

'Fever clinics' are opening in Australia for people who think they're infected with coronavirus

March 9 2020, by Gerard Fitzgerald



Credit: Edward Jenner from Pexels

The Western Australian health minister [has announced](#) "fever clinics" are to open this week for people who think they have coronavirus

symptoms.

And [in NSW](#), the chief health officer [has advised](#) hospitals set up "respiratory clinics" to deal with a potential spike in COVID-19 cases.

[Other states](#) are set to open their own versions, particularly if transmission of the virus from person to person becomes more established in the community.

So what are these clinics? And why are people being advised to use them rather than seeing their GP or going straight to the [emergency department](#)?

What are 'fever clinics'?

Fever clinics are dedicated facilities to assess, test, treat and reassure people, and where necessary, to triage them through the [healthcare system](#).

In the absence of substantial community transmission of the virus in Australia, it's expected most people who'll use these clinics will be:

- people worried they're sick but aren't showing symptoms (the "worried well")
- people who think they may have been in contact with an infected person
- people with other illnesses who want reassurance.

The idea is to divert people concerned they may be infected away from emergency departments and general practices.

Not only does this reduce demand for these traditional services, it potentially limits the spread of disease among vulnerable populations,

such as the sick and elderly.

General practices have open waiting rooms and while they can ramp up their infection control measures, not all practices can do this effectively.

Similarly, emergency departments are not well structured to isolate large numbers of potentially infectious patients.

By contrast, [fever](#) clinics can assess and treat potentially large numbers of people with appropriate levels of infection control. They're also staffed by people dedicated to this one task. So expertise is concentrated in one location.

Fever clinics are part of a broader [emergency health response](#) to the coronavirus. And different states give them different names. For instance, in NSW their [official name](#) is "pandemic assessment centres."

Where are these clinics?

Fever clinics [may be set up](#) in new facilities or by repurposing existing ones, such as community health centres or dedicated general practices.

They need to be somewhere with good public access (and parking), preferably away from existing crowded major health facilities to avoid congestion.

They may be possible in heavily populated areas but less so in rural areas as they require enough patient numbers (to make them viable) and access to enough staff.

Staff—such as doctors, nurses and laboratory staff—will generally come from the existing health service, potentially leaving these services short. And staffing may be an issue in rural and remote areas that are already

under-resourced.

People who attend these fever clinics, who require higher levels of care, will need to be referred to specific health facilities. So arrangements for referral and safe transfer are needed.

Fever clinics are also only part of a broader health system response and can never replace other sources of care.

Severely ill patients will still call for an ambulance and need to be in hospital. Many patients will choose to see their regular GP.

So the broader health system needs to be supported if we are to mount an effective health response against the [coronavirus](#).

Do fever clinics work?

There is surprisingly little published research about people's experience with fever clinics. Few outbreaks have had enough patient numbers to justify setting them up.

During the [swine flu pandemic of 2009](#), Australians [were keen to use one](#) clinic when it was located within an emergency department. More than 1,000 people with flu-like symptoms attended in one month.

However, it is difficult to find any evaluation of how well fever clinics work across health systems, either in improving [health](#) outcomes or reducing costs.

What's the take-home message?

People have a right to be concerned, but not unduly alarmed, about the

outbreak of COVID-19.

Recent data [suggest](#) the disease is highly infectious although 80% of people have a mild-to-moderate disease, 20% a severe/critical illness and 2-3% die.

People who are at greater risk are those who are older or have other illnesses.

The best thing people can do is to take reasonable precautions: avoid crowded places, wash your hands regularly and avoid touching your eyes and mouth.

Fever clinics may well have a role in providing a single source of assessment, advice and treatment. However, we still need enhanced infection control procedures across the healthcare system and to access other sources of medical care.

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