medical team to make sure they remain well.

<https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-fags.aspx#1-10> (note this was removed from the web site on or about 17 April)

Further this submission requests that pursuant to its Terms of Reference to: *inquire into and report on*

- c) *the Australian Government's response to the COVID-19 pandemic; and*
- d) *any related matters.*

the Covid-19 Senate Select Committee urgently: investigate whether the AHPPC 21 March doctrine as it applies to health and aged care workers, namely:

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*

is being monitored by Commonwealth agencies in terms of adherence to it across all 8 jurisdictions, before health and aged care workers who have tested positive for Covid-19 are released back into family, community and especially workplace life.

The submission author has not been able to find this specific health and aged care worker proviso represented in the NSW guidelines in force.

2. Background to AHPPC Recovery or Release From Isolation Guideline of 21 March

2.1 The Process for Developing the Guideline and the Covid-19 testing environment around 21 March

The AHPPC guideline of 21 March would have been in development for many days before that date.

Such development was taking place in an environment of great confusion in Australia about:

- The number of so called PCR Covid-19 virus present tests being undertaken in all eight Australian jurisdictions. Indeed some Ministers seemed unaware of the difference between test numbers and people being tested (see Section 2,2); and
- the availability of certain materials for, and training of practitioners capable of reliably conducting, the PCR tests.

The final AHPPC guideline of 21 March followed the development of a so called SoNG (series of National Guidelines”) by the by the Communicable Diseases Network of Australia (CDNA)

which is a sub-committee of the AHPPC. The Chief Medical Officer, Brendan Murphy chairs the AHPPC.

This submission suggests that the environment for the week or so before 21 March was one where it is highly likely that doing at least 2 PCR tests (and potentially several more in order to achieve two in a row that were negative) for recovering Covid-19 patients may have been seen as becoming a drain on the scarce resources for testing, when priority may well have been more prudently addressed to testing suspected new Covid-19 cases.

2.2 Covid-19 PCR Test Mayhem in March

The author of this submission noticed very great confusion in high level testing professional environments and exhibited by the Minister for Health, Greg Hunt, in the week before the 21 March AHPPC guideline was released.

Documented evidence of this is contained in the following sequence of statements and letters between 11 and 18 March.

On 11 March at the PMs media conference Minister Hunt said: *“The latest advice we have from the National Incident Centre this morning is that we have now had approximately 20,000 tests in Australia, which puts us very much at the global forefront”*.

On 16 March on The Drum the Director of the Doherty Institute, Professor Sharon Lewin said

“What Australia should be proud of is the number of tests we have undertaken so far....25,000....the first thing (in effectively responding to Corona) is really good testing....I can tell you we (Doherty Institute) do most of the testing in Victoria”

Earlier on 16 March NSW Health reported that NSW alone had done 26, 964 tests (some 2,000 more than the Doherty Institute thought had been conducted across Australia at the time).

On 17 March The Australian quoted from a letter from Chief Medical Officer, Brendan Murphy to 43,000 GPs reported: *“Doctors are being urged to ration vital coronavirus tests in the face of “overwhelming demand” after Australia’s Chief Medical Officer conceded the country’s stockpile of testing kits was “rapidly deteriorating” as cases across the country skyrocketed amid an alarming surge in community transmissions. In a move that could hamper efforts to contain the outbreak in Australia, Brendan Murphy is ordering doctors to abandon plans to test every patient who exhibits symptoms and to “strictly apply” a set of guidelines that would deny some people a test”*.

At a later door stop interview on 17 March Minister Hunt said in answer to a question referring to WHO recommending ‘test, test, test’: *“We have actually one of the most advanced testing regimes in the world. We have had over 30,000 tests conducted in Australia, and I expect new figures in the next 24 hours which will be significantly in advance of that”*.

Earlier that day, 17 March, NSW Health reported doing 30,244 tests in NSW alone (some 244 more than the Minister thought had been conducted across Australia).

Less than 24 hours after Minister Hunt’s 30,000 tests estimate, on 18 March he, on AM, and then Prime Minister at his 09.00 press conference announced that 81,000 “tests” had now been done. How could some 51,000 tests (an increase of 170%) have been conducted overnight?

So to put the mayhem and lack of knowledge into more stark detail the following table sets out what was being said between 11 and 18 March.

Date & Person	Tests to date	Where
11 March Minister Hunt and National Incident Centre	20,000	Australia wide
16 March Head of Doherty Institute - Lewin	25,000	Australia wide
16 March NSW Health	26,964	NSW alone
17 March Brendan Murphy		Letter to o 43,000 GPs please ration tests
17 March Minister Hunt	30,000	Australia wide
17 March	30,244	NSW alone
18 March Minister Hunt and PM Morrison	81,000	Australia wide

It was clear to the author 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)!

And the Chief Medical Officer was prevailing on GPs to limit testing in view of: *“the country’s stockpile of testing kits was “rapidly deteriorating” as cases across the country skyrocketed amid an alarming surge in community transmissions”*.

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 made the comment that it was impossible to rely on each state’s reported figures because some referred to tests (which could mean 2 for every one person tested) whereas other states reported people.

In World in Data’s words: *“Some states report tests conducted, some report the number of people tested. We simply sum these across states”*.

This was the crazy state in which CDNA was developing a SoNG revising when tests should be done for AHPPC to approve on 21 March.

Almost certainly the prevailing sentiment underlying the 21 March AHPPC ‘recovery’ self-assess guideline was such that any PCR tests not regarded as essential should be scrapped.

The author senses that conducting tests on Covid-19 confirmed cases who no longer had symptoms – requiring 2 consecutive tests 24 hours apart both returning ‘negative’ result for a person to leave isolation - was not regarded as essential in those circumstances.

The author contends any ‘dire’ circumstances that may have significantly influenced the CDNA and AHPPC to release the 21 March ‘recovery’ guideline no longer exist and the guideline should be amended.

2.3 What Happened Straight After the AHPPC ‘recovery’ Guideline Release

The day the relaxed guideline was released Australia wide Covid-19 positive cases hit 250 for the first time. For each the next 13 days the number of new cases was over 250 including the biggest day of over 450.

Overwhelming therefore the greatest number of Covid-19 positive people have been – or will in future be deemed to be ‘recovered’ under the 21 March AHPPC revised self-assessment ‘removal from isolation’ guideline.

The revised guideline was introduced at a time of great concern and debate in Australia about our Covid-19 response. The feared surge in infections occurred and hence the suggested need to concentrate test resources being applied to potential new cases was emphasised.

Those times have passed. This submission requests the Senate Committee recommend the 21 March guideline be amended to put more external checks and balances into the process of determining when a previously Covid-19 positive person is safe to return to family, community and work place life.

2.4 Current Testing Resources and Attitudes

Far from the circumstances of confusion and problematic PCR testing trained human, chemical and hardware resources environment that prevailed back on 21 March, currently Australia has pumped up its testing resources and, in the words of Chief Medical Officer Murphy, we are now aiming for 40,000 to 50,000 tests a day.

At the Prime Minister’s media conference of 24 April Murphy was prevailing on anyone with any cold, sore throat or cough to come forward and be tested.

At her Press conference at 08.00 on 24 April Premier of NSW, Berejiklian said: *“I do also want to stress today...I’m very pleased to announce to anyone across the state...if you are worried you have the Covid 19...please come forward and be tested”*.

Now that times have changed at the Commonwealth and NSW level at least, they are trawling for testing business. No longer is the Chief Medical Officer prevailing on 43,000 GPs to be constrained about referring someone for testing.

If using cruel irony, and invoking what appears now to be a fairly short-sighted 21 March AHPPC ‘recovery’ guideline, one could say the Commonwealth and NSW are open for any

Covid-19 testing business except for those who previously proved positive for the disease and are recovering at home.

Does implying that this cohort should not be tested to see if they still might be infectious – and rather should self-assess when they are safe to return to family, community and workplace life, pass the pub test?

2.5 How Long Does it Take to Recover from Covid-19 Infection and for How Long are Covid-19 Positive Patients Contagious

In the context of the 21 March AHPPC ‘recovery’ guideline indicating that so long as 10 days have passed since onset of symptoms and then 72 hours having elapsed since symptom resolution, it is instructive to look at some NSW Health research on “recovery” from Covid-19, released on 21 April.

It reported that: preliminary analysis on information collected from over 2,000 case interviews showed:

- 50 per cent of cases had recovered 16 days after symptoms began;
- 75 per cent of cases had recovered after 3 weeks after symptoms began; and
- 95 per cent of cases had recovered after 6 weeks after symptoms began.

Put another way, over 50% of Covid-19 positive people had not recovered within the 13 day minimum the 21 March AHPPC guideline sets out. Indeed some 5% had not recovered some 29 days after the minimum the 21 March AHPPC guideline sets out (42 days – 13 days = 29 days).

Then link this to what the Chief Medical Officer said about infectiousness of recovered Covid-19 cases at the April 26 Covid-19 app media conference (between 5’10” and 4’50” from its end):

“We do know that some people who have recovered have continued to have detectable virus. We don’t know what that means.

We don’t know whether they are infectious”.

So we have clear NSW Health knowledge that it takes more than half of all Covid-19 positive people more than 13 days to recover (the minimum AHPPC 21 March guideline period for self-assessment), and we have the Chief Medical Officer saying we don’t know whether some “recovered” people are still infectious – but the AHPPC says that a definition of “recovered” does not need any PCR negative test....or even a face to face visit from, or to a GP!

Just self-assessment.

Does that pass the Committee’s pub test?

2.6 Healthcare Workers

A further concern this submission wishes to raise relates to the special 'recovery' and 'release from isolation' part of the AHPPC 21 March guideline for Health and aged care workers.

The 21 March AHPPC guideline in respect of them said:

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 for the previous 48 hours;*
- *resolution of the acute illness for the previous 24 hours¹;*
- *be at least 7 days after the onset of the acute illness;*
- *PCR negative on at least two consecutive respiratory specimens collected 24 hours apart after the acute illness has resolved – this will be reviewed as the pandemic evolves in Australia.*

However the NSW revision of its 'recovery' and 'release from isolation' guideline under the 21 March AHPPC dictum does not appear to mention this cohort at all (or mentions it in another place on the web site unconnected to the main 'release from isolation' heading):

When can people be released from self-isolating at home or hotel?

Confirmed cases or suspected cases

People confirmed as having coronavirus with a mild illness who are home isolating can end self-isolation if:

- *at least 10 days have passed since the onset of their symptoms and*
- *all symptoms of their acute illness have been resolved for the previous 72 hours.*

When can people be released from hospital isolation?

Those hospitalised with severe illness - but are clinically ready to be discharged from hospital - and have not had 2 consecutive negative coronavirus tests at least 24 hours apart, will need to be discharged to home self-isolation.

They can only end home self-isolation if:

- *at least 10 days have passed since their hospital discharge and*
- *all symptoms of the acute illness have been resolved for the previous 72 hours.*

There is no mention above of the critical AHPPC provisos for "Healthcare workers".

Such a proviso may appear somewhere else on the voluminous NSW Health web site. The author does not claim to have checked everywhere. However it appears to the author it either does not appear anywhere or it appears somewhere else on NSW Health's web site.

Surely it should appear, and should appear alongside the other key 'release from isolation' guidelines drawn from AHPPC advices.

Surely the AHPPC and CDNA should be monitoring the way in which all 8 jurisdictions are implementing the AHPPC's minimum recommendations for health and aged care workers.

3. Conclusion

This submission contends 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 previously Covid-9 person to return to family, community and workplace life .

This submission understands 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).

Hence this submission recommends 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.

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