

## COVID-19 in Australian health care workers: early experience of the Royal Melbourne Hospital emphasises the importance of community acquisition

TO THE EDITOR: There is marked concern among health care workers in Australia regarding the safety of caring for patients with coronavirus disease 2019 (COVID-19), which partly relates to highly publicised reports of health care workers dying from COVID-19 overseas. The concern has caused high levels of anxiety in many health care workers, the use of personal protective equipment (PPE) outside of government guidelines, and many seeking exemptions from being involved in the care of patients with COVID-19. The reports of health care worker deaths overseas generally do not explore whether the infection was contracted caring for patients or through community contact, or whether appropriate PPE was worn.

In March 2020, a clinic was established to screen staff from Royal Melbourne Hospital 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 health care workers practising in the broader community, so those working in

non-hospital settings could be identified and tested.

At 6 April 2020, 1160 symptomatic staff had been assessed in the staff clinic and the majority had been swabbed for COVID-19, while a number of health care workers also attended the public clinic. Across both staff and public screening clinics, 11 health care workers were found to be positive for COVID-19. Of these, eight had a history of travel or close contact with a COVID-19 case in the community. The other three had no obvious COVID-19 contact in the workplace, during a period when fewer than ten patients with COVID-19 were treated at the hospital. Two of the staff, while identifying as health care workers, 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 health care workers at present, and that the large majority 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 health care workers that this affords high level protection.

Victorian census data in 2016 suggest that approximately 12% of adults identify as health care workers,<sup>1</sup> which gives some context to the state-wide data suggesting that 11% of positive cases to date have occurred in health care workers.<sup>2</sup> This is not to trivialise the risk that frontline health care workers face, particularly when caring for unrecognised cases without using PPE. Our data show that currently, community acquisition of COVID-19 is likely to be occurring in health care workers more often than work-related acquisition. Health care workers should focus on taking measures (eg, 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.

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