

COVID-19 infections hit Australian health workers

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Victoria's Chief Medical Office, Dr Brett Sutton, revealed yesterday that over 80 healthcare workers in the state have tested positive for COVID-19 since infections from the coronavirus pandemic began to rapidly grow in Australia last February.

Sutton, speaking to the 3AW radio station, said that the affected health workers include doctors and nurses, along with ancillary, support and administrative staff. Together, they comprise roughly 10 percent of all confirmed infections in Victoria, Australia's second most populous state.

Among those cases are six staff at Eastern Health, one of metropolitan Melbourne's largest public health services, whose infections were reported this week. According to some reports, those cases were all at Box Hill Hospital.

Four workers at Werribee Hospital's emergency unit acquired the virus last week, as did several staff at the Alfred Hospital. Four emergency department workers, including doctors, tested positive at Mercy Hospital. This morning, it was reported that a staff member at the Peter MacCallum Cancer Centre had returned a positive test, sparking fears of an outbreak among the facility's highly vulnerable patients.

Sutton stated that in many instances, the health workers had not contracted the virus at their workplaces but in the community or as a result of travel. Even if this is the case, it demonstrates that COVID-19 is circulating within the hospital system, and points to growing community transmission of the virus.

The revelation comes amid ongoing complaints from medical professionals across the country that they lack sufficient quantities of personal protective equipment (PPE), including masks. It coincides with warnings that supplies of ventilators and intensive care unit beds are insufficient to cover even a fraction of anticipated demand as the pandemic spreads over the coming weeks.

Sutton's comments undermine claims by state and federal governments that a minor reduction in the rate of growth of new confirmed cases over the past days means that the "curve of infections" is being flattened.

Today, the national death toll rose to 23, with two fatalities confirmed this morning. On March 16, there had been just five deaths. The number of confirmed cases passed 5,000 today. Of those, only around 345 have reported a full recovery. At least another 50 victims of the pandemic are in hospital in a serious or critical condition.

Senior state and federal ministers this week asserted that they are

successfully tackling the pandemic as a result of widespread testing. They have touted a figure of over 256,000 tests across the country and claimed that this level of testing, per capita, compares favourably with countries such as South Korea and Singapore, which appear to have slowed the spread of infections.

These claims, however, are misleading. South Korea rolled out mass testing to broad sections of the population almost immediately when large clusters of cases emerged in February. It then tapered off the number of tests, when the outbreak apparently slowed. By contrast, Australia's testing regime was slow to be deployed and remains restrictive. In an article in *The Conversation* last Thursday, Professor Raina MacIntyre, an expert in biosecurity, noted that only the polymerase chain reaction (PCR) test has been widely used in Australia, as opposed to blood tests.

MacIntyre wrote that: "PCR tests have some shortcomings. Throat swabs in particular can give you a false negative, so it may be necessary to repeat the test in someone who seems to have COVID-19." She noted that testing regimes are most effective when PCR and blood tests are used in conjunction.

In follow-up comments to *The Age* this week, MacIntyre warned she was "absolutely certain there are undocumented cases in the community, some who might think they have a cold, some with no symptoms, who are out there spreading infection." She noted that between 35 and 50 percent of infections are asymptomatic.

Unlike in Japan and South Korea, Australia's testing criteria remain highly restrictive. The national cabinet, composed of the federal government and state leaders, only expanded eligibility last week to allow aged care and healthcare workers with flu-like symptoms to receive tests.

Prior to that decision, only individuals who had returned from overseas or had come into contact with a confirmed case were entitled to be tested. While states have flagged further changes, the restrictions still mean that most people who do not work in "at-risk" sectors will not be able to be tested even if they have symptoms.

The attempts to limit the number of tests are the result of shortages of supply. Like their counterparts internationally, governments across Australia did nothing to prepare for the pandemic, despite warnings from health experts over many years that such an event was likely.

Testing is also uneven. Over 100,000 tests have been conducted in New South Wales. In Victoria, which has a population 80 percent that of NSW, only 47,000 tests have been carried out over

the past two and a half months. Chief Medical Officer Sutton bluntly told the media earlier this week that the low number was because there were not enough kits.

State and federal ministers have declared that they are purchasing more tests. Last week, however, federal authorities were reduced to appealing to universities to find materials on their campuses that could be used to manufacture them.

The criminally negligent official response is exemplified by dire shortages of PPE across the country, which is threatening the safety of health workers and a further spread of the virus.

On Monday, two anonymous anaesthetists at a Sydney hospital told the Australian Broadcasting Corporation that they had been told by management to use the same N95 masks continuously. Doctors and nurses at the facility were being told to write the date on the masks at the end of the day, before placing them in a communal bin for reuse. The World Health Organisation has explicitly warned against such practices.

The NSW Health Department denied the claim. This morning, however, the *Sydney Morning Herald* published emails from a nursing director at Cumberland Hospital, advising staff to reuse supplies such as thermometer supply covers.

One email reportedly stated: "Please be very, very careful with your use of all types of [personal protective equipment] as stocks are in very, very short supply... Westmead [Hospital] has run out of visors and are using goggles."

In Adelaide, doctors at major hospitals have said that they are being pressured to work without adequate PPE. In Sydney, a cancer clinic was forced to make its own hand sanitiser. Staff in some dialysis units have been compelled to work without any protective equipment. Patients with compromised kidneys are among those at a high risk of developing a critical illness or dying if infected with COVID-19.

Experts have also warned of a potentially dire shortage of Intensive Care Unit (ICU) beds and ventilators, which allow critically ill patients to continue breathing. Nationally, there are just 2,300 ICU beds in public and private hospitals equipped with ventilators, sparking fears of a shortage as early as April 11.

According to official modelling, and rates of severe COVID-19 illnesses among the general case load, some 80,000 people may require intensive care beds in New South Wales alone over the coming months. Australia's average of 8.9 ICU beds per 100,000 people is lower than Italy's, where the hospital system has been completely overwhelmed by a massive spike in critical cases.

What is to come was revealed by an article on the ABC's *Drum* website on Tuesday which reported that the Sydney Health Ethics centre at the University of Sydney was approached by an ICU doctor with a request to develop an "ethics guideline" for medical professionals.

Dr George Skowronski, who contributed to the guidelines, told the *Drum*: "What we're doing at this stage is looking at the best evidence we can find from the experience overseas to try to be able to predict who is likely to benefit, who is likely to survive, who is likely to get the best long-term outcomes."

In other words, because of the state of the hospital system, doctors are being compelled to discuss who will receive treatment and who will not, including critically ill patients.

The government response to the looming crisis has been woefully inadequate. Federal government tenders have been issued with private companies for ventilators; however, it is unclear how many have been ordered or when they will be produced.

The shoddy character of the operation was demonstrated by the New South Wales government's decision to tender 500 companies to "retool" their operations to produce medical supplies and equipment. Veterinary clinics have already been asked to turn over machines that have previously been used on animals for use as the pandemic spreads.

Hospitals have been compelled to scramble for additional spaces and beds. Federal authorities took the unprecedented decision to issue an appeal to 40,000 retired doctors, nurses and pharmacists to return to work beginning this Monday.

State governments are fast-tracking nurse training to enable students to work in ICU wards over the coming months. Student paramedics and doctors are being given some of the same responsibilities as their fully qualified colleagues.

On Tuesday, federal health minister Greg Hunt announced that the Coalition government will provide half of the funds required to integrate the nation's private hospitals into the public COVID-19 response. He forecast that this would cost \$1.3 billion but declared that there would be no cap on the funds available.

The government is effectively opening the spigots and providing healthcare businesses and corporations, many of which are highly profitable, with unlimited public funds. The existence of a large network of private health providers, which account for almost a quarter of all ICU beds in the country, is the outcome of decades of cuts to the public sector by successive state and federal governments, Labor and Liberal alike.

While the details of the plan are unclear, it will involve private hospitals allowing public patients the use of beds, conducting public elective surgery and opening up wards to public hospitals. There is no indication that the cash handout will result in the creation of any additional capacity in the healthcare system, given that its stated focus is on "integrating" existing public and private facilities.

The policy is of a piece with the vast sums of public money that have already been funnelled to the corporate elite since the pandemic began, in the form of three federal Coalition packages and other handouts by the state governments.

The federal "wage subsidy," announced earlier this week, for instance, will provide the largest corporations with \$130 billion, even while they are sacking or standing down hundreds of thousands of workers and slashing conditions. The figure is greater than annual federal spending on healthcare and education.



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