

COVID-19 Primary Care Update No. 29

General Practice Liaison Network, Healthcare Improvement Unit

Friday 03 April 2020

Dear Colleagues,

This update is a bit longer than usual, but there were just that many (hopefully useful) resources to share. Unless there are time-critical issues, the next Update will be sent on Monday, 6 April 2020, allowing all of us a little time to decompress from everything COVID.

Flowchart for GP assessment and management of COVID-19

- Back by popular demand - the COVID-19 flowchart, freshly updated by the Queensland Healthpathway (HP) Community and GP Liaison Network. Please note HP remains the source of truth.
- The flowchart is attached and can also be found on our QH website, GP section: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians/resources-for-clinicians>

Respiratory and Fever Clinics

- We have attached a document with information about Respiratory and Fever Clinics in Queensland.
- The information will be incorporated in local HealthPathways and we will continue to update the information regularly as new clinics open or others close
- Most of you will know that a 'Respiratory' clinic is commissioned by PHNs on behalf of Commonwealth, while 'Fever' Clinics are set up by HHSs. There are other differences, but they all offer COVID screening.

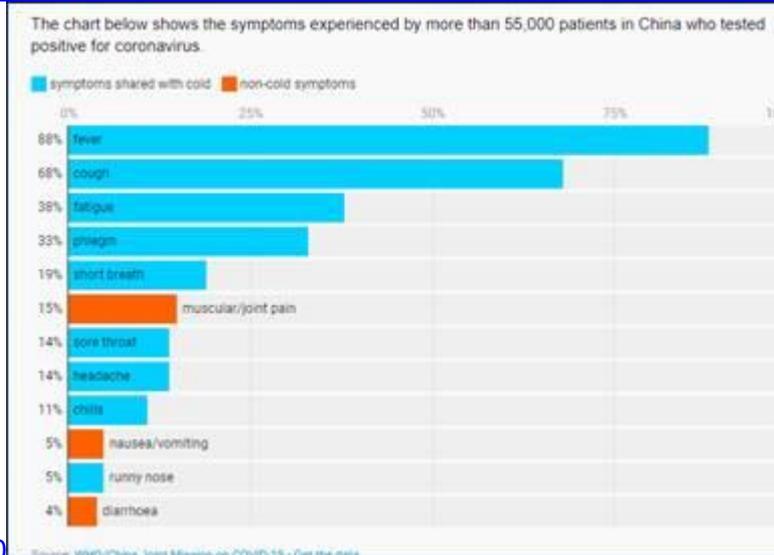
COVID-19 testing

- The Royal College of Pathologists of Australia (RCPA) recently published a Position Statement on COVID-19 testing: <https://www.rcpa.edu.au/getattachment/bf9c7996-6467-44e6-81f2-e2e0cd71a4c7/COVID19-IgG-IgM-RAPID-POCT-TESTS.aspx>. Of note: *Molecular testing on a single throat with deep nasal swab is the current test of choice for the diagnosis of acute COVID 19 infection; COVID-19 IgG/IgM rapid tests have no role to play in the acute diagnosis of COVID-19 virus infection and will miss patients in the early stages of disease when they are infectious to other people.*

COVID symptoms in the literature

- A study published in The American Journal of Gastroenterology (20 March 2020) found gastrointestinal symptoms are a common feature of COVID-19 presentations (complaint in 48.5% of patients, n=204). Reported symptoms ranged from anorexia (83%) to diarrhoea (29%), vomiting (0.8%) and abdominal pain (0.4%). Patients without gastrointestinal symptoms were more likely to be cured and discharged than those with (60% versus 34.3%): https://journals.lww.com/ajg/Documents/COVID_Digestive_Symptoms_AJG_Preproof.pdf

- I found the following figure really useful – source, credits and rest of the article at this link: <https://www.abc.net.au/news/2020-04-02/coronavirus-symptoms-fever-fatigue-common-cold-flu/12084450>



[flu/12084450](https://www.abc.net.au/news/2020-04-02/coronavirus-symptoms-fever-fatigue-common-cold-flu/12084450)

New guidelines

- The Gastroenterological Society of Australia (GESA) published recommendations on 26 March 2020 that all endoscopists and health systems 'Strongly consider limiting endoscopy services to Urgent and Emergency cases and deferring elective and semi-elective cases' (full Guide attached for interest).
- The Qld Cancer Clinical Network published COVID-19 cancer guidelines (attached)
- Many of you will have seen this but I thought it might be useful to remind you of the Thoracic Society of Australia and Newland recommends that 'during the current SARS-CoV-2 pandemic, the TSANZ and ANZSRS *consider it is prudent to suspend spirometry testing unless it is deemed clinically essential*, due to the potential risk of transmitting SARS-CoV-2' (full document attached).

Practical tip

- Over the last few days a number of peers have expressed concern about (lack of) physical (social) distancing arrangements in their practices during break times and meetings. This is of course an issue for each individual practice to consider, but I thought it timely to raise this issue, given the number of concerned staff and clinicians. Is this something you can support in your local area?

Aboriginal and Islander Health

- The Queensland Aboriginal and Islander Health Council developed (and continues to develop) culturally appropriate COVID-19 resources: <https://www.qaihc.com.au/resources/covid-19-coronavirus-resources>. There are some really great posters, leaflets and a booklet.

Updates

About this Document:

- This document was an e-mail sent to a wide range of primary care staff and clinicians. The content is related to COVID-19 and the Queensland response and is intended for the free use and wide dissemination by the recipients or anyone else who access this webpage
- Every effort has been made to ensure the information is accurate and up-to-date. If you become aware of any issues, please notify us so we can amend our documents
- Please provide any feedback or contact us using our e-mail COVID19-PC@health.qld.gov.au. Please note that the inbox is not continuously monitored, and we may not be able to respond to every message.

- The Qld Clinical Senate and Networks published further COVID-19 advice, including information about a new virtual ED for Brisbane North (attached)

Inspirational quote

'Poverty, frost, famine, rain, disease, are the beadles and guardsmen that hold us to common sense' (Ralph Waldo Emerson). This reminded me of one of my Dad's truisms: *'common sense is not common'*. I hope many of you manage to relax and rejuvenate this weekend.

Best Wishes,

Carl

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