

This is a long-winded answer and a lot of it probably is stuff you already know. Sorry.

I will couch my response in - I don't have the access to the same information that the government has, so I can only give an educated guess.

Having said that, I support the current government process and am very resistant to the calls to shut us down further at this time - that time will come. Currently the World-o-Meters has us pegged with 23 serious cases in Australia. Hardly sufficient to overwhelm our health care (I think 2200 ICU beds across the country).

COVID-19 was identified as a pandemic in mid-January by the Australian Government. If the world wanted to "eradicate" COVID-19, that was the time to act.

The problem is, if we eradicated it in Australia, we would have to permanently close the borders or instigate a quarantine for ALL entrants to Australia forever! This is because it was rampant elsewhere and we could never know who would or wouldn't have it.

The alternative, which the Australian Government chose, was to allow it to occur, but to manage the spread. The idea is that at the end of the pandemic, we have an entire country that has been exposed to it and either died or recovered (hopefully with immunity).

COVID-19 transfers very easily between community members and the problem with this is that, while 80% of the population experience mild symptoms, the remaining 20% can get very sick, some needing up to 2 weeks in ICU. If the entire population of Australia (25M) was exposed within a month, say, then we would be looking at managing 5M sick people within that month. The health system can't manage that!

Everyone has heard of "flattening the curve". All we are trying to do is, instead of managing 5M in 1 month, we want to manage the same 5M over say, 6 months.

Isolation is for suspected or confirmed cases of COVID-19. This is a 2 week period of not leaving your home until you either show no signs of symptoms or you have testing come back as negative.

Distancing is designed to slow the spread with people who may have contracted but have no/minor symptoms.

I have posted on private doctors' forums my opinion of the current situation these simple facts:

- Nearly 100% of the population will be exposed - we can't help that
- There is no cure
- There is no vaccine and unlikely to be one for 12-18 months
- 80%+ of the population will barely notice contracting the virus
- There is an issue with overwhelming the healthcare system - hence we need to slow the spread to ensure that people will have adequate healthcare available when they need it
- The people who are likely to struggle with it the most are old, immunocompromised or have significant co-morbidities (mainly respiratory)

The issue with a complete lockdown, is all we achieve is postponing an inevitable event.

Let's say we made everyone sit at home for 2 weeks (except healthcare workers and emergency services). Let's assume we could get food/water etc to everyone for the two weeks. At the end of

the two weeks there would likely be no more cases within Australia. Then we return to full normal functions and one person re-introduces it back - whether it be by travel, or a number of people without symptoms acting as a reservoir. That puts us back at square one to start again. This just doesn't work!

We need to control the spread of the virus through our population. Unfortunately, we don't have many ways to do this - its not like we can see who has it and is spreading it. So that leaves us with very blunt levers.

Currently the opinion is that healthy children are very unaffected by the virus. Therefore they have been allowed to continue with their schooling. I can't work out the reason for this - to reduce them spreading it to parents/grandparents? to keep their parents (especially healthcare workers) working? To promote some spread within the population? I always say that if there is a number of plausible explanations, it is probably a combination of them all, rather than one specific reason.

So now the government is trying to slow this spread, but keep the spread going.

If we close down too fast, then we don't have enough spread, numbers dwindle, peoples patience fatigues meaning that when we actually need to shut everything down - people resist and we return to a steep curve. Further, our health care system will be working significantly below capacity, prolonging the time to 100% infection in the community.

If we close down too slow, we are back to the steep curve with an overwhelmed health care system.

So the blunt levers that the government has is restriction of movement for well people - this can be tighter/looser depending on our current infection numbers. I am predicting that when the numbers get high, we will close down schools, hair dressers, take-aways etc and when the numbers dwindle these will be re-opened, and I think we will see this open/close/open/close process as we cycle through the process.

So back to your question, we should be isolating those with genuine risk, and distancing those who haven't had it yet.

As for complete isolation for remote areas, I don't see the point (remember, I don't have all the information that the government has), because, they will need to be exposed at some point (unless they want to be locked down for 18 months while a vaccine is developed and introduced.

The same as when you get in a car/plane/motorcycle, you take safety precautions (seatbelts, transponders, helmets, follow the rules), we need to be doing this now. Does it guarantee your safety, nope, all life ends. Cars/motorbikes have accidents, planes fall out of the sky, but it doesn't stop you living.

My biggest critique of the current government is the lack of information they have provided to support their plan and the massive amount of fear-mongering going on within the community, both medical and non-medical.

Hopefully, this goes a long way to answering your questions (does it?) and provides some reasoning as to what I think is going on.

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