

# General practitioners as frontiers in COVID-19

## *The Hong Kong experience*

**Albert Lee**

**GENERAL PRACTITIONERS** (GPs) play a significant part in the COVID-19 pandemic by providing whole-person and patient-centred care during this time of crisis.<sup>1</sup> Approximately 80% of patients with COVID-19 have a relatively mild form of illness, but patients with advanced age or underlying medical comorbidities are at high risk of fatal outcomes.<sup>2</sup> Patients at low risk can be managed in the community with remote assessment by GPs using video consultation<sup>3</sup> if patients can be adequately isolated.<sup>4</sup> Different countries will have different strategies for patient management in the community according to local circumstances.

Hong Kong, with more than 30,000 people crossing the border daily from mainland China, had 10 imported cases on 30 January 2020; this increased to more than 100 by 3 March 2020.<sup>5,6</sup> Hong Kong had strict measures of border control and quarantine for travellers from mainland China from late January, and for travellers from many other parts of the world in March.<sup>7</sup> Other safety measures included physical distancing and reducing social gathering.<sup>7</sup> Many public places imposed face mask wearing, temperature checking and health declaration on entry. The rise in case numbers became less sharp from the later part of February; a second wave of cases occurred in late March as a result of the global pandemic, then fell to one new case at the time of writing (16 April 2020).<sup>7</sup> This reflects the effectiveness of measures to flatten the epidemic peak.<sup>8</sup> The local situation dashboard provided information on the status (including age and hospitals admitted) and report dates

of patients with COVID-19, as well as buildings in which these patients had resided, the date of symptom onset and date of confirmation.<sup>7</sup> The dashboard also provided a geographic map of buildings with cases within and beyond 14 days. This information is tremendously helpful for GPs when advising those who have had contact with confirmed cases about their potential risks and what further measures they should take. The information also helps GPs to assess the risk of COVID-19 when patients present with respiratory symptoms. This could reduce the level of panic and fear.

GPs in Hong Kong had learned from the severe acute respiratory syndrome (SARS) outbreak how they would support the community, notwithstanding most GPs are in solo private practice (approximately 70% of GPs in Hong Kong work in the private sector), with little or no support from public resources.<sup>9</sup> They have been fulfilling their supportive role as health educators for the public through different media channels during the COVID-19 pandemic.

GPs in the private sector can collect respiratory specimens for COVID-19 testing from patients presenting with fever or respiratory symptoms, especially those with a history of travelling outside Hong Kong within the past 14 days before symptom onset, to enhance disease surveillance.<sup>7</sup> Patients with a positive specimen would be admitted to hospital. Those with negative results who do not require quarantine and isolation can be monitored by their own GPs for deterioration such as breathless or signs of lower respiratory tract infection.<sup>3,4</sup> Those required to undergo compulsory quarantine are monitored at designated

locations or at home. Medical surveillance takes place for those undergoing compulsory home quarantine. However, those patients also have other health needs, especially psychosocial support for fear of being infected and maintenance of their wellbeing. There should be a system to link those cases to their own GPs by remote assessment and video consultation to provide whole-person care to them. Similar arrangements can be made for patients with chronic illnesses to minimise cross-infection in a hospital setting. Many non-government organisations are undertaking video calls with local residents, some with the support of GPs. It would be beneficial to take this opportunity to formalise a telehealth system of consultation, as there remains the possibility of future outbreaks of SARS-CoV-2 or other novel respiratory tract infections.

An appropriate level of risk perception would predict protective behaviour if people believe that effective protective actions are available (response efficacy) and they are confident in their ability to engage in protective actions (self-efficacy).<sup>10</sup> GPs in Hong Kong have played their part in raising response efficacy and self-efficacy during SARS,<sup>9</sup> and they have continued to do so for COVID-19 with their limited available resources.

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