

Club Officers 2019-20/20-21

PRESIDENT: CARL BICKNELL / PHIL LACY

PAST PRESIDENT: KEVIN RITCHIE / CARL BICKNELL

PRESIDENT ELECT: vacant

SECRETARY: STUART WAIT / FRANCES WRIGHT

TREASURER: PHIL LACY / JUDITH MOTTRAM

VOCATIONAL SERVICE & MEMBERSHIP:

JEFF PERCY / STUART WAIT

COMMUNITY SERVICE PROJECTS:

DAVID BALSHAW / KEITH OLDMEADOW

YOUTH SERVICES: ROBERT STRINGER / ROBERT STRINGER

INTERNATIONAL SERVICE & ROTARY FOUNDATION:

JUDITH MOTTRAM / MARSHA MERORY

PUBLIC RELATIONS: BEVERLEY SHEPPARD /

DAVID BALSHAW & KEVIN RITCHIE

Rotary District 9790 Officers

DISTRICT GOVERNOR :
BRIAN PETERS (Albury West)

DISTRICT GOVERNOR ELECT:
BRUCE ANDERSON (Strathmore)

ASSISTANT GOV. GROUP 2
(Coburg, Heidelberg, Ivanhoe, Moreland,
Pascoe Vale, Preston, Strathmore)
EMMA DAVIS (Strathmore)

DISTRICT SECRETARY: CLIVE FAUL
(Bellbridge—Lake Hume)

*"We gather in fellowship
to serve the community"*

Board Meetings
2019/20

Monday 13 July
7.00 pm
ZOOM meeting

The Rotary Four- way Test

**Of the things we
think, say or do:**

1. Is it the TRUTH?
2. Is it FAIR to all concerned?
3. Will it build GOOD-WILL and BETTER FRIENDSHIPS?
4. Will it be BENEFICIAL to all concerned?

Rotary Club of
Ivanhoe
[Ivanhoe@rotary
9790.org.au](mailto:Ivanhoe@rotary9790.org.au)
PO Box 1091
Ivanhoe 3079

The Rotary Club of
Ivanhoe currently
meets on line by
ZOOM,
Wednesdays
7.30am - 8.30 am



Rotary
Club of Ivanhoe (Vic) Inc.

ROTARY DISTRICT 9790

Meeting No: 1266

Web :
rotaryclubivanhoe.org.au
Facebook :
Rotary Club of Ivanhoe

NEWSLETTER FOR

Wed 17 June 2020

NEXT MEETING

Wed 17 June

7.30 am—8.30 am

ZOOM organiser: Phil Lacy

Meeting id: 934 2215 8713

Chair: Carl Bicknell

Katy Richmond

How Rotary Works

Insights from a
long-standing Rotarian

Last Week's Meeting

We were most privileged to hear from Prof Rinaldo Bellomo, Director of Intensive Care Research and Staff Specialist in Intensive Care at the Austin Hospital. Many questions were put to Prof Bellomo, here is a summary:



Q. What are the most common Covid-19 symptoms? A. Loss of sense of smell is an important indicator and 20 – 30% of patients experience diarrhoea. Muscle aches and pains and general malaise are also symptoms.

Q. If you have flu symptoms what are the chances you have Covid-19?

A. If you have symptoms it is most probably something other than Covid-19.. If you have respiratory symptoms it is best to isolate for a week or two and get tested.

Q. Why is Australia doing so well compared with USA and UK?

A. The public health system has failed in USA and UK and governments have behaved irresponsibly. Taiwan has had experience with SARS so its community is tuned into infectious disease control. They had been closely monitoring Chinese media and by 31 Dec 2019 had already detected something unusual going on in Hubai Province. This knowledge was then shared with international health authorities. The Australian response has been fantastic.

Q. Are ICUs in Australia back to normal?

A. The hospital enacts protocols for 'suspected Covid 19' until there are two negative swabs. Special hazmat suits are used during patient intubation. Expect it will take a month or two until we are back to normal.

Q. Why do only some people become sick?

A. We don't know. The protean ACE2 plays an important role in allowing the virus to enter cells. ACE2 is more strongly expressed in males, and also increases with age. Serology studies are showing that asymptomatic patient numbers are probably very high. It is likely that waves of infection last about 10-12 weeks as natural immunity develops, and then subsides.

Q. Is the method of transmission different from common cold or flu?

A. Covid virus remains viable in aerosols in a Petrie dish for about 2 hours. The best advice is to wash hands before going into a café or train etc, avoid touching your face, and wash hands or sanitise again when you leave.

Q. Are there effective treatments for Covid-19 infection?

A. Not really. Remdesivir has only a very mild effect. It decreases the duration of symptoms in people with mild disease but does not reduce risk of death in seriously ill patients.

Q. Do you become immune after being infected?

A. No one knows. Neutralising antibodies have been shown to last for about one month. It could be longer but there is not enough data yet.

Q. for how long do infected people remain infectious?

A. People shed the virus for up to one month even if well. You have to assume there are asymptomatic people carrying the virus.

Q. How reliable is nasal swab testing?

A. Nasal swabs do have limitations – if negative it means one is very unlikely to be carrying virus but limited sensitivity of the test can give false negatives.

Q. What is the expected outcome?

A. If we get 30 days with no new cases, then we are probably virus free. The problem will be people coming in to the country bringing new infection from overseas.

Q. When are we likely to get a vaccine?

A. The Chinese are moving to phase 2 vaccine studies. They have proven they can generate antibodies. We may get a vaccine by end of the year. Testing will be in India and Brazil. But it will be next year before vaccine is generally available. The best advice is to not get the virus.

Q. When will overseas travel be allowed?

A. Do not expect open skies until next year.

Q. What will the future be like?

A. 'Track and suppress' is the way of the future. The key is to quickly find isolate and test contacts of infected people.

Q. It has been reported that there are several strains of the virus in circulation.

What impact will this have?

A. Genetic typing of virus has identified several strains, but nothing overly significant. Normally one would expect some genetic abnormalities given so many virus particles are generated.

Q. What do you think of Sweden's approach?

A. Sweden has been irresponsible. Despite a lack of lock-down, Sweden's economy has suffered like everyone else's. They could have saved many more people.

Q. Why has the per-capital death rate been so much higher in some countries?

A. The difficulty is in the classification of deaths. Belgium classifies deaths as anyone who dies during the epidemic, even if by stroke. Mortality figures are plus/minus 30 percent.

Q. What level of confidence can we put on Covid-19 statistics?

A. All statistics should be treated as false outside of western countries. Countries like India can't keep up with their data. Chinese data however is now quite accurate because the world is watching so closely.

CLUB CALENDAR

We will continue to invite guests to our Wednesday morning ZOOM meetings, ideas from members most welcome.

Wednesday 24
June 7 pm

(note no
morning
meeting)

Rotary Club of Ivanhoe
**CHANGEVER – Welcome incoming
President Phil.**

This will be a ZOOM session.