JOINT MEDIA STATEMENT

ACEM, RNZCGP & RNZCUC

Resurgence of COVID-19 in New Zealand – Lessons learned

18 August 2020

The Australasian College for Emergency Medicine (ACEM), The Royal New Zealand College of General Practitioners (RNZCGP) and Royal New Zealand College of Urgent Care (RNZCUC) welcome the Government's swift action following confirmation of New Zealand's second wave of positive cases of COVID-19 community transmission on 11 August 2020. Since the onset of the COVID-19 pandemic, there have been numerous and complex changes to processes in our healthcare system. As peak professional bodies representing those working in the community, we wish to reiterate best practices and lessons learned from our first wave, as well as from countries experiencing a resurgence of COVID-19 across the world. **These include:**

1. Telehealth first

During the pandemic, healthcare systems have had to adjust in the way they triage, evaluate, and care for patients, using methods that do not rely on in person services. A telehealth first-approach helps provide the necessary care to patients, while reducing COVID19 transmission risk to patients and healthcare workers, preserving personal protective equipment (PPE), and minimising the impact of patient surges on facilities[1][2].

Through telehealth, acute care of patients in the community and hospitals can continue. This will limit overcrowding and access blocking within our emergency departments, general practices and urgent care facilities. Given the required increased vigilance and workload, it is unsustainable for the general practice, urgent care facilities and hospital emergency departments to place their patients and themselves at increased risk of infection. Reducing the potential for crowded environments where patients with varying health needs congregate, will reduce the likelihood of harm. Providing patient care in the community as much as possible is the best outcome for New Zealander's, to reduce the risk to overwhelming our hospitals (see ACEM's Access Block statement). It is essential that there is a shared awareness and accountability from other specialties and executives to manage patient flow across our district health boards (DHBs) while recognising the extra work that will be taken up by medical services within the community and hospital environments

When using or accessing telehealth, the following should be considered:

a. Patients choices

Patients should be advised to:

i. call Healthline for advice, or
ii. contact their general practitioner (GP) by phone, who will triage them to a:
    1. a phone or video consultation

[1] https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html
[2] https://www.telehealth.org.nz/

2. an in-person appointment, or
3. directed to the most appropriate healthcare service.

b. Continuation of acute care – the new 'normal' living with COVID-19

The whole health care system is faced with sustaining additional requirements related to COVID 19, maintaining patient, staff and public safety, while continuing to care for patients with non-COVID19 health care needs. Where possible, telehealth access to hospital specialists and clinics should be made available, to ensure that acute and ongoing care of patients continues as efficiently as possible. Amidst the uncertainty of when, or if, a vaccine will be available, healthcare needs should be addressed accordingly and not be allowed to accumulate as we are uncertain how long this pandemic might last.

We are also concerned for our large proportion of aging doctors, nurses and allied health staff working in our healthcare services, given age is a COVID-19 risk factor. These professionals will benefit from a telehealth first-approach, being able to provide the essential continuity of care for their patients and continuing to support the whole system.

2. Healthcare worker infections

The increasing rates of COVID-19 infections among healthcare workers across the world are concerning . We need to be vigilant and stringent infection controls need to be in place. All healthcare workers have a right to be safe at work, and this needs to be at the very top of the priority list for Government, healthcare systems, DHBs (i.e. hospitals, Primary health organisations (PHOs) and practices). They need the best protection available, including nationally consistent PPE guidelines and reliable access to masks and face shields. Without PPE, there cannot be wellbeing. We would not want the same scenario here, as in Victoria, Australia, where more than 1,100 health-care workers have now been infected with SARS-CoV-2, the coronavirus that causes COVID-19. Currently, eleven per cent (%) of active cases in Victoria, are workers in the healthcare sector[3][4]. To our colleagues, we wish to reiterate: Be careful, wash your hands, wear a mask, continue to practice physical distancing, and use appropriate PPE, but do so rationally. It must also be noted that a significant portion of the healthcare worker infections in Victoria occurred outside of direct patient contact so care needs to be taken in non-clinical areas.

3. Masks

We welcome Government advice on the public use of face masks. We do however advise that this be more widely applied throughout the country, and not just in Auckland. We also welcome its advice on the use of face masks on flights[5].

The effectiveness of face masks and respirators is usually linked to early, consistent and correct usage[6][7]. However, the introduction of compulsory face coverings alone, in areas where there is widespread community transmission, could reduce COVID-19 transmission significantly[8]. According to a Lancet study (2020)[9], physical distancing of 1 m or more was associated with a much lower risk of infection, as was the use of face masks and eye protection (e.g. goggles or face shields).

4. Protecting vulnerable populations

It is unacceptable to allow increased agitation and worse outcomes for New Zealand's already-vulnerable populations, particularly for the elderly, those with mental health issues, and Māori and Pasifika peoples.

a. Older people and residential aged care facilities (RACFs)

[3] https://theconversation.com/ppe-unmasked-why-health-care-workers-in-australia-are-inadequately-protected-against-coronavirus-143751
[4] Safer Care Victoria (SCV). 2020. Learning from healthcare worker COVID-19 infections acquired through occupational exposure. July 2020, Issue 1 (unpublished)
[5] https://www.rnz.co.nz/news/national/423355/covid-19-travel-restrictions-masks-on-flights-as-measures-take-effect
[6] https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public
[7] Bin-Reza F, Lopez Chavarrias V, Nicoll A, et al. 2012. The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence. *Influenza and other respiratory viruses,* volume 6, issue 4:257-67. doi: https://dx.doi.org/10.1111/j.1750-2659.2011.00307.x
[8] Coghlan, B., Crabb, B.S., Hellard, M.E., Majumdar, S.S., Saul, A., Scott, N. and The Peter Doherty Institute for Infection and Immunity. 2020. Victoria's response to a resurgence of COVID-19 has averted 9,000-37,000 cases in July 2020 (unpublished)
[9] Chu DK, Akl EA, Duda S, Solo K, Yaacoub S, Schünemann HJ, El-harakeh A, Bognanni A, Lotfi T, Loeb M, Hajizadeh A. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. The Lancet. 2020; 395(10242) 1973-1987

The worldwide impact of this pandemic on the elderly, has been disheartening. We support Government measures for rest homes across New Zealand to go into full lockdown, after the latest resurgence of positive COVID-19 cases in Auckland[10]. Overall, we would recommend strict protocols for the management of RACFs that include visitation rules for family members and not allowing healthcare or allied workforce to work at multiple sites.

We also suggest definition of the at-risk elderly population age should be amended to include all people over the age of 60 years, in line with the World Health Organisation's definition.

b. Mental health

Since the onset of this pandemic, we have welcomed the additional Government support in addressing the growing mental health crisis, including its mental support helpline 1737 . It is vitally important the measures introduced are long-term, and sustainable, resulting in lasting improvements to the care provided to vulnerable mental health patients.

Presentations to EDs, general practices and urgent care facilities of people in mental health crises are also increasing in relative and absolute terms. Mental health crises often occur 'out of office' hours, requiring services to be available at all times. In addition to telehealth and more appropriate community and home-based services provided, the Government must ensure that services providing out of hours care are properly resourced to cope with existing and future demand and address the dangerously long waits faced by people who need emergency mental healthcare[11].

c. Māori and Pasifika peoples

Inequities are exaggerated during pandemics, and it is the Government's responsibility to do as much as possible to mitigate these. Pandemics have also exerted enormous tolls on indigenous peoples throughout history, such as in Australia[12], Canada, the United States and the Pacific[13]. Evidence from previous pandemics consistently shows higher mortality rates for Māori compared to non-Māori. For example:

- 1918 Influenza pandemic: Māori mortality rate was seven times more than the rate of the European settler population.
- 1957 Influenza epidemic: Māori mortality rate was six times more than the European rate.
- 2009 H1N1 Swine Flu pandemic:Māori mortality rate was almost three times higher than the European rate[14].

New Zealand's COVID-19 pandemic response must include equity for Māori and must honour the principles of Te Tiriti o Waitangi. Similarly, it should be focussed on culturally safe and appropriate care for Pasifika people in New Zealand. Without an equity-centred pandemic response, Māori and Pasifika people will experience multiple negative outcomes from this which is simply not acceptable[15]. Similarly, Healthcare workers need to be their patient's advocates for excellent healthcare, and ensure they do not suffer racial, ethnic or cultural discrimination during their care.

5. Surveillance programme (swabbing)

[10] https://www.tvnz.co.nz/one-news/new-zealand/rest-homes-across-new-zealand-going-into-level-4-lockdown-three-days

[11] ACEM. 2019. Communique: Mental Health in Aotearoa New Zealand Emergency Department Summit. Melboure. (Available at: https://acem.org.au/News/May-2019/Mental-Health-in-the-Emergency-Department-Summit-C)

[12] Flint, S. M., Davis, J. S., Su, J., Oliver-Landry, E. P., Rogers, B. A., Goldstein, A., Thomas, J. H., Parameswaran, U., Bigham, C., Freeman, K., Goldrick, P., Tong, Y. C. 2010. Disproportionate impact of pandemic (H1N1) 2009 influenza on Indigenous people in the Top End of Australia's Northern Territory. The Medical Journal of Australia, volume 192, issue 1-: Pages 617-622. Doi: https://doi.org/10.5694/j.1326-5377.2010.tb03654.x (Available at: https://www.mja.com.au/system/files/issues/192_10_170510/fli10103_fm.pdf)

[13] La Ruche, G., Tarantola, A., Barboza, P., Vaillant, L., Gueguen, J., Gastellu-Etchegorry, M (for the epidemic intelligence team at InVS). 2009. The 2009 pandemic H1N1 influenza and indigenous populations of the Americas and the Pacific. *Euro Surveill,* volume 14, issue 42:pii=19366. https://doi.org/10.2807/ese.14.42.19366-en (Available at: https://www.eurosurveillance.org/docserver/fulltext/eurosurveillance/14/42/art19366-en.pdf?expires=1597370897&id=id&accname=guest&checksum=C97AC2C174D2AA2D90C7BD9B89B4B4DE)

[14] https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/COVID-19/Resources/Clinical-Guidelines/Indigenous-Community-Recommendations

[15] https://www.rnz.co.nz/news/in-depth/414499/covid-19-virus-and-recession-a-devastating-combination-for-maori-and-pasifika

In addition to strict border control and managed isolation and quarantine facilities, as well as swift contact tracing and the COVID-19 Tracer App, we recommend a drastic increase in surveillance swabbing, even where or when it is believed not to have any community transmission. While we note the Ministry's surveillance programme and increased surveillance swabbing targets during Alert Level 1, these have not yet consistently been reached. We advocate for a nationwide, economical, sustainable surveillance swabbing programme to meet the Ministry's stated goal of 4000 to 5500 community surveillance swabs per day. This should include DHB targets weighted for population and quarantine demographics.

6. Improved communications and advanced warning of lockdown status

We are willing and able to support the Ministry's communications efforts to ensure our members are kept up to date with the latest situation. Updates must be nationally consistent, timely and in line with what is happening at the front line if they are to be effective. We will continue to work with the Ministry to help address some of the messaging issues identified during in the earlier surge.

7. Funding

Many general practices suffered financially in making their practices safe for patients during the first COVID-19 outbreak. Changing patient demand and models of care had a serious financial and well-being impact on general practitioners', practices and urgent care centres. It highlighted the unsustainability of current primary care funding, for changing models of care and this needs to be urgently addressed.

We are signalling that primary care and urgent care funding will need careful, realistic consideration as we respond to current and future COVID-19 outbreaks.

Background

ACEM is the peak body for emergency medicine in Australia and New Zealand, responsible for training emergency physicians and advancement of professional standards. www.acem.org.au

RNZCGP is the professional body and postgraduate educational institute for general practitioners (GPs). www.rnzcgp.org.nz

The Royal New Zealand College of Urgent Care is responsible for training doctors and maintaining professional standards in urgent care. www.rnzcuc.org.nz