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2020 Topic sheet # 6 - June

(SARS-CoV-2 is the virus and COVID-19 is the disease)

CLUSTERS / OUTBREAKS AND COMMUNITY VS LOCAL SPREAD - SUPPRESSION AND TESTING

Measures will be needed for 1-2 years unless we move to eradication soon or an effective treatment / vaccine is developed or the government removes precautions (herd immunity) causing likely collapse of the health system.

1. A second wave relates more to influenza than COVID-19. In 1918-19 it was young adults who had a much higher mortality rate than the elderly, possibly due to an overwhelming immune response. What we are more likely to get are ongoing spikes. All states can expect them unless we move from suppression to eradication mode.
2. 40% of cases are transmitted from those who are asymptomatic at that time and 15% of people who get it never show symptoms - distancing is our main protection so keep it up to separate the adults from the idiots!
3. Locally acquired means you did not get it overseas. Community acquired means you got it here but not known how despite contact tracing which is critical to reducing transmission through testing and quarantining contacts.
4. Increased testing in hot spots is critical to revealing extent of spread. It is sensible to ring fence an area where community spread is occurring - same for a state/region with no evidence of transmission to impose a border.
5. Only Sydney and Melbourne airports receive all states' returning citizens/compassionate travellers – 20,000 each since March. In Melbourne currently, there are about 4,000 in quarantine in hotels - just under 200 have been found to be positive and none on release have been found to be a cause of any further transmission. They are taken outside for an hour each day and it seems that some security guards accompanying them have been sharing cigarette lighters, carpooling and not distancing from each other. There are outbreaks among security guards and cleaners - not highly paid, not educated or trained in Infection Prevention & Control but are at risk.
6. All returning citizens /compassionate travellers in hotel quarantine have swabbing on day 3 and day 10-11. As of today there are extra penalties for refusing. The saliva test is commencing today in Victoria which is less unpleasant than a nasopharyngeal swab and requires less PPE – there will be less refusals especially for children.
7. Wearing of masks has its own problems – people tend to stop distancing. Masks are only 65% protective if the person coughing at you is not wearing one. If you are both wearing one, then masks are 85% protective.
8. Alcohol based hand rub inactivates the virus but leaves no residue which is why frequent hand hygiene is required to account for multiple shared surface touching. Frequently cleaning of such surfaces reduces risk.
9. Being outside reduces risk cf with inside because of unlimited air changes - swab outside every time if possible.

The winter solution? Remove cars from café strips and install tables and braziers / fire pits. Increase sheltered seating in parks so community can meet outside. We are a social species and unless we move to eradication, it is less likely the community will embrace long term on/off lockdown. No evidence to date that outdoor protests led to outbreaks.

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