

COVID-19 in Australian healthcare workers: Early experience of the Royal Melbourne Hospital emphasises the importance of community acquisition.

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To the Editor,

There is marked concern amongst HCWs in Australia regarding the safety of caring for patients with COVID-19, which partly relates to highly publicised reports of HCWs dying from COVID-19 overseas. The concern has caused high levels of anxiety in many HCWs, the use of PPE outside of Government guidelines and many seeking exemptions from being involved in the care of patients with COVID-19. The reports of HCW deaths overseas generally do not explore whether the infection was contracted caring for patients or through community contact, nor whether appropriate PPE was worn.

Four weeks ago, a clinic was established to screen staff from RMH and neighbouring hospitals who had developed a fever or new respiratory symptoms. A targeted history was taken and a swab was performed according to public health department recommendations at the time. In addition to this, a public screening clinic run by the hospital was also available for HCWs practising in the broader community, so HCWs in other non-hospital settings were identified and tested.

In the past four weeks, 1,160 symptomatic staff have been assessed in the staff clinic and the majority were swabbed for COVID-19, while a number of HCWs have also attended the public clinic. Across both the staff and public screening clinics, 11 HCWs were found to be positive for COVID-19. Of the 11, eight had a history of travel or close contact with a COVID-19 case in the community. With the other three HCWs, there was no obvious COVID-19 contact in the workplace, during a period when fewer than 10 patients with COVID-19 were treated at RMH. Two of the staff, while identifying as HCWs, did not work in a clinical hospital setting and were judged to be at low risk of contracting infection from an unwell patient in their workplace. The other worked in a hospital ward where no known COVID-19 infected patients had been managed.

Although a dedicated service for screening and supporting staff may not be feasible in all settings, it does provide access to rapid testing which gives valuable reassurance for staff. Importantly, monitoring the data helps to contextualise our local experience. These data indicate that COVID-19 is very uncommon in HCWs at present, and that the large majority of HCWs who have contracted COVID-19, have done so away from work. There is already intensive training in the use of appropriate PPE in the workplace, and we continue to reassure HCWs that this affords high-level protection.

Victorian census data in 2016 suggests that 9.3% of adults identify as HCWs, which gives some context to the state-wide data suggesting that 10% of positive cases to date have occurred in HCWs. This is by no means meant to trivialise the risk that frontline HCWs face, particularly when caring for unrecognised cases in whom PPE is not utilised. Our data show that currently, community acquisition of COVID-19 is likely to be occurring in HCWs more often than work-related acquisition. HCW should focus on taking measures (e.g. social distancing and hand hygiene) to protect themselves from COVID-19 when away from work. Ongoing monitoring of the epidemiology related to staff clinic presentations may help provide information on local risks.