



Australian Government

Misinformation and truths about Coronavirus (COVID-19)

FALSE: You can treat coronavirus with antibiotics or antimalarial medicines

TRUE: There is no vaccine or treatment for coronavirus yet.

Researchers around the world are working hard to develop a vaccine for the virus but we don't know how long this will take. Estimates vary between 12 or 18 months.

Researchers are also looking into the use of different medicines that may help treat coronavirus including arthritis, anti-malaria and HIV medicines. They will not cure coronavirus but it may decrease the number of people who get the virus and the severity of cases.

It is important, therefore, to not wait around for a vaccine or treatment for coronavirus – and that's why so many public health measures have been adopted by Australia.

FALSE: Children are 'super spreaders' of coronavirus

TRUE: While children are known to be 'super spreaders' of germs and bugs generally, certainly for influenza they can be, this does not appear to be the case with coronavirus. At least not yet. There is no data anywhere in the world that shows that major spreading of this virus has occurred with children. We're not ruling this out. It is possible. But all the evidence is that they are not super spreaders of coronavirus.

FALSE: Australia can't obtain enough medical equipment and supplies (ventilators, masks, testing kits)

TRUE: The simple message to patients and, crucially, the health workers who look after them, is – yes, Australia has enough equipment to fight this pandemic. However, there is a strain on all testing related supplies due to global demand far exceeding supply and production capacity.

Staff can be assured that we have personal protective equipment coming in all the time, which means, in turn, that patients can get the best possible care. For instance, the National Medical Stockpile has more than 10 million masks. The Australian Government continues to work to secure additional masks to ensure the National Medical Stockpile remains well stocked, and Australia has enough personal protective equipment to support our medical professionals as the pandemic unfolds. This includes boosting domestic manufacturing capability and capacity.

There are usually 2,200 ventilated hospital beds in Australia. By repurposing anaesthetic machines and other equipment over the past six weeks, we now have 4,400 ventilated beds, and we're looking to make that 7,500. At the start of April, the number of patients with coronavirus in intensive care units and needing ventilators was 20.

The Communicable Diseases Network Australia is meeting daily to reassess its guidance on testing requirements, so that only essential testing is being undertaken.

FALSE: Australia's hospitals won't be able to cope with increased demand due to coronavirus

TRUE: Australia's public and private hospitals have joined forces in the fight against coronavirus. An historic partnership between the Australian Government, state and territory governments and the private hospital sector will make available an extra 34,000 beds and 105,000 medical staff nationally to help fight coronavirus.

The private sector will provide hospital services to public patients, making its equipment, beds, supplies and staff available to supplement the public system.

They will also continue to support the needs of long-stay public hospital National Disability Insurance Scheme participants, and aged care patients and general needs patients.

The partnership will ensure the full resources of Australia's world-class health system are ready and focused on treating patients as required through the pandemic.

FALSE: A two week lockdown will stop the spread of coronavirus

TRUE: Imposing restrictions for two or three weeks and then lifting them and returning to our normal lives will not stop the spread of coronavirus.

The risk of only a two week lockdown is coronavirus would rear its ugly head again, perhaps more aggressively than before.

Some people have asked why we haven't imposed a blanket lockdown like other countries have done. The answer to this is that, unlike countries such as Italy, Spain and Iran, and cities such as Wuhan in China, where the outbreak began, we have remained ahead of the curve.

By the time health experts in these countries recognised what was occurring, coronavirus was out of control and spreading like wildfire. This is why hospitals in these countries have struggled to cope with people with severe forms of the disease.

Our health experts will continue to monitor the number of new cases each day in Australia and where transmission is taking place. They will then make recommendations based on the evidence as to any new rules or restrictions that need to be put in place. Everyone should stay up to date with current restrictions by visiting www.australia.gov.au.

FALSE: Testing everyone will stop the spread of coronavirus

TRUE: Testing does not stop the spread of the virus.

Like any virus, COVID-19 moves from one person to another. Only social distancing at all times, and home quarantining if you are unwell can stop the spread of the virus.

Testing to confirm whether someone who is displaying symptoms has COVID-19 helps us track the spread of the disease and reduce transmission. If we know someone has it, that person can isolate themselves and we can track who they have been in contact with and reduce the risk of further transmission.

However, testing negative to COVID-19 doesn't mean you're not at risk yourself or a risk to others. You can test negative to COVID-19 after you've been exposed but before you develop symptoms. You can test negative one day, and catch COVID-19 the next day. That is why it is so important to practise good hygiene and social distancing, and to stay at home except for the essentials. This is helping prevent the transmission of not only COVID-19 but other diseases as well, reducing demand on our health services.

FALSE: Testing kits are not accurate

TRUE: The current testing for COVID-19 uses what is called nucleic acid amplification (Polymerase chain reaction (PCR)), which is very accurate. The test involves a health professional taking a swab specimen from the person's throat and nose. Currently, all test components are manufactured overseas, predominantly in Europe and Asia. While multiple suppliers of the testing components and laboratories across and within states and territories use different components, the important fact is that they use the same testing methodologies. There is a strain on all testing related supplies due to global demand far exceeding supply and production capacity. Point of care antibody tests are not accurate for diagnosis and are therefore not recommended for that purpose.

The Australian Government is working closely with laboratories through the Public Health Laboratory Network and with suppliers in order to secure supplies and explore potential alternative supply solutions to ensure that Australia maintains the capacity and capability to test for coronavirus.

Access this website regularly to stay informed about key developments in the Australian Government's response to COVID-19.

[SBS](#) also has a range of information on COVID-19 in your language. You can also use mobile phone apps and browser extensions to translate government information. Search for one that meets your needs.

To access additional information in English, visit www.australia.gov.au.