

# AFPHM GERRY MURPHY PRIZE PRESENTATIONS

## IMPROVING COVID-19 RESPONSES FOR PRIORITY COMMUNITIES USING FIRST NATIONS HEALTH PRINCIPLES

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**Background:** The Aboriginal and Torres Strait Islander community have been very successful in preparing and responding to the COVID-19 pandemic. There is scope for First Nations health principles to provide a more effective pandemic response for other priority communities in Victoria, including refugees and culturally and linguistically diverse (CALD) communities.

**Objectives:** We aimed to establish a unique model of Case, Contact and Outbreak Management (CCOM) dedicated to priority communities, based on Aboriginal community-controlled health principles and self-determination.

**Methodology:** A new model was developed and implemented within the existing CCOM structure in the Department of Health and Human Services (DHHS). This model was developed in consultation with the Aboriginal health unit and the COVID-19 CALD taskforce. Key components of this model included a dedicated CCOM team, community liaisons, advisory oversight, crisis brokerage for COVID-19 positive cases, and cultural safety training for all staff.

**Results:** Implementation of this new CCOM model has seen new processes of local community engagement and partnership, cultural safety training across the CCOM teams, recruitment of identified Aboriginal and bicultural public health officers and an overall cultural shift within the CCOM unit.

**Discussion:** This model has provided a more effective public health response for COVID-19 cases in priority communities. There have been many new learnings and improved processes gained. Further efforts will focus on refining processes and building trust with priority communities.

**Conclusions:** Utilising First Nations health principles has had an overall positive effect on managing outbreaks across Victoria. There is a need for research and funding support to strengthen and expand this model.

## TO WHAT EXTENT DO POSTPARTUM CONTRACEPTION POLICIES OR GUIDELINES EXIST IN AUSTRALIA AND NEW ZEALAND: A DOCUMENT ANALYSIS STUDY

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**Background:** Unintended pregnancies in the first 12 months following a birth are associated with increased maternal and fetal morbidity. Appropriate post-partum contraception is critical to address this. Access to postpartum contraception enables women to better plan the timing of pregnancies and optimise their health prior to the next conception. This positively impacts maternal and fetal outcomes and the health of future generations.

**Objective:** To investigate and analyse existing Australian and New Zealand (ANZ) Clinical Practice Guidelines (CPG) and Policy Statements on the provision of postpartum contraception to determine deficiencies in clinical guidance.

**Methodology:** We conducted a search of online publicly available grey literature that focused on postpartum contraception as a policy statement or CPG in ANZ. Site searches of Australian and New Zealand government, state health services, related professional organisations and five leading Australian Clinical Guideline Registers were performed. The AGREE II

checklist was used independently by two researchers to appraise relevant guidelines.

**Results:** Only one CPG was identified that included specific information about postpartum contraception. This was a link to the Faculty of Sexual and Reproductive Health in the United Kingdom, available from The Royal Australian and New Zealand College of Obstetricians and Gynaecologists website. This guideline was rated of high quality on the AGREE II tool.

**Conclusions:** We identified one high-quality evidence based guideline on postpartum contraception. This CPG is UK in origin yet can be modified to the Australian and New Zealand context. A structured, systematic and collaborative approach is needed to adapt and implement this CPG to clinical care.

## ASSESSMENT OF THE VALIDITY OF THE BETA-LACTAM ANTIBIOTIC ALLERGY ASSESSMENT TOOL FOR USE IN THE RURAL CONTEXT, QLD

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**Background:** Although up to 20% of patients presenting to hospital in Australia have an antibiotic allergy listing (AAL), only 1% actually having a true allergy. AALs alter patterns of antibiotic use and are associated with increased risk of treatment failure; *C. difficile*, MRSA and VRE infections; increased length of hospital stay; and increased direct and indirect healthcare costs.

**Objectives:** The objective of the study was to validate the antibiotic allergy assessment tool (AAAT) for use in rural areas of Australia. The AAAT is a clinical aid to guide the assessment and management of a patient's AAL.

**Methodology:** 27 rural generalists, 9 pharmacists and 8 junior doctors based in the Southern Downs, QLD, completed an online assessment of eight patient case studies using the AAAT. The sensitivity of selected allergy phenotype and management option was calculated by profession and overall. Hazardous responses were also reported.

**Results:** The sensitivity overall for phenotype selection was 82.4% (95% CI, 78.0-86.2) and for management 88.1% (95% CI, 84.2 - 91.2). The sensitivity for phenotype selection was lower for junior doctors than other professions 73.4% (95% CI, 60.9-83.7), but did not reach statistical significance ( $p=0.08$ ). A total of 10/308 management recommendations were potentially highly hazardous as they recommended the least restrictive option of direct delabeling or oral challenge, where the correct answer was skin prick testing or referral to an allergist.

**Discussion/Conclusion:** With further education the AAAT could be a key component of increased antimicrobial stewardship in rural areas in Australia.

## WEAVING EQUITY INTO SUDI PREVENTION IN AOTEOROAN NEW ZEALAND

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**Background:** In New Zealand, Māori and Pacific infants have a higher rate of Sudden Unexpected Death in Infancy (SUDI) compared to infants of other ethnicities, thus experiencing health inequity from birth. Yet in most instances, SUDI is preventable. In alignment with the National SUDI Prevention Programme, an initiative was developed in 2019 in the Southern District of Aotearoa New Zealand, to introduce culturally acceptable, woven, safe sleep spaces (wahakura) for Māori whānau and Pacific families who might need more support with newborn infants.

**Objectives:** This initiative aimed to achieve health equity for Māori and Pacific infants in Southern by decreasing their risk of SUDI through promoting and enabling the use of wahakura locally, with associated safe sleep messaging.

**Methodology:** An informal evaluation has been undertaken to describe the development and implementation of this initiative, particularly:

- the process of stakeholder engagement, and importance of building cross-cultural relationships;
- the navigation of cultural and organisational expectations; and
- the consideration given to equity

**Results:** Developed over 2019, implementation of the project has been delayed by several challenges in 2020. Despite this, the rewards expected from the project are likely to be multi-fold, not least because of the time invested in partnership building, along with the prominent equity attainment driving force.

**Conclusion:** It is fully anticipated that by firmly weaving into this equity-focused initiative, both the core tenets of public health medicine, along with the aroha, wisdom and support from local Māori weavers and communities, that health outcomes for Māori and Pacific infants, and their wider whānau, will be improved.

#### ACQUISITION OF COVID-19 AMONG HEALTHCARE WORKERS: THE IMPORTANCE OF NON-PATIENT WORKPLACE SOURCES

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**Background:** Preventing SARS-CoV-2 infection among healthcare workers (HCWs) is paramount, not only for one's personal health, but to prevent workforce depletion through illness, quarantine or fear of infection, and to prevent person-to-person transmission between HCWs, or between HCWs and patients.

**Objectives:** To summarise and review data on cases of SARS-CoV-2 infection in HCWs in Western Australia (WA), to inform local public health strategies to protect HCWs.

**Methodology:** Data collected for public health purposes up to 1 June 2020 were reviewed to identify all cases of COVID-19 among HCWs or workers in healthcare settings with direct patient contact in WA. Ethics approval was not required for this investigation which was under the WA *Public Health Act 2016*.

**Results:** Fifty-seven cases of COVID-19 among HCWs were identified across WA. Fifty-six cases were confirmed by SARS-CoV-2 PCR, and one case had positive SARS-CoV-2 IgG serology indicating past infection. Thirty-one HCWs acquired their infection from a cruise ship or overseas and 26 HCWs acquired COVID-19 within Australia. Ten definitively acquired

the infection in the workplace. A further eight HCWs had no known positive COVID-19 contact, but worked during their incubation period.

**Discussion/Conclusion:** Transmission of COVID-19 occurred between HCWs, emphasising the need for staff to recognise not only the risk from patients but also from colleagues, where use of personal protective equipment and physical distancing may be relaxed. Workplace fomite transmission was the putative source on three occasions, and reinforces the importance of environmental cleaning, cleaning of shared equipment, and good cough etiquette and hand hygiene practices.

#### WHAT POLICIES ADDRESSING FOOD SYSTEMS HAVE POTENTIAL CO-BENEFITS FOR CLIMATE CHANGE AND OBESITY IN AUSTRALIA?

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**Background:** Climate change and obesity are two of the biggest public health concerns at present. Australia is no exception, with 67% of the adult population overweight and obese, high greenhouse gas emissions per capita, and health impacts from climate change.

**Objectives:** To explore links between climate change, obesity and food systems, and assess policies with co-benefits in Australia, in order to develop evidence-based policy recommendations.

**Methodology:** A review of the literature using a systematic approach was conducted, through search of databases (Medline, Embase, Global Health, Scopus, Web of Science) and grey literature.

**Results:** Multiple links between climate change, obesity and food systems were identified. The main potential policy tools which were shown to have co-benefits focused on altering food consumption, via 1) dietary shift toward recommended dietary guidelines and 2) carbon pricing for food commodities.

**Discussion/Conclusion:** Encouraging shift towards recommended dietary guidelines and carbon pricing of food commodities are recommended as policy tools to influence consumer behaviour. However, the sociocultural, economic, national and global context in which obesity and climate change prevail must not be ignored. More research is needed on other aspects of food systems such as processing, packaging, distribution and loss/waste, as well as on influential factors on consumer behaviour and preference.