



At RHDA we'd like to send a message of support to the RHD community in these unprecedented times of this global pandemic.

For those of you in the Northern Territory it is reassuring that as of today 27<sup>th</sup> March 2020, there has been NO local transmission of COVID-19 – all cases in the NT to date have been in returned overseas travellers and there has been no onwards transmission from these individuals. We are also not aware of any transmission to date involving remote Indigenous communities elsewhere in Australia.

There are many questions about whether children and young adults with rheumatic heart disease are likely to get more unwell than other people if they develop COVID-19 (coronavirus) infection.

While this may be possible, we can get a lot of reassurance from these two points

1. Young people mostly experience mild disease when they get COVID-19. Sometimes there are hardly any symptoms or just a runny nose, sometime a cough, sore throat and fever. This is because their immune systems are different from adults.
2. China had record numbers of cases of COVID-19 and also has reasonable numbers of people with RHD. During this COVID-19 outbreak, and also during the previous SARS outbreak that was like COVID-19, people getting severe disease were those who were older and had high blood pressure, diabetes or lung disease – not children or young adults with rheumatic heart disease. The medical papers reporting on COVID-19 do not mention rheumatic heart disease as a common 'comorbidity'. They do mention 'cardiac disease' but this appears to be ischaemic heart disease, and not in younger people.

The situation in Australia is better than most by far, since we have had time to prepare, because sensible protective strategies are being used, and because we have excellent healthcare systems.

**The things you need to do to stop the coronavirus germ** are similar to what you need to do to stop the strep germ:

- wash your hands often and thoroughly
- stay away from others if you're sick
- stay away from others who are sick
- stay away from large crowds of people
- keep a distance (1.5 metres) from others so that if you cough, sneeze or blow your nose, you're not spreading germs on to them
- if you cough or sneeze, turn away and do it into your elbow, then wash hands
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**Things people with rheumatic fever or rheumatic heart disease need to do** at this time are:

- if you're prescribed penicillin injections, keep getting these every 28 days (or 21 for some people)
- keep looking out for signs of the strep germs – skin sores or a sore throat – and get treatment if those happen
- keep looking out for signs of rheumatic fever like sore joints, and go to the clinic if that happens
- keep having your check ups at the local clinic. Echo tests may not be easy to do during this pandemic since travel is restricted and health services have less capacity, but physical check up, ECGs, blood tests, throat swabs and other checks can still be done.

This disease is affecting the whole world. Many people have lost their jobs and money. Children and young adults are missing out on their education. Weddings and funerals are being cancelled. But parts of Australia are among the luckiest places to live right now – especially many remote communities which have no cases of COVID-19 yet – and may not get any cases, since now travel has been restricted.

Everyone is coming together in spirit – although not in person! – to support the COVID-19 response and protect the community. At RHD Australia we want to let you know that we're thinking of you. We're all in this together.



## Resources

<https://www.naccho.org.au/home/aboriginal-health-alets-coronavirus-covid-19/>

<https://www.ahmrc.org.au/coronavirus/>

<https://www.ahcwa.org.au/>

<http://kams.org.au/covid19-resources/>

<http://www.amsant.org.au/covid-19/>

<https://www.qaihc.com.au/resources/covid-19-coronavirus-resources>

## Reference:

WHO-China Joint Mission. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19). Geneva 2020. <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>.

## Children

Data on individuals aged 18 years old and under suggest that there is a relatively low attack rate in this age group (2.4% of all reported cases). Within Wuhan, among testing of ILI samples, no children were positive in November and December of 2019 and in the first two weeks of January 2020....The Joint Mission learned that infected children have largely been identified through contact tracing in households of adults. Of note, people interviewed by the Joint Mission Team could not recall episodes in which transmission occurred from a child to an adult...

## The signs, symptoms, disease progression and severity

Individuals at highest risk for severe disease and death include people aged over 60 years and those with underlying conditions such as hypertension, diabetes, cardiovascular disease, chronic respiratory disease and cancer. Disease in children appears to be relatively rare and mild with approximately 2.4% of the total reported cases reported amongst individuals aged under 19 years. A very small proportion of those aged under 19 years have developed severe (2.5%) or critical disease (0.2%).

Most people infected with COVID-19 virus have mild disease and recover. Approximately 80% of laboratory confirmed patients have had mild to moderate disease, which includes non-pneumonia and pneumonia cases, 13.8% have severe disease (dyspnea, respiratory frequency  $\geq 30$ /minute, blood oxygen saturation  $\leq 93\%$ , PaO<sub>2</sub>/FiO<sub>2</sub> ratio 50% of the lung field within 24-48 hours) and 6.1% are critical (respiratory failure, septic shock, and/or multiple organ dysfunction/failure). Asymptomatic infection has been reported, but the majority of the relatively rare cases who are asymptomatic on the date of identification/report went on to develop disease. The proportion of truly asymptomatic infections is unclear but appears to be relatively rare and does not appear to be a major driver of transmission.