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Transcript: AMA President, Dr Tony Bartone, Doorstop, 4 Treasury Place, Melbourne, Thursday, 30 January 2020

Subject: Coronavirus and evacuation of Australians from China

TONY BARTONE: Well, thank you everyone for joining us here today. This morning, I made some comments about the decision to repatriate a group of Australians who have found themselves isolated in the epicentre of this current epidemic in the country of China, particularly in the province of Hubei, and bring them back to Christmas Island for 14 days prior to allowing them to return to the community.

Let me, from the outset, be very clear. I understand why the Government is taking this position. I understand why, with a narrow window of opportunity and a lot of other international evidence suggesting that people should not be allowed to leave the epicentre of this current epidemic and to allow them to pass this epidemic through, in the face of that commentary, the Government has seen fit to bring a group of vulnerable Australians who, through no fault of their own, find themselves in the current situation. They're in fear. They are worried. They're concerned. They have been in isolation or lockdown for many, many days, if not longer.

What we've suggested is that, when we look at the history of Christmas Island, when we look at all the other available options on mainland Australia, when we look at what is required to contain and to isolate this group of Australians, as the Government has seen fit, for a period of 14 days, there are many more humane options on mainland Australia that would allow the proximity to both the appropriate medical specialists. Because remember, we're having to utilise the assistance of AUSMAT teams. They are highly trained medical specialists and Defence personnel to go into what we normally reserve for disaster relief activities in the immediate area, but also were used recently in the bushfire crisis in the eastern parts of Victoria. So we're utilising a group of extremely well-trained medical personnel to backfill and support a facility that otherwise we didn't think was up to scratch for the housing of a group of vulnerable other human beings - notably, the asylum seeker refugee population that were housed previously there.

And so, that is imposing another level of stress, another level of worry and concern on an already worried group, an already fearful group of Australians, who the only crime, if you want to say anything, that they've committed is to be in the wrong place at the wrong time. And so, they really should be extended the caring arm of a caring government. Understanding also that they are not immediately suffering from the illness, coronavirus, at the moment. Yes, there might be an incubation period, but we have already established protocols and procedures to deal with that. We can deal with that without a 600-bed hospital. What we need is a 600-bed facility that allows monitoring and facilitation and the close cooperation of this group of Australians as they return back.

We're happy to work with Government and with all the other medical authorities to ensure that a group of eminently appropriate specialists can come together with a cohesive plan and with facilities can be utilised and scoped up at very short notice to assist the Government, which has done an enormously, strenuously robust job in the light of the current situation. Brendan

Murphy has been in constant contact with me every day. He's given me up-to-the-minute briefings and information, and I applaud him for the depth and the breadth of those briefings. I also applaud the way that he has led and coordinated all the other State health authorities in trying to disseminate that information.

But, as we've seen in recent days, when community fears and expectations run ahead of what accepted medical evidence and international expert evidence is, we get this situation where we've got confusing and conflicting information being issued, be it by the Education Department of one State or health authorities of another State. We need to have some sort of level of consistency and clarity going forward to ensure that the community is well-informed, appropriately informed, and has the confidence in both its officials and its regulatory officers to keep them safe during the current crisis.

Happy to take any questions.

QUESTION: You mentioned [audio skip]?

TONY BARTONE: The Chief Medical Officer, Brendan Murphy, and the team there from the Health Department have had very clear information which they've disseminated out essentially over the long weekend. And so, everyone would have returned back on Tuesday and had very clear guidelines, clear understanding of what's required. Now, there are fact sheets for the emergency department workers. There's fact sheets for primary care workers and GPs and general practices and like. But, there has been a concerted effort, both through the State and regulatory departments, as well as the Federal Health Department, to ensure that there's been a coordinated communication utilising both Colleges and our Association and other professional networks to disseminate that information.

However, when it's come to the public messaging, there's been an inconsistency and that's what I've really been trying to suggest we need to iron out as we get deeper into this epidemic, deeper into this situation, to give everyone the confidence and to dispel fears and misinformation. And that's really what is crucial here. We do not need to create fear where there's no need to have fear and, we do not need to create or marginalise a group of people who are obviously in a certain situation, dealing with their own potential symptomatology and [indistinct].

QUESTION: [Inaudible question]

TONY BARTONE: Look, I've already been approached today in the short few hours, and there are a group of medical specialists that have identified Woodside Barracks in Adelaide, or just outside of Adelaide, and also, there is another facility just outside of Darwin, north of Katherine, that can be used. These are defence facilities. They can be readily scaled up to provide the level of accommodation and quiet enjoyment required during the 14 days that you're asking this group of Australians to remain in self-isolation.

QUESTION: How important is the copy of the virus that Australian scientists [indistinct]? What effect will that have?

TONY BARTONE: So, let's be also clear about this. Until yesterday, we did not have a copy of the virus outside of China. China had not shared a copy of the virus with the rest of the world and the world had been given the genetic code. That allowed it to start the process of reverse genetic engineering of a vaccine. But when it comes to testing a vaccine, when it comes to then formulating that and utilising it for trials, the presence and the growth of the actual virus is an enormous step. And it is a feather in the cap of the Doherty Institute down the road from here, that have led the world in the isolation and the growth of that virus.

So, as you know, anyone who is suspect to potentially- in a suspect group of the coronavirus with symptoms has been asked to either present to their GP, ringing ahead, notifying so the appropriate protection measures can be implemented, both for patients and the surgery, as well as for the doctors and the staff. But also even then present to emergency departments under the same sort of protocol.

We've been testing many dozens of people, many dozens of Australians who have fallen into the suspect group. And they've largely all turned up negative so far. Yes, we have the confirmed number of cases, but it's only those testing positive cases which have required hospitalisation because of their symptoms. So in terms of an additional ramping, it's really- it is not a significant increase in demand for what are facilities that are under enormous load every day of the week dealing with hundreds and thousands of patients across our country.

So, there are a number of measures again about that, is that they are properly being resourced to ensure that they have any additional resources that they need. Now, that's part of the work of the various committees that underpin the coordination between the Federal health department and the State health department, and I'm sure that they are being monitored regularly.

It's important to note that in terms of the personal protective equipment in terms of primary care locations - general practices and other locations such like - the Government has already announced that it's going to be releasing a million masks from its stockpile to assist in managing that demand. But we also need to ensure that we have the appropriate flow of resources, including the gloves, the gowns, and the protective eyewear, to ensure that we're able to both protect ourselves, protect our patients and ensure that we reduce the transmission of this virus during this current phase.

QUESTION: [Indistinct] cases of transmission rather than coming from China, how are doctors feeling about that?

TONY BARTONE: So it is a challenge. Absolutely correct. It's important to note that those two cases, particularly the German experience where we had the visitor from China, trainee workshop, and then leaving straight after that, and the development of four cases is a concern. But if you look at the 6000 cases already that have been reported, that represents the vast, vast minority, and in fact, the exception to the rule.

And so, we're still looking to learn more about this virus, and at this stage the evidence that we've accumulated thus far is that it is like other coronaviruses, which are part of a family of viruses which are responsible for the common cold, and are usually only infectious during the symptomatic period. But that development is a concern.

I know that the Chief Medical Officer has been in direct contact with his German counterparts and is deeply looking into the detail behind that and getting more information as we speak.

This is a real-time, fluid, evolving issue. Of course, if there's any change in that evidence, if there's any change in the advice, certainly the advisory and warning levels that go out from the Department and from Associations like ourselves will change in concert and in real time with them.

QUESTION: The education [indistinct] do you think that added to-

TONY BARTONE: [Interrupts] Look, let's forget about who got it right. The important thing is that there was a different level of messaging between the two departments. And in respect to several hundreds of thousands of students who were caught up in that, that's the confusion that we need to avoid. It's clear that those who acted first acted in a super cautionary mode. That's not to say that that was right or wrong. They did it in a super precautionary mode. And that was influenced by the temperature of community feelings and feedback that had been received, and the level of medical evidence and scientific evidence remained constant to both authorities during that process.

We will liaise with the Chief Medical Officer and with the Minister in terms of informing and coordinating our feedback on these proposals and trying to ensure that, as I said, it's not about should they or shouldn't they be there; it's about is there a better facility, a better place, where we can humanely cater for both the requirements, the health requirements, and the emotional requirements and well-being of a very, very distressed and worried group of Australian citizens.

30 January 2020

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