



Updated Statement of the COVID-19 FSA Response Committee (24 March 2020)

COVID-19 was declared a pandemic on 11 March 2020 by the WHO.

Background

COVID-19 is a respiratory illness caused by a novel strain of coronavirus, the Severe Acute Respiratory Syndrome (SARS)-CoV-2. This virus is considered to be genetically related to the virus that caused the 2003 SARS outbreak and the first cases of COVID-19 were reported in December 2019 in the city of Wuhan, Hubei Province, China. Common signs of COVID-19 include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death. Primary transmission is believed to occur through respiratory droplets from coughing and sneezing and contagion requires close proximity (less than 6 feet distance) between individuals (1). The role of asymptomatic or pre-symptomatic viral shedding in transmission is not fully understood (2, 3). The incubation period for COVID-19 is 3 to 7 days but can be as long as 2 weeks from infection to symptoms (4).

The SARS-CoV-2 virus has spread rapidly across the globe (5). As at 3:00pm on 24 March 2020, the Department of Health of the Australian Government reported 2,136 confirmed COVID-19 cases and 8 deaths as a result of the disease until the 24th of March 2020.

For up to date information on the status of COVID-19 in Australia please refer to the Federal Health website: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert#current-status>.

For up to date information on the status of COVID-19 in New Zealand please refer to the following website: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus>

More information about the virus, its transmission and epidemiology, as well as the pathophysiology and clinical management of COVID-19 can be found at the following links:

<https://www.who.int/health-topics/coronavirus>

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

<https://www.cebm.net/oxford-covid-19/>

With these recommendations, the FSA aims to provide its members (which include clinicians, scientists, nurses and counsellors) and the public evidence-based guidance that prioritises the needs and safety of patients and all staff involved in the provision of fertility care and is in line with the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19). This plan calls for a proportionate response on the basis of the ethical framework agreed by the Australian Health Protection Principal Committee (AHPPC). This framework outlines the values that need to be taken into account during such a response, such as equity (providing care in an equitable manner), individual liberty, privacy and confidentiality, proportionality, protection of the public, provision of care, reciprocity, stewardship and trust.

Any recommendations made have also taken into account the statement by the AHPPC on COVID-19 on the 17th of March, 2020 which states that “the health sector must continue to undertake its core functions..” and that “interventions may need to continue for more than 6 months, and must be feasible and sustainable” (6).

Reason for the update

Since the first version of this statement published on 19 March 2020, there has been an escalation in the national, state, territorial and provincial measures against the COVID-19 pandemic due the growing number of confirmed cases in Australia and New Zealand.

It has been proposed that certain categories of elective surgical procedures need to be scaled back or suspended (7, 8), in order to preserve resources such as anaesthetists, nurses, ICU or HDU beds, ventilators but also personal protective equipment (such as surgical masks, face shields or goggles, gloves etc) for when (or in case) the number of COVID-19 patients requiring hospital care exceeds the current capacity.

New advice

The Fertility Society of Australia appreciates the needs of individuals seeking assistance to conceive or preserve their fertility but also acknowledges that the overarching responsibility currently is to all patients as part of the Australian and New Zealand healthcare system.

The Fertility Society of Australia therefore recommends that, in the interest of public safety, patients who are planning to start fertility treatment consult with their treating specialist and discuss the appropriateness of postponing their treatment.

The Fertility Society of Australia recognises that there may be medical circumstances where delaying treatment may not be advisable and treating specialists should advise their patients if there are medical grounds to commence treatment now.

References

1. Cascella M, Rajnik M, Cuomo A, Dulebohn SC, Di Napoli R. Features, Evaluation and Treatment Coronavirus (COVID-19). StatPearls [Internet]: StatPearls Publishing; 2020.
2. Chan JF-W, Yuan S, Kok K-H, To KK-W, Chu H, Yang J, et al. A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: a study of a family cluster. *The Lancet*. 2020;395(10223):514-23.
3. Hoehl S, Berger A, Kortzenbusch M, Cinatl J, Bojkova D, Rabenau H, et al. Evidence of SARS-CoV-2 infection in returning travelers from Wuhan, China. *New England Journal of Medicine*. 2020.
4. Li Q, Guan X, Wu P, Wang X, Zhou L, Tong Y, et al. Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus-Infected Pneumonia. *N Engl J Med*. 2020.
5. World Health Organization. Coronavirus disease 2019 (COVID-19) Situation Report – 62. 2020 22 March.
6. Australian Health Protection Principal Committee (AHPPC). Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statement 2020 17 March.
7. Government of Western Australia. Elective surgery to be scaled back to prepare for COVID-19. 2020 21 March.
8. Ministry of Health NZ. COVID-19 livestream media update, 23 March 2020