Coronavirus pandemic

S’pore will have to change strategy if cases keep rising

This may involve housing mildly sick virus patients in hotel or govt facility: WHO expert

Joyce Teo
Senior Health Correspondent

Hospitals everywhere have been rushing to free up beds because when they get overwhelmed by spikes in coronavirus cases – as was the case in Wuhan, China, and now in Italy – it inevitably leads to people dying in droves.

Singapore has been ahead of the curve for several weeks now, freeing up capacity so that it could hospitalise every Covid-19 case.

But if infections continue to rise and the outbreak shows no signs of abating, its strategy will have to evolve, said infectious disease expert, Professor Dale Fisher, who chairs the World Health Organisation’s (WHO) Global Outbreak Alert and Response Network.

There are now more than 250,000 cases worldwide, with half of them having surfaced only in the past two weeks. More than 10,000 people have died from Covid-19, and Italy has already reported over 3,400 deaths, overtaking China.

In Singapore, there are no deaths to date, though the cases have climbed to 385, of which 254 remain in hospital. The Republic has been very good at shutting down transmission chains, he said.

“We are doing contact tracing and testing liberally,” said Prof Fisher, who is also group director of medicine at National University Health System, and responsible for organising care for acute and chronic conditions in the cluster. And from putting many major elective operations on hold to get- ting doctors to limit their movement to one hospital and erecting temporary tent-like structures to screen patients for Covid-19 at the major hospitals, Singapore has been doing everything possible to prevent hospitals from becoming overwhelmed.

“We know that if hospitals get overwhelmed, more people die... We’ve seen that in Wuhan, and in several places outside of Wuhan, where they’ve been overwhelmed, the case fatality rate goes up simply because they can’t manage all the patients,” said Prof Fisher, who was in China last month as part of a joint WHO mission to review China’s response to Covid-19.

“If you get thousands of cases, no healthcare system is that strong, even if they have reserves. And Singapore has more reserves than most.”

MANY OPERATIONS ON HOLD

But there is a cost involved.

“At the moment, that cost includes cancelled clinics and cancelled elective surgery,” he said. But postponing elective surgery does not mean one should not ever have it. “It’s just means it’s not urgent.”

He added: “A lot of elective surgery needs to be done in the next three to six months, and on the basis that Covid-19 won’t be over in three to six months, then we’ve got to start adjusting on delivering our services, while keeping it safer for patients and staff.”

Cardiac and cancer operations are going on, as is day surgery (no overnight stays). “I think kidney transplants have been put on hold and that’s because patients can be dialysed,” he said.

“Let’s say your mum needs a total hip replacement because she cannot walk... It’s elective surgery but do you really want to wait a year to do it? You might say she’s only got a few years left to live and she’s spending one of them, immobile and in pain. So I am not going to judge what’s more important,” he said.

Or it could be something else.

As coronavirus cases rise, putting mildly sick patients in one ward is one option now. “People with mild cases are kept in hospitals – we have enough space to put all the positive cases together,” he said.

“But then after that, it would be somewhere else, maybe a hotel, maybe some other facility that the Government could take over,” said Prof Fisher, a senior consultant at the infectious diseases division at National University Hospital.

HUMAN FAILINGS

What China did in Wuhan was to quickly build temporary hospitals to house the mildly sick Covid-19 patients, as it became clear that about 80 per cent of the patients had a mild form of the disease.

“These are not highly functioning hospitals, these are where they put the mild cases. They put temporary constructions inside football stadiums and cattle... to keep the patients out of society,” said Prof Fisher.

These are the mild coronavirus cases that countries like Australia, the United States and those in Europe would send home, he said.

“Home quarantine is not easy. You’re not supposed to mix with your family or visitors, you’re supposed to have your own toilet,” he said. “If you’re going to keep people at home, you need to be really sure they’re not transmitting the disease to others.”

Prof Fisher said this could happen in Singapore because it has a robust quarantine system.

“But, if it’s an honour system, then I wouldn’t be so much supportive of human nature,” he said.

“The risk is just too high to have positive people saying, ‘I feel okay. I’m going out to dinner.’”

Singapore political leaders have said that if there is a spike in cases, the country will need to focus resources on the seriously ill.

“If we look at what we are doing differently from others, I think the biggest one is Singapore doesn’t let positive patients go back into the community. China didn’t do that either,” said Prof Fisher.

“Hiding off people and taking care of them till the virus clears works.”

What Singapore is doing is “nothing really fancy or novel”, he said. “We just do the measures well and efficiently... There’s already faith in the Government, so that helps.”

“In Singapore, we want life to go on as normal as much as possible. We want businesses, restaurants and schools to stay open. This is what success looks like,” he said.

“Everything goes forward with modifications as needed, and you keep doing this until there’s a vaccine or a treatment.”

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Children less likely to be sick from Covid-19: Professor

Children appear to be asymptomatic or less likely to be sick from Covid-19 than adults, which is why there is no real reason to close schools for now, says Professor Dale Fisher, group director of medicine at the National University Health System and chair of the World Health Organisation’s Global Outbreak Alert and Response Network.

He shares more.

**Q** Why do children seem to be less affected by Covid-19 than adults?

**A** We know that there are other diseases where children are not affected as much. For instance, chicken pox is a much milder illness in children than in adults.

And a child with Hepatitis A (a viral liver disease) probably does not have symptoms, but they might have antibodies if you test them, whereas adults with Hepatitis A will develop fever and jaundice.

So, we know that children and adults have a different sort of immune system. The children could be — for reasons we do not yet understand — less likely to have symptoms.

If studies done to find out if children have antibodies to Covid-19 show that there are a lot of asymptomatic children, it will prove — but it will not tell us why — that children are getting infected but not showing symptoms.

**Q** Should we worry about children passing Covid-19 to the elderly?

**A** That is another question we do not yet know the answer to. However, if they are asymptomatic, they are less likely to do so.

In fact, a lot of the swabs that we have taken from family clusters have shown that while the parents might have had the disease and had symptoms, the children are completely well, even though they tested positive.

We have no evidence that the child in those family clusters was the first person to get it.

It is more the other way around — the parents have infected the child and the child is asymptomatic, but you can find (the virus) in their throat.

If you are asymptomatic, you are much less likely to spread it because you are not coughing, you are not making the droplets.

Is it theoretically possible to spread it if you share a pair of chopsticks, for instance? We think it is probably theoretically possible, but it is certainly not a major driver of the outbreak. The money is on people with symptoms spreading the disease before they are diagnosed and isolated.

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WHO expert gives advice on the virus through comic strips

Professor Dale Fisher chairs the Global Outbreak Alert and Response Network of the World Health Organisation (WHO), and also has an extra task during this outbreak. He is the expert in a series of comics aimed at educating the public about Covid-19.

“If you understand the disease, you don’t panic. That’s why community messaging and engagement is so critical,” said the Australian-born senior consultant at the National University Hospital’s division of infectious diseases. He has been on WHO outbreak missions to places such as Mongolia and Liberia.

In the series titled The Covid-19 Chronicles, it is mostly Prof Fisher who dispenses advice such as “Never wash or disinfect disposable masks” and cleans up misconceptions on, for example, discharged Covid-19 patients, by stating that they are not a threat to the community.

Since the first comic strip was published on Feb 14, it has reached more than two million social media accounts. Prof Fisher said the WHO is now translating the series into other languages.

The series is published by the Yong Loo Lin School of Medicine of the National University of Singapore (NUS). Professor Chong Yap Seng, its dean, came up with the idea for the comics, which are drawn by illustrator Andrew Tan.

Prof Chong said the school is well connected to experts in infectious diseases and can help inform and educate the public on Covid-19.

It is not the only set of comics done here with the same. Associate Professor Hsu Li Yong, the programme leader for infectious diseases at NUS Saw Swee Hock School of Public Health, tied up with Singapore’s award-winning graphics novelist Sonny Liew to do the same.

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