COVID-19: What should I do and why?

Dr. Gordon S. Doig
Associate Professor
Northern Clinical School Intensive Care Research Unit,
University of Sydney, Sydney, Australia
EvidenceBased.net

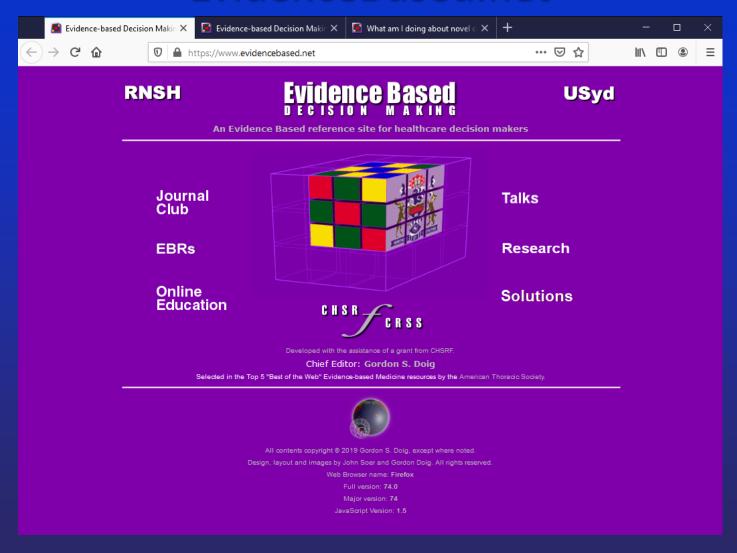
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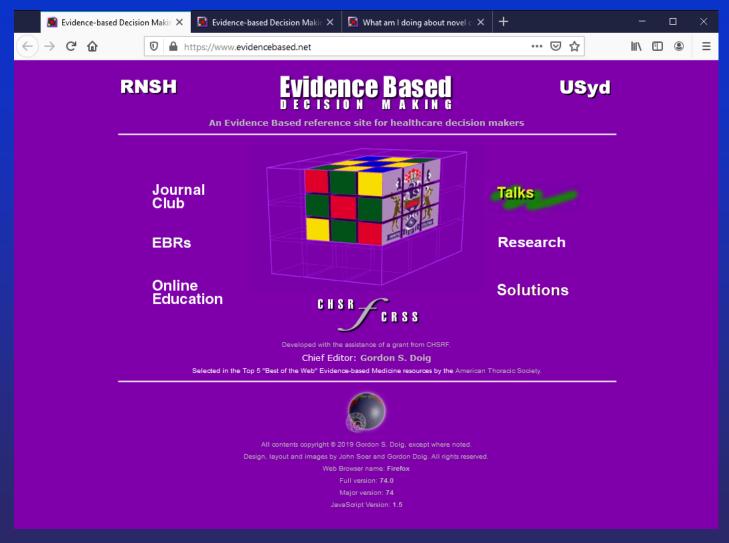


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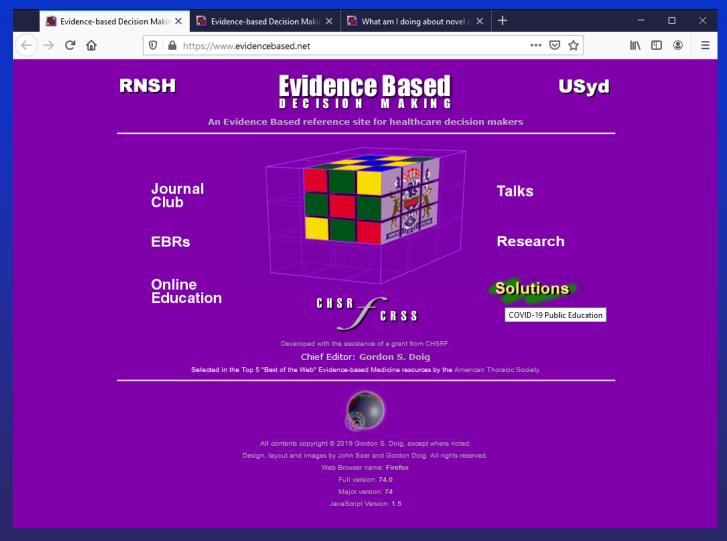
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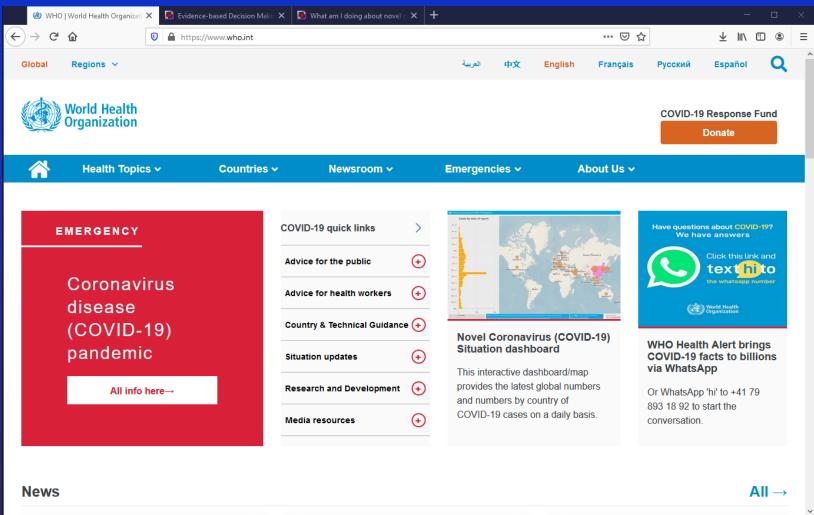


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'Solutions' for more COVID-19 public health information.



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World Health Organization

Health Topics ✓

Countries v

Newsroom ∨

Coronavirus disease (COVID-19) outbreak situation

638,146

Confirmed cases

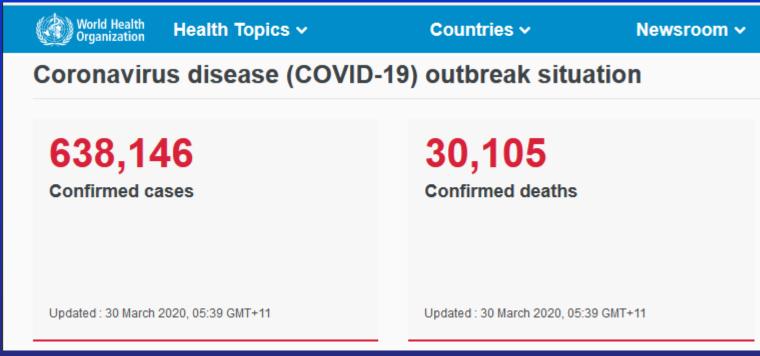
Updated: 30 March 2020, 05:39 GMT+11

30,105

Confirmed deaths

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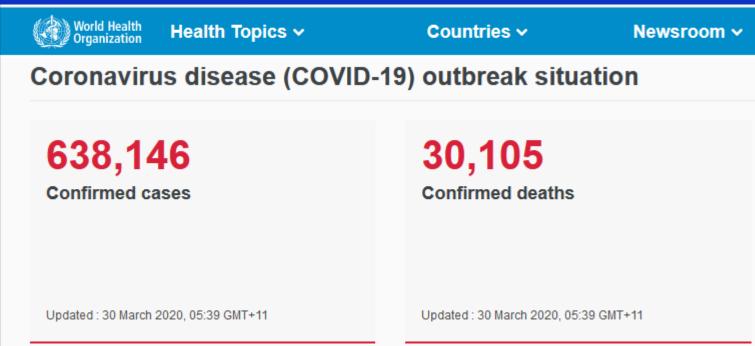




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Context for this talk



- 4.7% case fatality rate (30,105/63,8146).
- 30.0% case fatality rate for Ebola virus.



Context for this talk



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- 0.2% case fatality rate for the (normal) flu.



Confirmed COVID-19 cases in Italy, by age

		Cases (N)	Deaths (N)	Fatality (%)
	All	85455	8460	9.9
	Above 90	3093	767	24.8
	80-90	12763	3344	26.2
	70-79	16037	2967	18.5
	60-69	15172	971	6.4
	50-59	16526	314	1.9
Age	40-49	10857	76	0.7
	30-39	6000	18	0.3
	20-29	3700	1	0
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- If you have a pre-existing health condition, you need to protect yourself.
- Especially if you are older and have a pre-existing health condition.



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 - Increased population immunity makes 'second wave' outbreaks less severe and shorter. 'Second wave' outbreaks sometimes occur after lifting quarantine.



WHO 'Five key steps' for EVERYONE to follow:



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It starts with your hands. Please wash your hands frequently with soap and water or an alcohol-based solution.

1 HANDS



Be READY to fight #COVID19

www.who.int/COVID-19







WHO 'Five key steps' for EVERYONE to follow:

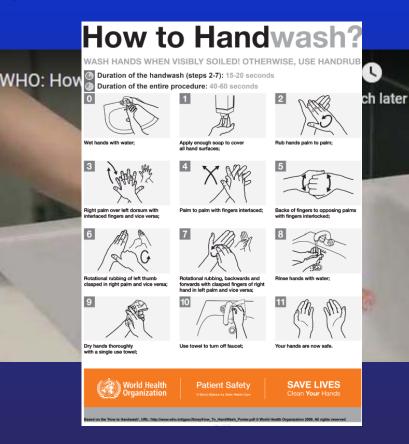




WHO 'Five key steps' for EVERYONE to follow:

Protect yourself and others from getting sick Wash your hands • after coughing or sneezing • when caring for the sick • before, during and after you prepare food

- before eating
- · after toilet use
- when hands are visibly dirty
- after handling animals or animal waste







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visibly dirty, frequently clean them by using alcohol-based hand rub or soap and

water

If your hands are not



dirty



WHO 'Five key steps' for EVERYONE to follow:

Cover your nose and mouth with a bent elbow or tissue when you sneeze or cough. Dispose of tissue immediately and wash your hands.

2 ELBOW



Be READY to fight #COVID19

www.who.int/COVID-19







What should we do?

WHO 'Five key steps' for EVERYONE to follow:

Avoid touching your face, particularly your eyes, nose or mouth to prevent the virus from entering your body. **3 FACE** Be READY to fight #COVID19 www.who.int/COVID-19



What should we do?

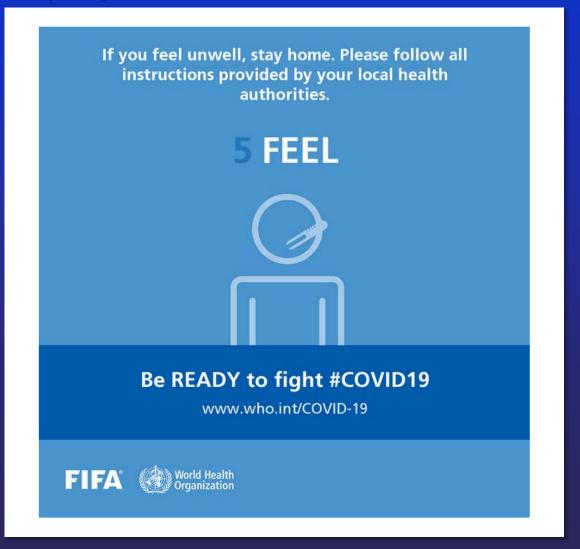
WHO 'Five key steps' for EVERYONE to follow:

In terms of social interaction, take a step back. Stay at least one metre distance from others. **DISTANCE** Be READY to fight #COVID19 www.who.int/COVID-19



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WHO 'Five key steps' for EVERYONE to follow:





WHO recommendation:



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- If caring for a person with suspected or confirmed COVID-19, WHO recommends ordinary surgical face masks rather than N95 face masks.
 - N95 masks (or better) are only recommended by WHO when performing a medical/surgical procedure that might cause droplets.



Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza; WHO 2019. 125 Pages



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Major mode of transmission is through contact with these contaminated surfaces

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Oxford Centre for Evidence-Based Medicine























The close proximity between ophthalmologists and their patients has raised concerns because they are at risk of infection through transmission by droplets from coughs or sneezes. For asymptomatic patients with no exposure to COVID-19, the American Academy of Ophthalmologists (AAO) and the UK's Royal College of Ophthalmologists (RCOphth) recommend *generic measures* to protect ophthalmologists from infection, and these include scrupulous disinfection practices, protective plastic slit-lamp breath shields, reducing or eliminating conversations with the patient during slit-lamp examination, limiting the time spent with the patient at the slit lamp, and considering whether ophthalmic investigations, such as ocular imaging, are critical to the decision-making process.

On 25 March RCOphth clarified their position on asymptomatic patients: "Clinicians may wish to wear standard surgical masks, whilst recognising that they are of uncertain benefit. Gowns and gloves are not recommended."



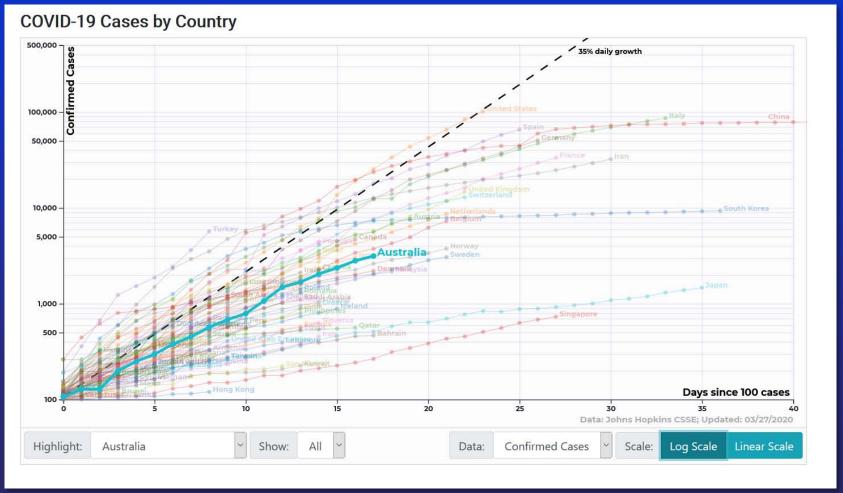
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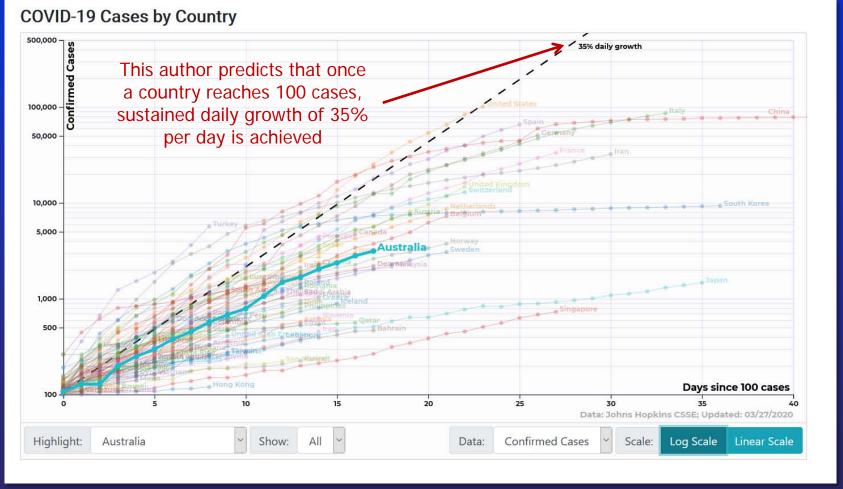
AAO makes no requirements regarding masks for asymptomatic patients.



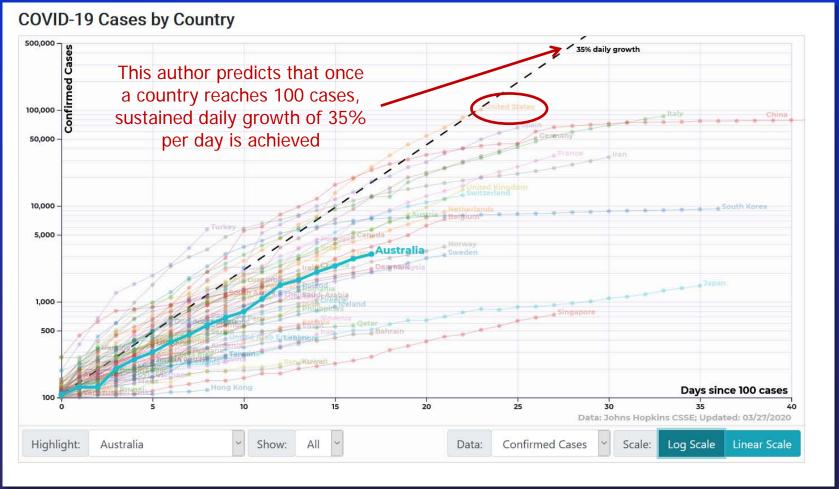




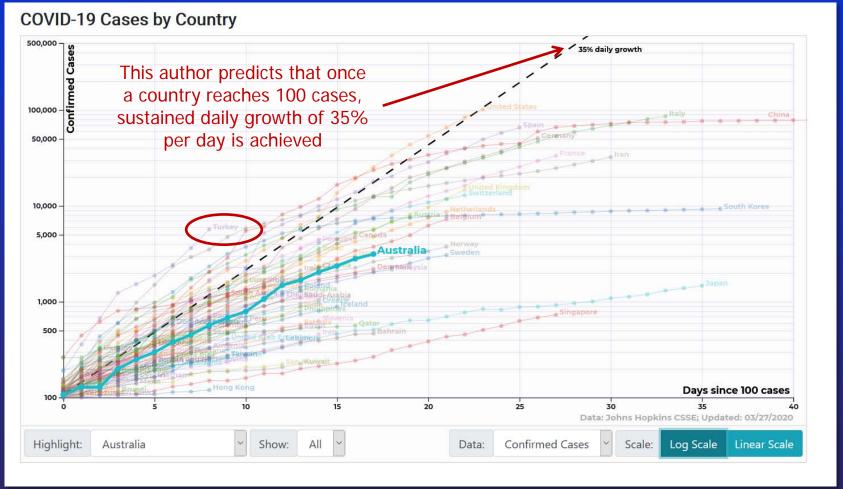




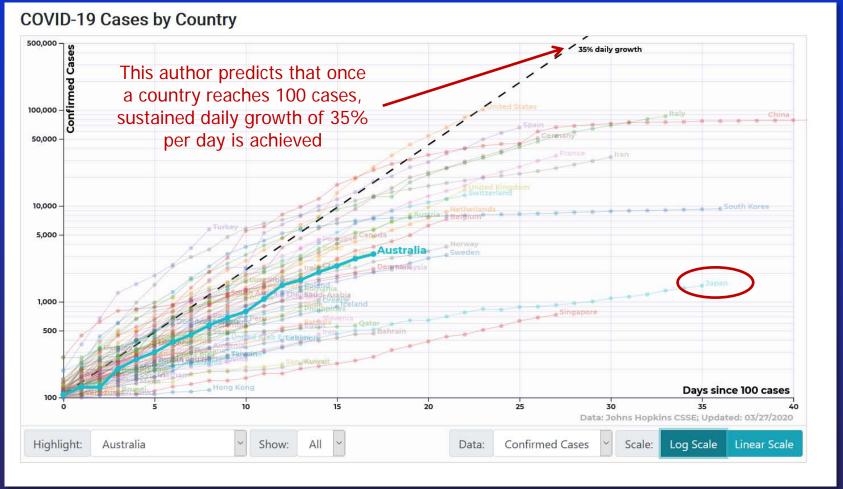




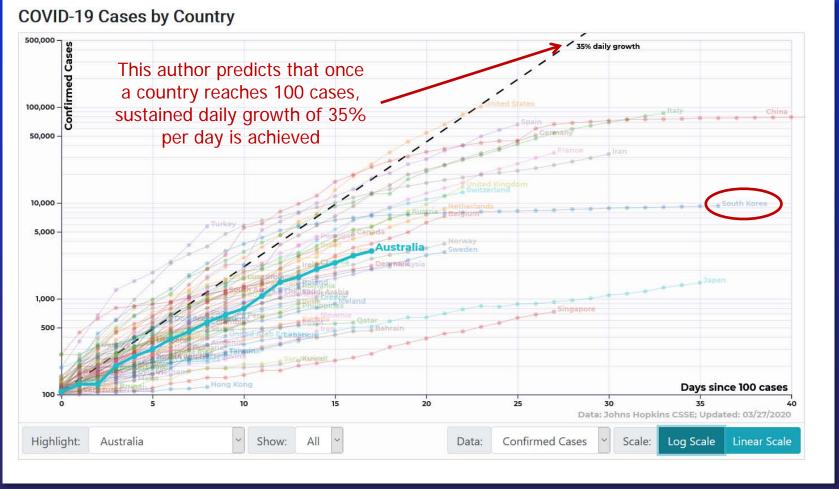




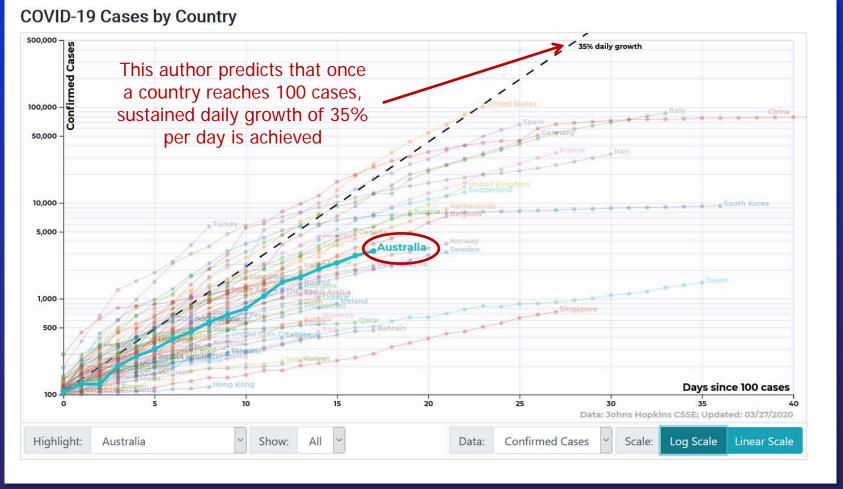




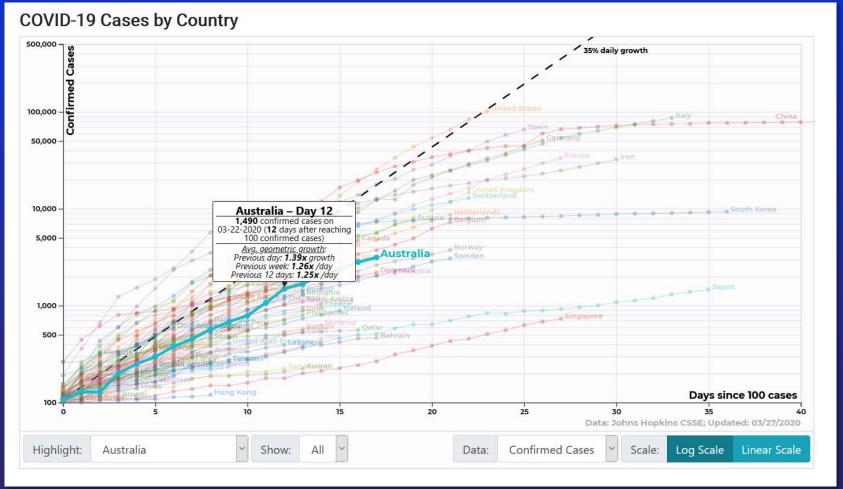




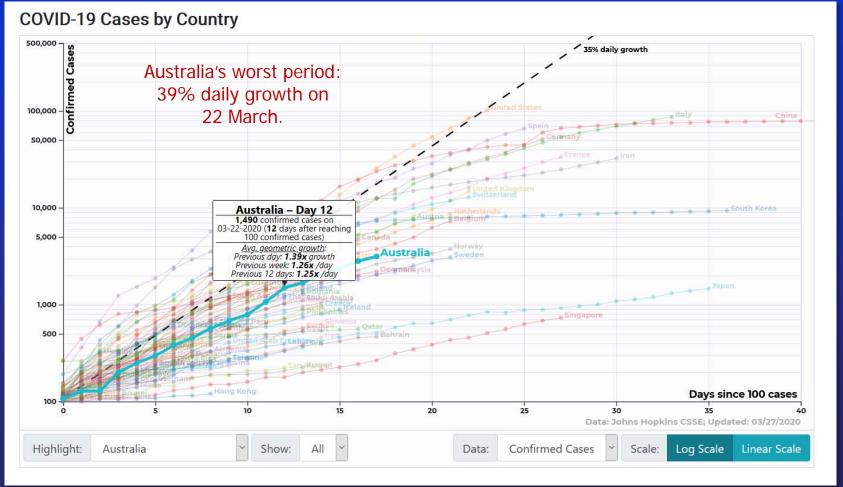




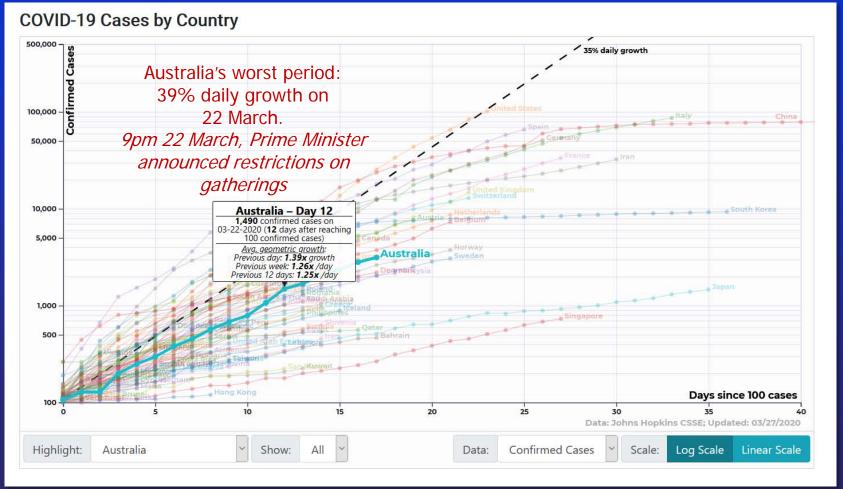




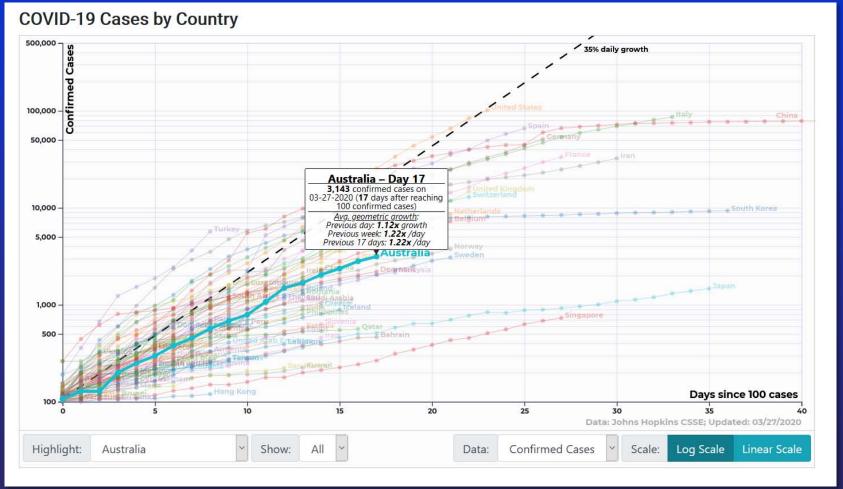




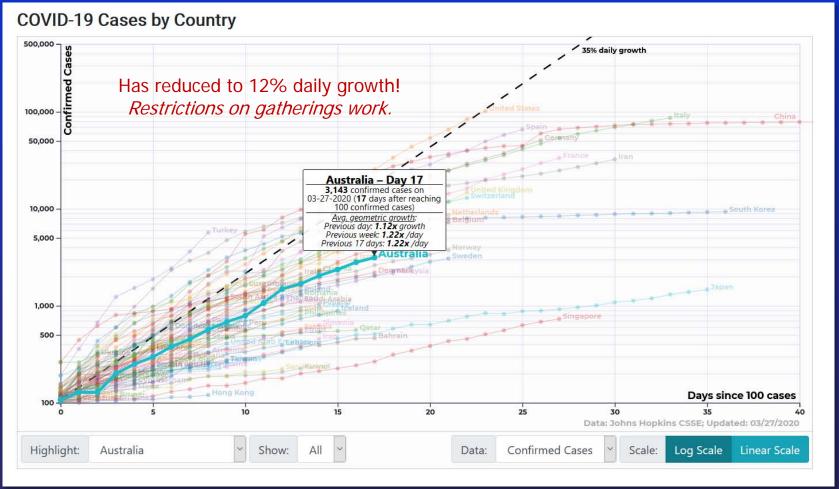












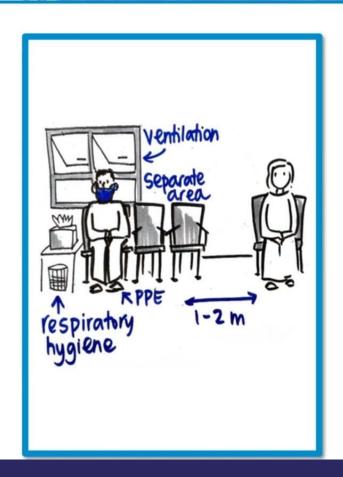






Specific IPC measures for nCoV-1

- early recognition of patient with nCoV; have a high level of clinical suspicion of nCoV
- give the patient with suspected nCoV a medical mask
- place the patient in separate area
 - This will contribute to source control and diminish potential for environmental contamination.

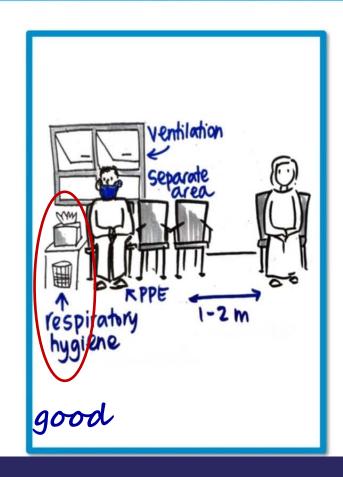






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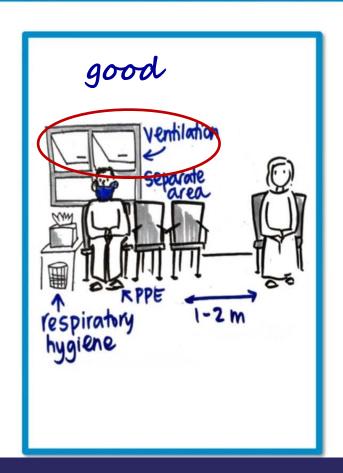






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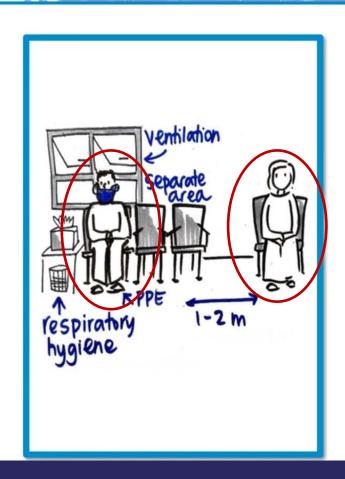






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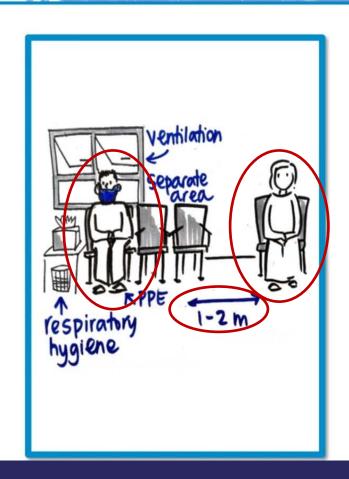






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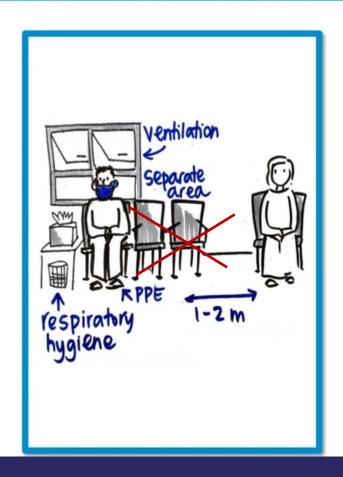






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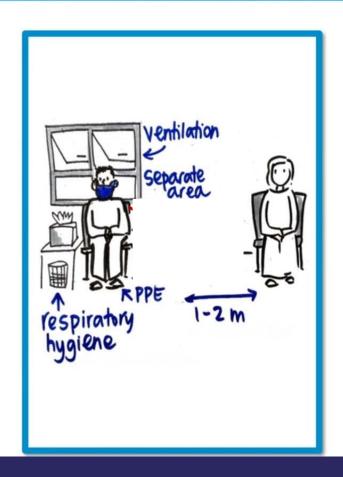






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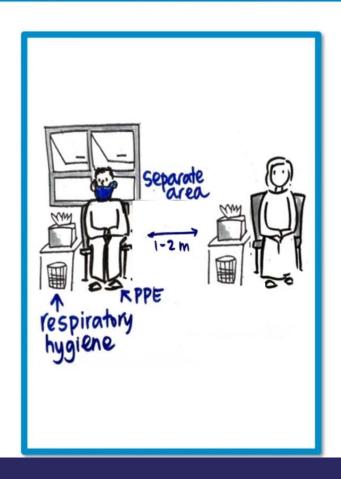






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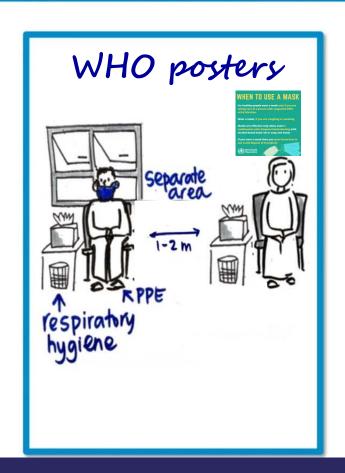






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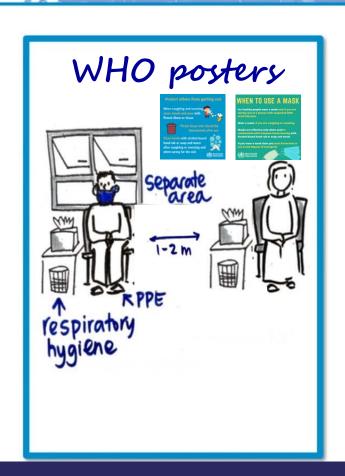






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 - Do not touch your eyes, nose or face unless you have just washed your hands!!