

Series 14 – Quick COVID-19 Clinician Survey Summary (Australia)

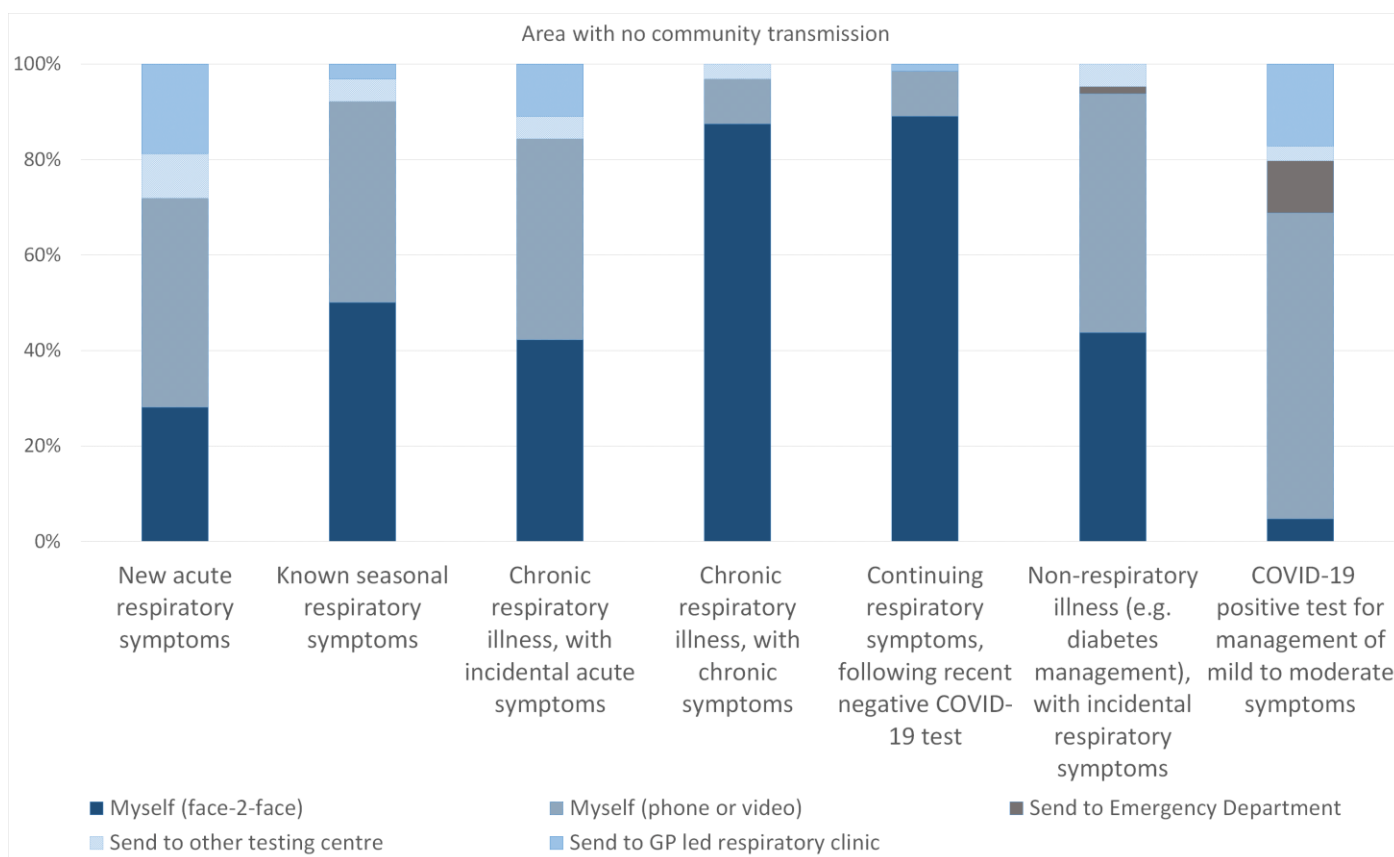
Series 14 of the Quick COVID-19 Clinician Survey was fielded from the 15th to the 22nd of April 2021 and received 64 responses. Confirmed cases of COVID-19 in Australia increased by 151 over this period to 29,602. At the close of the survey period, there were 201 active cases of COVID-19, with 47 people in hospital, and one person in an intensive care unit.

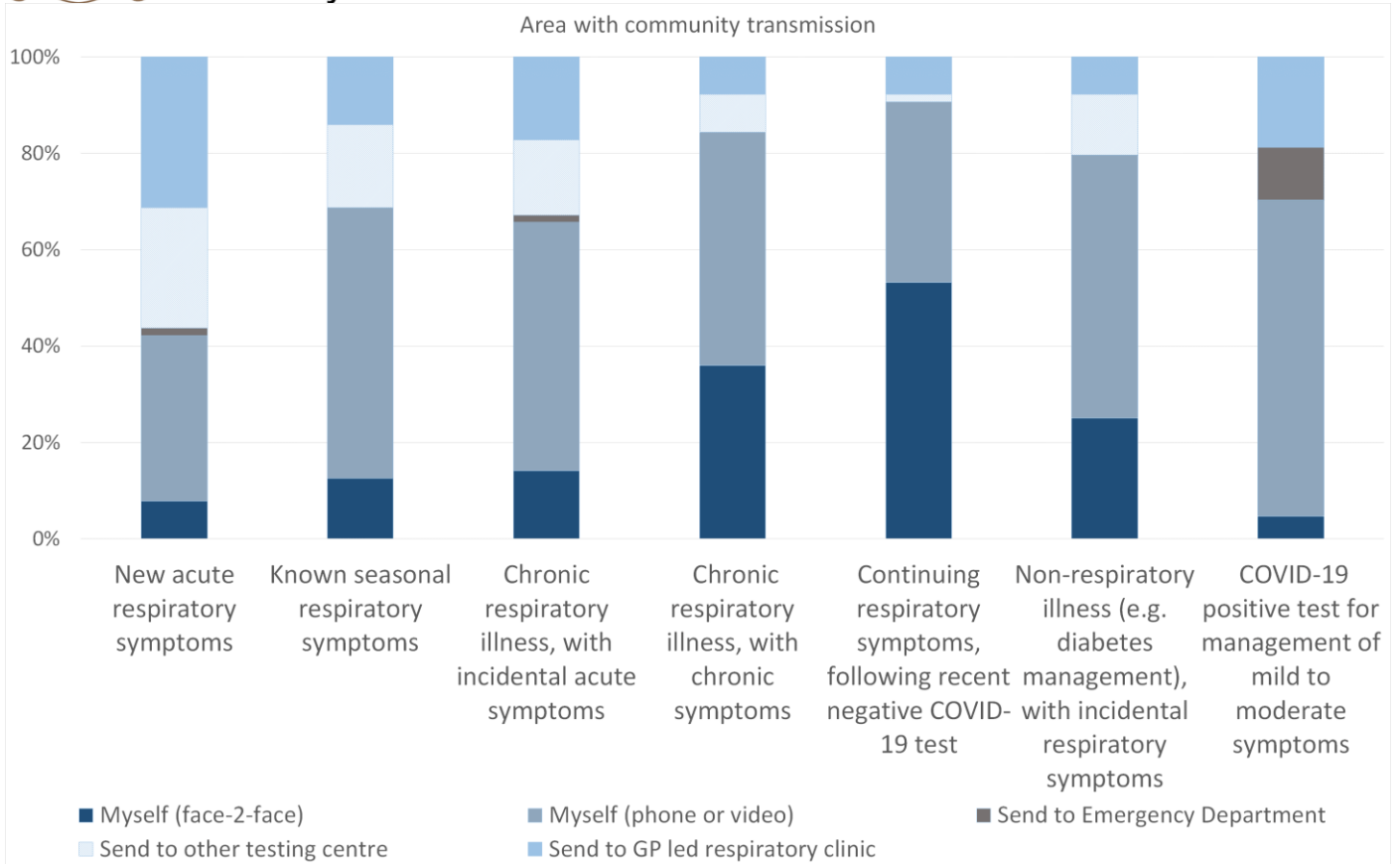
Phase 1b of the COVID-19 vaccination rollout commenced on 22 March 2021, to run in parallel with ongoing Phase 1a. Accredited General Practices are critical providers for the success of this phase of the rollout. Over this survey period, 490,026 doses of COVID-19 vaccinations (both Pfizer and AstraZeneca) were administered. 352,942 doses were administered through primary care (72%).

Demographics Most participants were general practitioners (of whom one-third were practice owners), and one a practice nurse. Fifteen participants (23.4%) worked in a rural practice. Responses were received from: NSW 34%; Vic 29%; Qld 18%; SA 10%; WA 3%; ACT 6.5%. There were no participants from the Northern Territory or Tasmania in this survey.

Consultations Almost all respondents (95%) reported the majority of their consultations being conducted face-to-face during the survey period, corresponding to ongoing very low numbers of community COVID-19 cases.

Patient assessments Respondents were asked about how they would direct patients for full assessment for a range of scenarios, in an area with or without community transmission of COVID-19. A small number indicated they would send a COVID-19 positive patient with mild-to-moderate symptoms to the Emergency Department, but overwhelmingly respondents indicated that patients with respiratory symptoms would be managed through primary care.





Open text responses support the preference for management of respiratory issues in general practice. However, participants highlight there is still a need for infection control measures to ensure safety of patients and staff while managing respiratory symptoms:

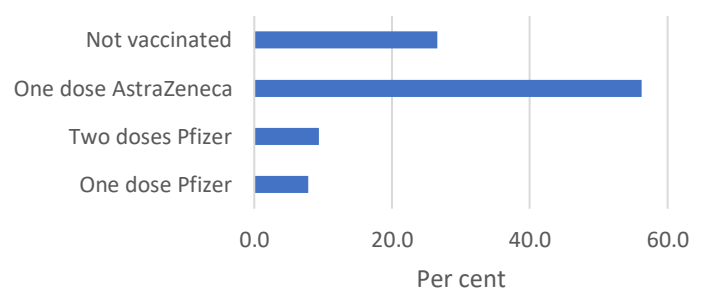
- *The ongoing support of general practice with provision of PPE and masks is paramount to its capacity to fulfil its role, otherwise these patients will inevitably be pushed to the acute hospital sector where this equipment is available.*
- *I prefer to discuss by phone to decide. I am actually seeing lots of pts with respiratory symptoms but we both wear masks and they don't sit in waiting room.*
- *GPRCs are ideal locations for assessment only if usual GP not prepared to see the patients.*

Vaccinations 80% of respondents indicated that their practice was providing COVID-19 vaccinations. Three-quarters of respondents had received at least one dose of a COVID-19 vaccination; these were predominantly AstraZeneca as general practitioners were predominately vaccinated in group 1b.

Open text responses highlight no change in management of respiratory illness with the COVID-19 vaccination roll out due to minimal numbers of people vaccinated to date, and the impact of any respiratory symptoms, COVID-19 or other, on the ability to work.

- *Our staff aren't 100% vaccinated yet so we need to keep fairly strict consistent rules around face to face assessments.*
- *Even if staff are vaccinated not all the pts in the waiting room will be.*

Participant vaccinations against COVID-19 disease



- *Not all our patients are vaccinated so still need to keep the practice free from respiratory symptoms in case.*
- *Vaccination decreases severity of disease not necessarily risk of transmission. Therefore, still need caution with respiratory assessment in symptomatic people.*
- *My main issue is catching a respiratory virus and not being able to work pending COVID swab results so basically have to take 2 days off work with slightest respiratory symptoms.*
- *I still don't want to catch an URTI much more than prior to COVID.*

Open Text Questions:

Participants continue to echo themes from surveys completed in the height of the pandemic such as: high stress and constantly changing information.

- *The constantly changing environment and messaging is stressful for me, staff and patients.*
- *Timely communication has been difficult from the authorities to the coal face.*
- *Being a COVID-19 vaccination practice has put a larger than usual strain on the practice.*

Two new themes arose this series with participants expressing concern over the practice implications of vaccine hesitancy, and frustrations over the vaccine roll out.

Vaccine hesitancy among patients, while understandable, is increasing time spent in consultations, and increasing burden on administrative staff.

- *More consults now questions about vaccines rather than fear of covid illness itself.*
- *Most consults will have a 2-5 minute conversation about immunisations (pros and cons and which ones and contraindications or whether they are eligible due to their chronic illness, conspiracy theories etc etc).*
- *The negative media attention in the last week around AZ has lead to needing to spend a lot of time talking to people about their risk of both severe covid and the rare TTS is taking a lot of extra time and effort. People have lot of questions which is fair enough.*
- *Fielding covid related questions and also fluvax question has been a huge issue for our reception.*
- *There is a large burden on reception staff answering queries and triaging patients.*

Frustrations over the vaccine roll out relate to availability of vaccines for GPs, patient, and bureaucracy of vaccine roll out.

- *The vaccine rollout has been poorly orchestrated. There have been problems with the online ordering system, delays with vaccine delivery and significant delays with delivery of needles/syringes.*
- *We are extremely frustrated that we are unable to vaccinate our own patients.*
- *Vaccine clinic development seems unnecessarily bureaucratic and ponderous.*

For questions, comments, or to pose a "Flash question" please contact Professor Kirsty Douglas at

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