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Transcript: AMA President, Dr Tony Bartone, Health Minister Greg Hunt, and Deputy Chief Medical Officer Michael Kidd, Press Conference, Parliament House, Canberra, Wednesday, 8 April 2020

Subject COVID-19 update

GREG HUNT: Today is about focussing on the health care of Australians beyond just the coronavirus, and supporting our healthcare workers.

In particular, supporting our healthcare workers through new distributions of personal protective equipment, with a focus on masks; making sure that there are expanded testing regimes for healthcare workers across all of the States and Territories who are doing an extraordinary job with their testing.

And also about respect for healthcare workers and sending a very strong message to those few in number who have threatened healthcare workers or intimidated them in any way to say: this is not on, it will not stand, it is a crime, and it will be prosecuted.

So, as we respect our healthcare workers, we realise that as a country we would not be in the position we are without them.

I briefly want to discuss progress on both containment and capacity before addressing the support for our healthcare workers.

In terms of containment, the four principle elements that we've outlined since the start, the work on our borders has seen a significant reduction in terms of cases being imported into Australia. Testing stands at over 313,000 tests that have been carried out in Australia. We are at the global forefront on that side with a less than 2 per cent positive rate. What that means is we're testing and continuing to test widely and broadly. Updated figures will be available later today.

Tracing follows the testing, and that tracing means that we are able to trace down contacts, to alert people when they are at risk. And the importance of that is that it's about finding all of the possible cases.

Our biggest challenge remains community transmission, as the Prime Minister and the Chief Medical Officer, Brendan Murphy, set out yesterday. And that is a fundamental task, that's what's really going to give us the confidence that we are fully on top of the challenge in Australia. More to be done, but making huge strides.

And then in terms of social distancing - this has been where the Australian public has risen magnificently to the challenge. We know that for businesses and today, obviously, Parliament is dealing with the support for businesses and for workers, this has been an enormous challenge. The Australian public have been overwhelmingly adhering to and supporting the self-isolation and the social distancing rules, which are literally saving lives and protecting lives.

Every one of us has the gift of being able to save lives by not transmitting coronavirus. Any one of us could inadvertently lead to a tragedy by not adhering to the rules. And so, these steps are immensely important, and even more important over this Easter.

This Easter is the time where we can lock in the gains we have made as a country.

The virus does not take a holiday. The virus does not take a holiday. And when I say that, what that means is now is the time, even in the greatest challenge, to stick to what we have been doing as a country.

We've been helping to lead the world with the way we've been containing. In terms of containment, we are at 5977 cases on the advice to me from the National Incident Centre just before coming here. Sadly, 49 people have lost their lives to coronavirus. There are approximately 300 in hospitalisation. Just under 100 in ICUs, and just under 40 on ventilators around the country.

That means that our capacity is holding up. And that also means, however, that we have now reached a three-day rolling average of a transmission rate of approximately 2 per cent. That could spike, that could lift at any one time. But what it really says is we are consolidating the gains in terms of flattening the curve.

We're not there yet. We're not there until we have eradicated community transmission. But as a country, all of this hard work and sacrifice has meant that we are saving lives and protecting lives. And I want to say to Australians - thank you for what you have done.

At the same time, we've been boosting capacity. Primary care. The redrawing over 10 days of the entire Medicare system to allow for universal Telehealth, and Michael and Tony Bartone, along with the College of General Practitioners, have been at the heart of this. And already, we are at approximately 2.5 million Telehealth consultations. Australians are adapting to a new way of speaking to their doctor, of speaking to their medical advisors and their health advisors.

Aged care - we're seeing infection control being raised to a new level with over 75,000 aged care workers having had online training as part of over 430,000 infection control training modules across the country.

And in our hospitals, the partnership between the State hospital systems, the public hospital system and the private hospital system has seen an additional 30,000 beds and beyond brought into the system, and over 57,000 nurses and 105,000 workers. And that's being worked through in each State in a very constructive way. And I want to acknowledge all of the State Premiers, Ministers and health advisors for their work in making this happen.

Today, we have two very simple messages. One, is about supporting your health.

Even during the coronavirus, we still have to take care of- whether it's cardiac conditions, whether it's oncology conditions, whether it's tension or blood pressure or any of the other ordinary conditions which are part of our day-to-day health management.

That means - call the doctor. See the doctor if that's a face-to-face consultation that's required. But don't ignore the doctor. For all of these health conditions, we want Australians to continue to focus on their ordinary health as well as the coronavirus management.

At the same time, it's absolutely critical that we are supporting our health workers. Our health workers are our heroes through this crisis.

So today, I want to announce three things. Firstly, that we will allocate 11 million masks, beginning immediately, to our health workers across the nation. That will be seven million to our hospitals, 2.3 million to our primary health network - which includes 1.5 million for general practices. That's part of an ongoing distribution which will occur throughout the course of the COVID-19 outbreak.

It includes 160,000 for our respiratory clinics, and 75,000 for our Aboriginal Community Controlled Health Organisations, and 500,000 for our pharmacies and pharmacy workers for the use of the healthcare workers.

In addition, 1.7 million masks for our aged care workers and for any needs within the aged care sector, particularly where there might be an outbreak or special need within an aged care environment.

We will also be working through the States in increasing testing for our healthcare workers. They've taken the lead, they've done it magnificently. And we are emphasising the need to continue that.

What we've seen is as there are fewer community-based cases where people are seeking testing, we have increased capacity and that capacity will be applied, particularly with support for the testing of our healthcare workers across the country.

And then finally, I want to emphasise respect. We have seen some very troubling cases of people who have either assaulted or threatened healthcare workers, whether it's verbally or by coughing on them, by threatening to transmit the virus. And I have advice from the Attorney-General's Department, which I want to read, and that is that the deliberate transmission of COVID-19 is an offence under the general criminal laws that apply in every State and Territory.

The most serious of these offences may carry maximum penalties up to imprisonment for life, if somebody were to take a step which led to the death of a healthcare worker, if that were a deliberate transmission.

In addition, those same State and Territory criminal laws also make it an offence to cause someone else to fear that they are having transmitted to them the virus. For example, by coughing on them. Interestingly, two people have been charged in the ACT for precisely this type of behaviour and the same will occur in other jurisdictions as well.

So, we are stepping up our protection of health workers. These are our heroes. Australians are overwhelmingly supporting and protecting our health workers. I want to say thank you to our doctors, our nurses, our pharmacists, our allied health workers and today, particularly, our aged

care workers, to say: we thank you and we honour all of you. You are the ones who are on the frontline saving lives and protecting lives.

With that, Professor Michael Kidd.

MICHAEL KIDD: Thank you, Minister. I'm a general practitioner and I want to speak as a GP to you today.

One of the things that we know from the experience of past epidemics and pandemics around the world is that often people do not continue to get the regular healthcare they need. And sometimes, we see more morbidity and mortality occurring from preventable chronic conditions than actually occur from the infectious agent itself, and that's why it's incredibly important that everybody in Australia continues to receive the healthcare which they would normally be receiving at this time.

If you have an acute health problem that is worrying you, please reach out to your general practitioner. You can do this either by the telephone, by video consultation, using the new opportunities that telehealth offers us all, or through making an appointment and making a face-to-face consultation in your doctor's surgery.

If you have a chronic health condition which requires you to see your GP or your specialist regularly, please continue to do so. Again, reach out to their practice, make an appointment, either through telehealth or through a face-to-face consultation.

If you're taking medication every day to prevent a chronic condition from getting worse, if you have hypertension, diabetes, asthma or other conditions, please continue to take your medication. And if you run out of your medication, contact your GP, contact your local pharmacy. There are measures in place to get your medications to you.

If you are someone who needs to have regular blood tests done, it's important that you continue to have your blood tests done. So again, reach out to your GP or your specialist; arrange to have your pathology provider to take your blood and get your blood tests done as well.

I know many people are very worried about leaving their own homes, but it is totally acceptable to leave your own home to attend a medical appointment, to attend a pharmacy, to get a blood test done, if this is what is required. But while you do that, please make sure that you are adhering to the physical distancing measures which are in place to protect you and to protect everyone across Australia.

If you have a mental health condition, again, it is incredibly important that you continue to stay in touch with your therapist. And again, this can be carried out through telehealth. We, the healthcare providers of Australia, want to work with you to make sure that you stay fit and healthy and well during this pandemic. We are working with you to make sure that everybody stays safe, stays well.

Can I finish by saying my thanks to all my colleagues across Australia for the exceptional work that everybody is doing to keep the people of Australia safe and well. Thank you.

GREG HUNT: Thanks very much, Michael. Tony Bartone- Dr Tony Bartone, GP and President of the Australian Medical Association.

TONY BARTONE: And thank you, Minister. Australia has one of the best healthcare systems in the world, with outcomes second to none, but those outcomes will mean nothing if we neglect our care during this crisis of COVID-19. Social distancing measures have really worked essentially to flatten that curve, to dampen the curve, to protect the community into the months ahead.

I took a call last night from the World Medical Association Secretary-General. The rest of the world is watching keenly with the activity and the results of our measures down here, almost with envy. And you don't need to look further than our daily television and newspaper headlines to see the massive amount of burden of disease and worry and misery that's occurring.

So it's in that spirit, though, that I really want to draw your attention today to the fact that those hard-fought and hard-won healthcare outcomes over many, many years are at risk if we neglect our care during this most important of times leading into this crisis of COVID-19.

Every week in Australia, several tens of thousands of diagnoses around internal cancers, skin cancers, diabetes, new heart disease, are made. If Australians neglect their care during this time, all we are going to do is shift an enormous burden of care many, many months down the road – with worse outcomes, more complications, more morbidity, and indeed, many Australians will lose their life to preventable conditions.

So my message to Australians is: speak to your doctor, keep in touch and maintain your usual care. There's never been an easier time and a safer time to access the care face-to-face in a clinic. Clinics at the moment are responding enormously well to the telehealth initiatives. And consequently, there is a vast amount of work being done over the telephone or the video channels.

So, with the additional measures of separate entrances to protect respiratory type patients from other patients, your usual care can continue in almost the safest of environments of all time. Better than any previous flu season, you might say.

And while we're talking about flu, that's another opportune time to ensure that some things have to occur face-to-face, and making an appointment to see your GP over the month of April, in a progressively- or coordinated way, is an appropriate message to be sending out today. Influenza is a serious illness. It is preventable, and there is a very safe way to prevent that, and it's the influenza vaccine. And over the month of April, we will progressively roll out that vaccination program.

I also want to welcome the Minister's announcements about the additional PPE, in particular the masks, today. That is urgently required at the frontline. My colleagues will gratefully appreciate that, as they go about their tasks of trying to protect the community and look after their patients at this most difficult of times; at a time when the patient, themselves, needs that care in the most vulnerable state as they currently are.

It's also important to acknowledge the work of aged care professionals right across the country. And I, too, as one of many millions of Australians with a loved one in aged care, want to remind all the community to be patient in accessing aged care facilities during this time. There's a reason why visits are being restricted. There's a reason why you can't see your loved one, and that's because they are vulnerable and they easily succumb to the effects of COVID-19.

So please be patient, understand why that's happening, and work with the facility in terms of the alternative measures – FaceTime and video chats – which they're providing to assist during this difficult time, especially leading into an Easter season.

And with that, I would also just want to finally dwell on: please, make that appointment. Follow up on your care. It's very easy. It's very opportune time to manage that. I was speaking to a pathology provider just in this last week and, over the month of March, their activity is down 40 per cent from the start of the month. Now, that is very worrying when you consider especially the diagnosis of internal cancers or skin cancers or other important conditions that need to be managed.

Eight chronic conditions represent 37 per cent of the total admissions to hospital, 61 per cent of the burden of disease, and 87 per cent of deaths in Australia. And we are putting all of that at risk because the community is fearful, the community is worried about whether they should be accessing the care at a time when they think that their doctor, their health provider, is overrun with the needs of providing for COVID-19.

Healthcare doesn't take a holiday. Cancer doesn't take a holiday. Neither does heart disease, neither does stroke. We need to ensure that regular care, and I would implore all patients and the community to keep that health care up and talk to their doctor over the coming months. Thank you, Minister.

GREG HUNT: Great. Thanks very much. I'll start on this side.

JOURNALIST: Scott Morrison yesterday referred to trialling the easing of restrictions in some jurisdictions around the country. Could you explain how that might work? Do you see some States will be in a position to start easing restrictions before others? Which States might there be, and are there particular areas in the country that could actually trial this?

GREG HUNT: Sure. The Prime Minister yesterday really set out a framework where we were on the road in, and we've only just entered this period of stability. Now we're in the suppression phase where we are doing everything we can to track down and to wipe out community-to-community transmission. And then, as we get on top of that and the medical advice is clear, then we will begin to take the steps or the road out.

So road in, road through, road out. That road out is something that we are planning now. We're working together with the medical community, and Tony and Michael and my team were discussing that just before coming here. It is likely to be in steps and stages that we could test and reverse. It's not going to happen yet. We are making sure we are consolidating.

I think one of the happy challenges that we have, as a consequence of the success of the nation in flattening the curve over recent weeks, is that people are already looking beyond. We are

looking beyond, but we are very clear that we believe that this is a six-month process. That doesn't mean all the restrictions will be in place, and wherever we can, we will look with those.

But for the time being, we need to consolidate, to suppress the virus, and to win that battle. And the more successful we are, the faster we will then be able to take measures. And those measures will likely be in gentle steps on a staged basis. That's what's being thought through and planned and consulted on now.

As Tony says, the rest of the world is looking at us but we're also looking at others. We've seen, whether it is in Singapore or Japan, they've had to take additional measures. We've seen in Sweden, after they took certain steps at a loosening that they've had to take additional measures. So we're learning from the rest of the world, in the same way they're learning from us.

One of the things we are learning is we need to be patient, and then that will give us the chance to take steps on the way out earlier on. Clare?

JOURNALIST: You talk about patience to limit the transmission within the community. New South Wales has the highest rate of community transmission. The Premier just this morning indicated that within weeks, some restrictions could be lifted, even going so far as to say that she acknowledged that doing this would mean more people would get the virus, more people would end up in hospital and more people would die.

It seems that might be a price that New South Wales is willing to pay. Do you think that 1 May, which is the date being floated, is too soon for any, even a gradual amount of restrictions to be lifted? And do you think that it is fair to say well maybe we just need to let more people die to have the rest of the community less restricted?

GREG HUNT: With respect, I don't think that is an entirely fair description of what the Premier was saying. I don't think that she was advocating at the idea of more people losing their battles.

Some people had talked about this idea of herd immunity. We've rejected that as a country because herd immunity is 60 per cent of the population, on the best advice that we have, 15 million people. If there is a 1 per cent loss of life, that would be a catastrophic loss of human life. That would be a catastrophic loss of human life, so that's not a theory which the Australian Government or the National Cabinet have been considering or proposing. We reject it.

In terms of the time frames, this is the National Cabinet on the advice of the medical expert panel, or the AHPPC. So there's a very clear process that they're working through together, and that's the important thing.

And, so, I won't speculate on time, but the more successful we are at suppressing community transmission, that gives us the freedom to move earlier on a measure-by-measure and a jurisdiction-by-jurisdiction basis. So the more successful we are now, the earlier is the opportunity to take those first gentle steps out.

JOURNALIST: How many healthcare workers are reporting that they've been threatened at work during the pandemic? Or to what extent are you concerned about healthcare workers being threatened?

And, if a second question is okay, is 11 million masks enough to stop healthcare workers going to Bunnings to protect themselves?

GREG HUNT: Look, in terms of healthcare worker threats, there've been- I'll leave it for the individual jurisdictions to provide case studies and numbers. But there are very clear case studies of people being assaulted, of people being threatened, of charges being laid.

And why this is important is to send a very clear message. Overwhelmingly, Australians value, support, believe in and are thankful for the extraordinary work and courage of their healthcare workers, our nurses, our doctors, our aged care worker, the pathologists, who are truly front-line, and we've been providing mask support for them and our pharmacists and all our allied healthcare workers.

So Australians have been overwhelmingly good, but these cases that have been reported, and I thank the media actually for reporting them, you've played a very important role. These cases are completely unacceptable and we will be cracking down on them across the jurisdictions.

In terms of the masks, the 11 million is the next phase. It is a very globally competitive environment. I think Mathias Cormann mentioned this on radio this morning. There's been intense global competition for scarce resources, so therefore, we've been conducting an air bridge to Australia and doing that successfully with over 30 million masks in.

I always worry that there could be a breach in that line, which is why we've been bringing them in, we've been making sure we have reserves, and then we've been supplying the reserves. Because of the success of that air bridge, we're able to provide this second round of 11 million masks, and more will come.

At the same time, mask production in Australia is stepping up. We have on order - both from our international sources and domestic -over 500 million masks, and I have become increasingly confident about the delivery. Not all of them will necessarily arrive. There will be some supply blockages, we just presume those. But now that we have this first importation of 30 million masks, and we have the domestic production looking more certain and stronger, then we're in a position to provide these and there will be additional rounds with continued support.

So it will still be challenging. I think I need to be absolutely clear and up-front about that. It will still be challenging. But what we are seeing is stronger supply, not perfect. And therefore, the capacity to distribute more. Sam?

JOURNALIST: Yesterday we saw the release of the Doherty Institute modelling, and as you outlined, it outlined what would be a catastrophic possibility for Australia, but that's based on international data, not local data.

How transparent are you going to be about the local data when that is gained? And will we be able to glean any information about which specific measures have been most effective? For

example, has it been border closures? When additional measures were put in place, can you actually track, for example, whether or not those are having a big impact or not?

GREG HUNT: Sure. Look, I think that's a really important question. So, what yesterday's modelling showed us is the future we avoided. That indicated from the outset the sort of risks that Australia faced of anywhere between three million and potentially 20 million infections if there had been, as what Professor Murphy described, a do-nothing environment, that was the alternative world that Australia could face.

Because when we look at the tragedies in Italy, or Spain, or New York, they're actually doing an enormous amount. They are not sitting back. They are doing an enormous number of things, and that's the agony that those areas are going through, even with immense action. And so, you can imagine if they were doing nothing, or we were doing nothing, what we would have faced. That's why we have taken so many steps as a country, and why other countries are doing the same thing.

The next phase of it is, whilst we've avoided that catastrophic future, we still have significant risk. And so, now that we have increasing data in Australia, that's going to be put into the model, and everything that we have we'll share.

I think one of the charts that the Prime Minister and Brendan showed yesterday was the step down in Australian cases, coupled with exactly what you talked about - the timing of individual measures. There is a lag between those measures and the outcomes. But they give an indication that as we've taken them, they've all had an impact.

In a way, probably the most important measure we've taken was to be one of the first countries in the world, and we were criticised at the time for closing the borders with China, but that bought us a huge amount of time and space and capacity for building our own capacity, whilst reducing the potential numbers in Australia. So whatever we have, we'll share.

JOURNALIST: The AHPPC has warned about off label usage of hydroxychloroquine and other drugs to treat COVID-19, which the TGA has acknowledged is already happening. Are you concerned that these drugs are being trialled and used off label and given to patients? And should we be doing more to stop that?

GREG HUNT:

So there are two different things here. The AHPPC gave very wise advice, and we asked them specifically to provide advice on the use of different medicines. And they were very clear about the situation of off label use, but also talked about the appropriateness of clinical trials. And so, they specifically referenced clinical trials, and there are two major clinical trials that are being advanced, which are entirely within the appropriate medical conducts. So clinical trials were specifically referenced by the AHPPC.

JOURNALIST: But are you concerned about these being given off label, and should we be doing more to stop doctors giving them out to treat COVID-19?

GREG HUNT: Well, I'll let Michael or Tony give advice on that, I think. They're the appropriate medical advisors.

MICHAEL KIDD: Thank you. It's very important that the medications, and particularly the medication you're mentioning, is available to people with chronic disease who need it. These are medications which keep people well and stop them from having further deterioration in their disease.

Additional restrictions have already been put in place on the initial prescribing of these medications, and so, there are a number of specialists who are able to do the initial prescription, and then the person's regular general practitioner can follow up with further prescriptions as their condition is managed.

Also, using the telehealth, the specialist can actually consult using telehealth with the patient's prescribing GP to provide that authorisation, rather than patients having to travel to see the specialist. And this is especially important for people in rural areas who we don't want travelling large distances to seek their care.

JOURNALIST: Do you support only the trials but not off label prescription of the drugs? Minister?

GREG HUNT: I'm going to let the medical advisors provide the medical advice and that's the appropriate balance. Jonathan?

JOURNALIST: Minister, you spoke about herd immunity before and the path out of this. Is there a sense that we need to have some sort of immunity within the community to deal with this post the end of this crisis?

And also, if I could just ask, on the medical advice for schools - is it still the situation that it is safe for students to go to school? And if so, why aren't schools opening completely across the country for term two?

GREG HUNT: So, I think the Prime Minister addressed that in recent days, that there's been no change in the advice, but I know that schools are a matter being considered by the National Cabinet over the coming days. So I won't pre-empt their advice, but there's been no change in our medical advice.

The Prime Minister also drew the difference between the safety of children, but some of the occupational work, health and safety requirements with regards to teachers and responsibilities that employers have in that situation.

JOURNALIST: In that aspect, should we be having some sort of immunity to the virus within the community?

GREG HUNT: Look, our goal is not to get people infected. Our goal is for people not to be infected. Let me be really clear about this. We want as few people as possible to have this condition, because it can kill you. And that's why- and it doesn't matter whether you're young or old.

Obviously, it has a much bigger impact in terms of the likelihood of a serious consequence on somebody who's older, or has a comorbidity - some sort of other chronic condition. But we've

seen tragedies around the world of young people who lose their lives. The young are not immune. They are simply less likely to get it, and less likely to have an impact.

In the school situation, part of the debate has been about the safety of children at school because they may be less exposed to adults than might otherwise be the case if they were out with their parents shopping or doing other things. So, our goal is very clear, as few Australians to contract coronavirus as possible.

JOURNALIST: Can we get some specifics please on the number of tests that you have available? The number that you have on order, and on the new criteria that you're expecting to be rolled out now as you expand testing?

GREG HUNT: Yes. So, we have a constant bridge and we're doing two things here. Bringing tests in, I would have to check the specific number, but we have sufficient for all of the current needs. So, it's a case of tests come in and are provided and shared around the country. They don't actually come into the national medical stockpile, so we don't have a formal figure on that.

But probably along with the procurement of masks and ventilators, as much of my time is on making sure that the supply lines for testing are strong and they continue to hold up. So we are confident that we can continue our current testing rates, and we are working on being able to expand those testing rates still further.

But in particular, what we are seeing now is that as there are fewer people presenting with symptoms. That comes at precisely the time that we would want to be able to expand for health workers. So that's what is allowing us to do that.

JOURNALIST: (Inaudible) sorry, for testing, is it just for healthcare workers or are you going to expand it beyond?

GREG HUNT: No, no, no. The AHPPC, or the medical expert panel, has already talked about- and the States are talking about expanding to health workers and so what I'm doing is saying that as a country, we are supporting that, and so, they are increasingly offering expanded testing to health workers that they believe are on the frontline.

JOURNALIST: Yesterday in the modelling, scenario four- admittedly, it is all theoretical, but scenario four was an infection rate of 11.6 per cent. Now, as you say, we're tracking well. But do you think that that scenario is roughly where we are now? Or is it something you're aiming for? Is it possible to keep the infection rate in Australia, given the threat, as low as 11.6 per cent?

GREG HUNT: So, scenario four, as you say, 11.6 per cent would have translated to about three million Australians contracting the virus and that was, in the early stages, what might have appeared the best case. It's now well outside our worst case.

We don't have that formal modelling, but when you look at where we are with just under 6000 cases, that is now a different future from the one we are facing. So any of those model scenarios would have seen an enormous loss of life, and other than scenario four, the overwhelming of our health system.

We've now boosted that capacity dramatically, and at the same time, we have contained and now we're in the suppression phase of the virus. So we are now well beyond any of those scenarios, which is why we're taking the Australian data.

But our biggest risk is two-fold. Community transmission and then if people were to stop doing the self-isolation and social distancing measures. These things are making a huge difference.

JOURNALIST: Minister, there's an open letter from about 1000 healthcare workers raising concerns about access to PPE. They've talked about using household equipment, skimping on lunch breaks and otherwise to conserve masks. I know you've talked about the 11 million masks that are coming into the system, but is that an acceptable situation to begin with?

GREG HUNT: Look, it's difficult. Around the world, what we've seen is, as I mentioned before, intense global competition. And that is probably a significant understatement. Against that environment, we have been very fortunate, as a country.

You know, these procurement issues, along with the redesign of Medicare for telehealth and the hospital structure, have probably been the things that have taken and will continue to take the bulk of my time and focus. Because securing those supplies is an enormous part of our task and responsibility.

So we're working within our capabilities. As a nation, we're doing very well. But it does mean that there are challenges, and I want to thank our doctors and our nurses and our aged care workers.

I don't know, Michael or Tony, if you wanted to say something, but we aren't doing things as we normally do. As a country, when you look at Italy and Spain and France and the United Kingdom, when you look at some of the challenges that we've seen in New York, you would overwhelmingly prefer to be where we are now.

And I say that with nothing but respect for the extraordinary amount they've achieved in other countries. But a recognition that every country is facing challenges. We are just in the fortunate position of facing fewer. Tony?

TONY BARTONE: A lot of my colleagues have colleagues overseas who have either fallen ill or actually lost their lives to COVID-19. These fears are actually real fears, and personal acquaintances that they've studied with or worked with during their training or their postgraduate phase in various theatres of the world.

These are not just statistics. These are actual people that they carry with them in their forefront, when they go to work to protect the patients and the rest of the community from the disease.

Of course, the appropriate amount of PPE is essential. We need to ensure that we have adequate supplies. But of course, let's not forget we started this COVID-19 season on the back of a horrendous bushfire crisis and air quality. The enormous amount of the stockpile was used up during that time.

And then in a global environment, and we are part of a global infrastructure, we've had massive competitive pressures put on dwindling amounts of production around the world. It's true that COVID-19's been one step ahead, perhaps, in many of those occasions.

But the Minister, and indeed, the Chief Medical Officer and the entire Government have been really constructively diligent in trying to secure whatever possible amounts they can, and indeed, the announcement last month of \$1.1 billion to secure additional PPE is an acknowledgement of the importance that they have put on the provision of that.

However, there is always going to be more that we will seek, and in an environment that is the world's global infrastructure around this, it's always going to be pressure. We need to conserve supplies. We need to have the appropriate use of PPE.

I must remind Australians that the wearing of masks down the street of the CBD is really, an inordinate waste of valuable resources. They're masks that potentially could be used in a healthcare setting and putting my colleagues at risk, and I remind Australians that that is not within the recommendations of the Chief Medical Officer, nor of any of the chief health officers in that respect.

GREG HUNT: I'll just finish with Karen and I apologise, I've got to go after that.

JOURNALIST: What was your response to the news that 11 members of an airline flight crew have tested positive to coronavirus? Do you need to remove the exemption from compulsory quarantine for flight crew, and why do you have an exemption ongoing for maritime- non-cruise ship maritime crew?

GREG HUNT: I'll check the details on that. I have heard reports, but we'd need to look at that.

One of the things that is very, very important - we've just had a discussion about PPE. To maintain the air bridge, to maintain the bringing into Australia of essential supplies, we have to have both the maritime and aviation crew. So this is about making sure that we are able to bring Australians home, bring essential supplies in, and I know that the medical expert panel is looking over today and tomorrow, at a number of issues, but including making sure that we protect that flight crew.

So our focus is on protecting the flight crew, and they will be considering what additional measures. But at the same time, we are all very focused on the questions which we've been addressing here today in relation to PPE or masks. And not doing anything which would inhibit the bringing into Australia of critical medicines, critical paths - whether it's for ventilators or other things - testing kits and PPE - all the other elements of the Australian supply chain beyond the health side. So that's why we want to maintain and protect that bridge.

Thank you for your patience.

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