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Covid-19 in Australia: most infected health workers in Victoria's second wave acquired virus at work

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Some 70% of second wave covid-19 infections in health workers in the Australian state of Victoria have been acquired through their work, the state government said this week.

The figure was disclosed on 25 August, as Victoria's capital city Melbourne remains under lockdown after a spike of cases in July.¹

Two weeks ago, the Victorian state health minister Jenny Mikakos told a Public Accounts and Estimates committee that only 10% to 15% of health worker infections were acquired through their work.¹ But this figure was largely based on the analysis of healthcare worker infections in the first wave of the virus, with healthcare infections much higher in the second wave.

So far, doctors have comprised 5% (106) of health worker cases in the second wave (through July and August), with 63 doctors thought to have been infected at work in this period.² Nurses make up around 40% (922) of health worker cases, and those who care for older people make up another 40% (924).

Doctor groups remain concerned about the adequacy of personal protective equipment (PPE) supplies and what they claim are confused messages from officials on guidelines for its use. The Royal Australasian College of Physicians released a survey of its members on 10 August, which found that 20% of respondents working in public hospitals had resorted to buying their own PPE, with almost half having limited or no access to N95 grade masks.³

The total number of active cases in Victoria has fallen from a high of 6870 on 7 August to 3650 on 24 August, raising optimism that the worst may be over.⁴ But there have been over 400 deaths from the second wave outbreak, at least 290 among residents of care homes. The prime minister, Scott Morrison, has apologised on behalf of the federal government, which is responsible for the aged care sector, admitting that the response to the covid-19 crisis has fallen short.⁵

Victoria remains by far the most affected part of Australia. Of the 121 new covid-19 cases in Australia recorded on 24 August, only five were outside Victoria.⁶ Through May, Australia's number of daily new cases reported never exceeded 30. But case numbers rapidly increased in July after an outbreak in Melbourne. Nine tower blocks in the city were put into "hard" lockdown on 4 July, with 3000 residents told not to leave their homes for five days. State police were brought in to ensure compliance,⁷ and as community transmission continued to grow, lockdown measures were applied across Melbourne.

The city remains under stage four lockdown, meaning it is subject to night time curfew and people are only allowed to leave home for work, medical care, or care giving. Mask wearing in public places is also compulsory across Victoria, with those who don't comply subject to fines.

As a result of the Melbourne outbreak, other states have introduced border restrictions with Victoria for non-essential travel. And for people travelling between Victoria and New South Wales, a permit system has been established.

The Victorian state government's ongoing covid-19 quarantine inquiry⁸ is examining what caused Melbourne's spike in cases, with the focus on two hotels that were used to quarantine people arriving in the city from overseas. Ben Howden, director of the Microbiological Diagnostic Unit Public Health Laboratory at the Doherty Institute, told the inquiry two weeks ago that, of the 1837 cases of local transmission that have been sequenced since 8 May, 99.8% came from three clusters, one from the Rydges Hotel and two from the five star Stamford Plaza Hotel.⁹

Australia's 14 day mandatory quarantine rules for overseas travellers are cited as a major reason for the country's initial success in containing the virus, but unlike other states and territories, Victoria decided to contract private security firms to police them.¹⁰ The quarantine inquiry was told that, as a condition of the government's contracts with the security firms, guards underwent just 30 minutes of online infection control training.

There have also been lurid stories in the local media of security staff having sex with the quarantined travellers and claims that guards escorted some travellers on shopping trips despite the infection risks. But it has also been said that security staff were given insufficient supplies of PPE, which was often worn wrongly or for too long, and that there was a lack of medical waste bins in the hotels and insufficient medical oversight.¹¹

As a result, security workers acquired infections from travellers who took it back to family members and other contacts in the community.

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