

UPDATE – 29th 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 – UPDATE 29-03-2020

All patients with diabetes should have a sick day management plan, especially people with type 1 diabetes, including having ready access to ketone testing strips. We are aware that there are often shortages of ketone strips. We are working with Diabetes Australia, the Pharmacy Guild, Pharmaceutical Society of Australia and Department of Health to ensure that community pharmacies to prioritise the supply of ketone strips to people with diabetes at risk of diabetic ketoacidosis.

SGLT2 inhibitors

People who test positive for COVID-19 but are clinically well and maintaining a normal diet and fluid intake should continue on their SGLT2 inhibitors, unless advised otherwise by their treating physician. However, SGLT2 inhibitors should be temporarily ceased in people who are unable to eat and maintain normal fluid intake, have vomiting or diarrhoea, or are otherwise at increased risk for ketoacidosis, in accordance with existing recommendations. People who have been taking SGLT2 inhibitors should also have ready access to ketone testing strips if they become unwell given their increased risk for diabetic ketoacidosis. It is recommended that people acquire an appropriate meter that has the capability to test blood ketones.

ACE inhibitors and Angiotensin Receptors Blockers (ARBs)

There has been speculation about the role of ACE inhibitors and ARBs in COVID-19 infections, and whether they may be helpful or harmful in limiting the infection and its consequences. The grounds for

these suggestions are theoretical. No clinical studies have shown an independent effect of these drugs on COVID-19. In the meantime, 12 key local and international guideline bodies have issued statements that support of their continued use in indicated patients. A summary of current evidence is here:

<http://www.nephjc.com/news/covidace2>

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

Medication supplies

There has been an increased demand for insulin and diabetes medications during March due to the COVID-19 pandemic. This has resulted in some pharmacies not being able to fill scripts for insulin. Diabetes Australia has investigated and this is a temporary localised issue, with scripts being filled the next day. 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.

To ensure that there are adequate stocks of medicines on hand and to prevent panic-buying and stock-piling, the Pharmacy Guild of Australia and the Pharmaceutical Society of Australia, in consultation with the Department of Health, are requiring community pharmacists to enforce new limits on the dispensing of insulin and oral/non-insulin hypoglycaemic agents (metformin, sulfonylureas, DPP4i, SGLT2i, GLP1-RA). Pharmacists will be required to limit dispensing to 1 month's supply at the prescribed dose.

The ADS recommends that people with diabetes should be reassured that there are no shortages of medications in Australia. One full script of insulin (e.g. 3 mL x 5 x 5 = 7,500 units) is enough for at least two months for most people with diabetes. The ADS therefore recommends that, in addition to their current supply of medication, people with diabetes have **one full script** on hand – this will provide enough insulin for most people with diabetes.

Medical device technology supplies - UPDATED 29-03-2020

The large medical device technology companies advise that 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.

Over the past few weeks there has been evidence of stock-piling of NDSS products, including insulin pump consumables, lancets, blood glucose test strips and reservoirs. This will lead to temporary local shortages in some pharmacies and may result in unnecessary anxiety for people wishing to buy these products.

As a temporary measure, people will now be able to order three (3) boxes of NDSS products including blood glucose monitoring strips, urine monitoring strips, pen needles, and syringes.

There will also be a limit of two (2) boxes for insulin pump consumables (IPCs) for any order. This includes:

- 2 x boxes of infusion sets or cannulas (an average supply for two months)
- 2 x boxes of reservoirs/ cartridges (an average supply for two months).

For the vast majority of people with diabetes, these limits represent well over one month's supply.

There may be some exceptions where people may need more than these supply amounts, such as people living remotely. People who need to order more than these amounts should contact the NDSS Helpline on **1800 637 700**.

Access to continuous glucose monitoring (CGM) and Flash GM (FreeStyle Libre) products through the NDSS remain unchanged.

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>

JDRF Australia

https://jdrf.org.au/t1d-and-coronavirus-what-you-need-to-know/?utm_source=newsletter&utm_medium=email&utm_campaign=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

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-2020-03-26-latest-news-March>

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

Kind regards,

A handwritten signature in blue ink that reads "Glynis Ross". The signature is written in a cursive style with a large initial 'G' and 'R'.

A/Prof Glynis Ross
President Australian Diabetes Society