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Transcript: AMA Vice President, Dr Chris Zappala, Sky News Live, *Newsday with Ashleigh Gillon*, Wednesday, 18 March 2020

Subject: COVID-19 and school closures, border closures, testing kits, PPE shortages

ASHLEIGH GILLON: Let's look at this a bit closer now with the AMA Vice President, Dr Chris Zappala. Welcome. Appreciate your time.

On schools, I understand this is not a black and white decision. The arguments for and against broad school closures are nuanced. But, from a purely medical standpoint, what did you make of that argument – that parents who can safely take their kids out of school, should be taking that action now?

CHRIS ZAPPALA: I think the argument that we need to be preparing for wider school and other institutional closures is obviously a very good one. As much as we can limit social contacts and the circulation of the virus, clearly we need to be doing that. Our view is that we do not have the evidence yet to suggest that the benefits outweigh the risks for us to do that. But clearly, this is a rapidly evolving situation and it needs to be reassessed on a day by day basis. But as you just mentioned, workplaces and parents are all taking action very appropriately on their own to work from home or school from home, and I think anything we can do in that space is clearly important and should be done straight away. And that way then, we can have a little bit more time to gather evidence and be a bit more informed when we make these larger scale decisions that are going to have big impacts, such as shutting schools, but that is a day to day consideration.

ASHLEIGH GILLON: So just to be very clear on this, because I think it is important and I know there's a lot of confusion about this on school gates right around the country, on parents' WhatsApp feeds. Everybody is quite confused on this front. I know the AMA WA President, your colleague, Andrew Miller, has been saying for over a week now that schools should have been broadly shut down by this point. From a medical perspective, is the AMA's view on this that if you are in a position to take your child out safely, that is the best thing to do? I just really want to be clear on this.

CHRIS ZAPPALA: Look, I think the important point to make here is that there is a lot of conflicting advice. And as was just brought up in that excellent National Press Club debate, we are still waiting to get evidence to help guide our decision making. So, I don't think we should proceed on the basis that there is one clear answer that we might have just missed here at some point. Everyone is trying their best. Clearly, school closures are on the cards and it needs to be assessed on a daily basis. If we can do anything to increase the proficiency and our ability to decrease contact with other people and be really good with that social isolation, then we should do that.

So, if you have the capacity to work from home or school from home, then now is a reasonable time to do that. But if you don't – because there's obviously impact on people's livelihoods and jobs; some people are in essential services – then it is completely appropriate at this point today to still keep going about normal daily business and going to school. But as I say, that needs to

be reassessed on a day by day basis with the evidence that we can collect from overseas. It's not an easy decision.

ASHLEIGH GILLON: What about the call we've seen from top doctors around the country for State borders to be shut down? That's something that was also rejected by the Prime Minister today. But from a medical perspective again, would that flatten the curve? Is that also something the AMA would like to see?

CHRIS ZAPPALA: Look, on so many policy issues here, you get the impression that Government has to thread the needle and we really do need more evidence to help guide our decision making. Clearly, any policy that reduces the movement of people and reduces the contact we have in general is a good thing. And one of the points to note, in answer to that question, is that people are doing this themselves anyway. So, limiting travel, non-essential travel obviously, is completely appropriate. And to that extent, of course, we agree with that. And that's travel of all types. Non-essential travel. So, we're comfortable with the bans that are currently in place. Obviously, as with the schools' issue, that needs to be reassessed on a day by day basis.

But whatever the restrictions are that are put officially in place, that doesn't change our ability to act individually and that's the important piece of information here. This virus is going to be beaten on an individual basis with what we do in our personal hygiene and our personal actions and our social distancing. So, we can do all those sensible things properly and we'll get on top of this.

ASHLEIGH GILLON: Are we testing enough people to know the current extent of community spread, and how concerned are you about the shortage of test kits?

CHRIS ZAPPALA: We probably are testing a good amount of people to get the true extent of disease. If you look at the rate of positivity among the tests that we've done, it's very, very small. Few percent. So, we're doing thousands and thousands and thousands of negative tests. Now, I'm not suggesting that that's an inappropriate thing. But clearly, we do have a finite number of kits to use. It's appropriate, therefore, that we test people who fall within the guidelines that have been extensively published and agreed. That doesn't mean that a doctor or another clinician using their clinical acumen and their experience in decision making may decide to test someone who falls outside that criteria. Of course, that's appropriate.

So, we should be testing whenever people are within the known criteria and if ever a treating clinician thinks that it's appropriate to do so, and that will hopefully have us use the available resources, the available kits, quite efficiently. But as a general principle, anyone who should and needs to be tested, obviously, needs to get that test done.

ASHLEIGH GILLON: Leaked documents have shown us just how worried doctors around the country are about a lack of protective equipment. What does that lack of gear mean for patient outcomes when we start to see our hospitals filling up more?

CHRIS ZAPPALA: So, I think there's a few things there. One is that we need to be properly educated as doctors, everyone at the frontline, as to what protective equipment to use

on which occasion. So, for example, if we are just taking a swab from a mildly unwell person, then a standard surgical mask is completely appropriate, fitted correctly, obviously, with the other protective equipment. You don't need a P2 mask for that procedure. They need to be conserved for treating and managing seriously unwell patients or aerosolising procedures.

So, the first thing around that is education, so we're using the right kit at the right time. And I agree that there is more scope for us to do a little bit better in that place and the Australian Medical Association is trying very hard to help with, not just our members but with all doctors to get that message out.

Secondly, I am aware that Government is trying very hard to source the appropriate type and amount of personal protective equipment. But of course, every country is clamouring for the same thing all round the world. We're not alone in this. But I am confident that that effort is strenuous and reasonable at the moment from Government.

ASHLEIGH GILLON: Chris Zappala, appreciate your insights with us on Newsday this afternoon. Thank you so much for your time.

CHRIS ZAPPALA: Thank you.

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