

18th March 2020

**Australian Diabetes Society Communique
for Diabetes Health Professionals regarding COVID-19 pandemic**

In light of the coronavirus pandemic the Australian Diabetes Society is keen to keep health professionals abreast of the latest information to assist with looking after people with diabetes.

The ADS acknowledges that diabetes health professionals are facing significant challenges in the delivery of safe and appropriate health care to people with diabetes in both the public and private sectors. Challenges include significant reductions in available staffing due to self-isolation requirements, re-deployment to other areas, other intercurrent illnesses and possible actual infection by COVID-19. We also acknowledge that there will be changes to delivery of diabetes education in group settings, reduction in face-to-face diabetes care delivery in ambulatory care centres and outpatient clinics. There will also be changes to settings required for direct contact in situations such as emergency diabetes management, insulin commencement, high risk foot services, diabetes in pregnancy and inpatient diabetes care. There will also be reductions and changes in availability of interpreter services, increased reliance on telehealth/telephone services and variations in technology access for patients. As expected there are high levels of anxiety in the diabetes community, especially those with type 1 diabetes or with children with type 1 diabetes and we are working with Diabetes Australia on this and related matters.

Medication usage advice

All patients with diabetes should have a sick day management plan, especially for people with type 1 diabetes, including ready access to ketone testing strips.

SGLT2 inhibitors

In accordance with existing recommendations, people with diabetes should be informed of the importance of ceasing SGLT2 inhibitors during intercurrent illness, such as coronavirus infection, to minimise the risk of dehydration and ketoacidosis.

ACE inhibitors and Angiotensin Receptors Blockers (ARBs)

There have been suggestions that ACE inhibitors and ARBs may increase the risk of infection with, and the severity of, COVID-19. The grounds for these suggestions are theoretical, while other theoretical grounds suggest a benefit from these medication classes. No clinical studies have shown an independent effect of these drugs on COVID-19. A review of the current evidence can be found at <http://www.nephjc.com/news/covidace2>

At this stage, we recommend that usual anti-hypertensive therapy is continued.

Medication supplies

The Therapeutic Goods Administration (TGA) has not received any notifications of medicine shortages in Australia (including diabetes medications such as insulin) directly resulting from the COVID-19 pandemic. Therefore, while it may be appropriate for individuals to ensure that they have at least four weeks supply of prescription medicines in the unlikely event they are quarantined, stockpiling of medicines is not required. Stockpiling by individuals could result in other consumers being unable to access particular medicines (e.g. from their local pharmacy). Stockpiling of any medicines at this time is not indicated and could result in patients not receiving the medicines that they require.

Given the evolving situation, the TGA is closely monitoring international manufacturing of medicines and liaising with Australian medicine sponsors, wholesalers and pharmacists to determine any potential future impact to medicine supply to Australian consumers. The TGA is also part of an active international network of regulators who are meeting regularly to assess medicine shortages, with a focus on availability of medicines associated with COVID-19.

<https://www.tga.gov.au/media-release/tga-response-coronavirus-covid-19>

Medical device technology supplies

The large medical device technology companies advise there is no shortage of essential products in Australia such as insulin pump consumables and continuous glucose monitoring devices. All key manufacturers are fully operational and no interruptions to their supply chain are evident to date.

We recommend patients order their supplies as per their normal routine and not to over-order. Over-ordering or stockpiling on supplies could disrupt the current process and disadvantage patients trying to get supplies across the country.

Occupational issues for people with diabetes

People with diabetes do not necessarily have higher infection rates with coronavirus however a higher proportion experience significant COVID-19 complications. Given the increased risk of complications with COVID-19, the safety of people with diabetes should be a priority. Measures at the workplace should be encouraged to minimise the risk of being exposed to coronavirus and should include the following:

- Making sure workplaces are clean and hygienic
- Promoting regular and thorough hand-washing by staff
- Promote good respiratory hygiene in the workplace
- Communicating and promoting the message that people need to stay at home even if they have just mild respiratory or flu-like symptoms.
- Consider people with diabetes work from home where feasible

<https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf>

Recommended consumer websites for Diabetes & COVID-19

Diabetes Australia

<https://www.diabetesaustralia.com.au/news/15720?type=articles>

Diabetes UK

https://www.diabetes.org.uk/about_us/news/coronavirus

American Diabetes Association

<https://www.diabetes.org/diabetes/treatment-care/planning-sick-days/coronavirus>

MBS Item Numbers for COVID-19

As part of its \$2.4 billion health plan to fight COVID-19, the Australian Government will spend \$100 million over 2019-20 and 2020-21 on temporary MBS and DVA items to allow health providers to deliver services via telehealth, provided those services are bulk billed.

Health providers whose services are covered include specialist and consultant physicians.

These services will be available to vulnerable/isolated patients where at least one of the following apply:

- (a)** the person has been diagnosed with COVID-19 virus but who is not a patient of a hospital; or
- (b)** the person has been required to isolate themselves in quarantine in accordance with home isolation guidance issued by Australian Health Protection Principal Committee (AHPPC); or
- (c)** the person is considered more susceptible to the COVID-19 virus being a person who is:
 - (i) at least 70 years old; or
 - (ii) at least 50 years old and is of Aboriginal or Torres Strait Islander descent; or
 - (iii) is pregnant; or
 - (iv) is a parent of a child under 12 months; or
 - (v) is already under treatment for chronic health conditions or is immune compromised

Specialist and consultant physicians who have themselves been isolated because of possible COVID-19 infection can continue to provide certain health services to their patients during the period of the professional's isolation using these telehealth items. All these item numbers are available from Friday, 13 March 2020. They are temporary, with an initial run of six months, but may be extended on review of the situation. These items were introduced by the Government following representations made by the College (and other medical groups) based on member correspondence.

Summary table of relevant specialist and consultant physician items:

COVID-19 MBS Item Number	Description
91824	Telehealth initial attendance (consultant physician other than psychiatry) of more than 5 minutes
91825*	Telehealth subsequent attendance (consultant physician other than psychiatry) of more than 5 minutes
91834	Telephone initial attendance (consultant physician other than psychiatry) of more than 5 minutes
91835*	Telephone subsequent attendance (consultant physician other than psychiatry) of more than 5 minutes

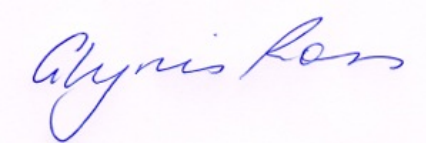
*patient must have been seen in the last 12 months by the physician

Refer to the MBS website for further information on COVID-19 MBS item numbers

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/news-2020-03-01-latest-news-March>

If you have any further information please do not hesitate to contact me.

Kind regards,



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President Australian Diabetes Society