PRIMARY CARE HOME MONITORING OF COVID-19 **OMICRON** OR UNDIFFERENTIATED RESPIRATORY ILLNESS

Amohia ake te ora o te iwi, ka puta ki te wheiao

Version 6: 4th May 2022

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Primary Care Home Monitoring Covid-19

Document Purpose

This document is an **update** to previous guidelines designed to help you navigate care for your COVID-19 patients. It aims to provide timely updates about important referral pathways or guideline changes.

Comprehensive clinical guidelines related to management of Covid-19 in the community are available via HealthPathways.

Updates for this version

Updates from previous version 5 dated 04.04.22 to this version 6 include: (red text in document)

- Updated hours of operation for PCRU and Integrated Coordination Centre (ICC) - throughout
- Update to welfare referral process – page 3
- CCCM section updated – page 5
- Alternative accommodation updated (Amohia now closed) – page 7
- Appendix 3 – Medications updated
  - Antiviral medications and access criteria updated - page 15
  - Decision aid and practice points – page 16
- Removed: Audit of antiviral prescribing in the Waikato (now complete)
- Updated: Appendix 4 – Waikato Pharmacies dispensing Paxlovid AND Lagevrio (molnupiravir)

We recognise the significant sacrifice as GP teams continue to manage the majority of Covid-19 infections and thank you all.

Key points:

The national emphasis is to encourage patient self-management with a provider focus on high-risk, high-priority patients. Key to this work is identification, stratification and response to risk.

It is vital to triage and risk stratify patients you know or suspect to have COVID-19 to enable you to concentrate your management on those that are most vulnerable.
If your practice is reaching capacity, please inform your PHO.

If a COVID-19 positive patient deteriorates out of hours, they should call:

- **0800 111 336 (Emergency Consult) or**
- **0800 175 175 (Tui Medical)**
- **111** (St John's ambulance is free to patients with COVID-19)

Please ensure all patients have the appropriate number.

The PCRU (Primary Care Response Unit) will continue to do their best to support you in your critical role in the community. They are your contact for all clinical issues and questions about the management of COVID-19 (hrs 0800-1630).
Email: pcru@waikatodhb.health.nz **phone: 027-275-2676**

Primary Care Home Monitoring Covid-19

Updated guidance and referral pathways for managing whānau/households

- Current guidance for isolation and swabbing requirements, covering phase 3 and effective from 16.3.22 is outlined below.
- If you have significant concerns about the ability of a case or household to **safely** isolate, OR are **unable to make contact** with a known case, please contact our Waikato Integrated Coordination Hub by emailing CSIQService@waikatodhb.health.nz, or phoning 0800 220 250.
- If you are unable to contact a patient or whānau and **are concerned about their health**, please contact PCRU@waikatodhb.health.nz (preferably before 3pm). The PCRU will work with you to develop a plan. However, if you have urgent concerns, consider arranging for an ambulance or personal home visit. Ensure you document.
- There may be situations where the different members of one household are registered with different GPs from different practices. As allocation to provider now occurs automatically for any new cases it is possible that multiple providers may be calling a household. There is no one solution to this, but request that practices communicate with both the patients and the other practice/s and come to a solution that works for everyone and avoids doubling up of work.
- If referring a case or household contact of a case to hospital, please make sure that this is clearly documented in the referral letter to reduce exposure risk of hospital staff.
- If a case or household member of a case you are caring for in the community dies, please inform PCRU@waikatodhb.health.nz – the MOH requires notification of all deaths within 28 days of a positive Covid-19 test result. A standardised notification form will be sent to you for completion if you do not already have this.

Manaaki/welfare referrals: UPDATE to process

- Please enquire if the whānau have everything they need to be able to safely isolate at their whare, until released from isolation. If not, then refer to "manaaki/welfare," with their consent. Current referral pathways for manaaki are as follows:
- First line: encourage **self-referral to MSD** or Here to Help U
  - Phone: 0800 512 337
  - Online: go to Work and Income NZ website and select 'Covid-19 support'
    https://services.workandincome.govt.nz/forms/welfare_support_applications/new
  - Online: go to Here to Help U website
    www.heretohelpu.nz
- Second line: **welfare referral via CCCM**
  - Go through to the 'Regular Health Check' section. Page 4 relates to welfare needs. Completing this section will send a task to MSD centrally
- Third line: if there is an **URGENT** manaaki need refer to our Waikato Integrated Coordination Centre by email: CSIQService@waikatodhb.health.nz or ph 0800 220 250 (8am-6pm)
- Note: recently established community hubs are also involved in coordinating manaaki support via location-specific pathways and providers. We encourage ongoing liaison between practices and hubs to ensure awareness and collaboration in supporting the needs of those in your care.
- **Note: direct email referral to MSD** on Waikato_cpf_queue@msd.govt.nz is NO LONGER an active pathway.

Isolation and Testing Guidance

Isolation guidance changes regularly. The latest guidance can be found on the MOH website under "Contact Tracing" https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/contact-tracing-covid-19

Summary effective from **16.3.22:**

Isolation requirements for cases and contacts:

- **Cases:** isolate for 7 days, (self-release after day 7)
  - if new or unresolved symptoms at/after 7 days, stay home until 24h after resolution
  - avoid high risk settings until after 10 days
- **Household contacts:** isolate for the same 7 days as the case;
- **Close contacts:** not required to isolate during phase 3 unless symptoms develop

Testing:

- **Cases:** RAT used to diagnose COVID-19 for majority of people,
  PCR used for vulnerable or high risk populations, and border cases
- **Household contacts**: test (using RAT) if symptoms develop;
  - if initial test is negative and symptoms persist/worsen: repeat test after 48hr;
  - if no symptoms: test when case reaches day 3 and day 7 of isolation;
  - if day 7 test is negative but new symptoms are present: remain isolated and test on day 9
  - (If testing is not possible but symptoms develop, treat as a probable case and isolate for 7 days)
- **Close contacts:** self-monitor for symptoms,
  test (using RAT) and isolate if symptoms develop

- Note: **day 0** is when symptoms developed, or date of test if asymptomatic – whichever comes first

- If a new case develops in the household **within 10 days** of the initial case being released from isolation then other household members DO NOT need to re-isolate
- If a new case develops in the household **more than 10 days** after the initial case was released then household members (other than those who became cases) DO need to re-isolate for 7 days.

- The period, following recovery from a COVID-19 infection during which a person is not considered a household close contact, is **90 days.** Testing is only indicated if they are newly symptomatic or high risk.

Releases:

- Formal Public Health notification of release is no longer required. Once the isolation period has been completed self-release is confirmed by either direct text to those self-managing, or for those under active management via Primary Care providers completing the final clinical assessment in CCCM and ticking selecting 'Yes' to 'is this person eligible for release?'. This will close the case on the system.

- Please note that no testing is required beyond the initial diagnostic positive – patients do not require a negative test before release. Once they have completed their isolation period they are no longer considered infectious, though subsequent tests may remain positive for a number of months.

Repeat positive results:

- People who have been recent cases may have a subsequent positive test result (for example, if self-testing or if presenting to hospital). This may generate a new case notification in the central system, though does not require an additional isolation period if they are within 28 days of their original positive result, remain well, and do not have a compromised immune system. For those developing new symptoms within the 28 day period, or with risk factors, clinical discretion is required to identify whether they may be experiencing re-infection.

Testing options:

- **RATs** are now the most commonly used diagnostic test in the community setting
- **PCR tests** are no longer routinely available at community testing centres (CTCs) unless specifically indicated, but general practices and some providers can still offer them in special circumstances. PCR tests should be targeted to those who are at higher risk of severe illness, including members of priority populations, and provided to arriving travellers who test positive with a Rapid Antigen Test (RAT) after entering the country.

- **Situations where PCR testing may be considered include:**
  - When an individual cannot self-administer a RAT and a supervised RAT is not available
  - If a patient returns a negative RAT test but symptoms are persistent, a PCR test could be considered if confirmation of the diagnosis will inform the clinical management and care of an individual. For example, if they are immunosuppressed and confirmation of diagnosis will determine if therapeutics can be used. (For lower risk patients, a repeat RAT can be used instead.)
  - A PCR is required if a traveller entering New Zealand returns a positive RAT test. (Note: Returning travellers are asked to undertake and report the results of two RAT tests – on Day 0/1 and Day 5/6. Those testing positive must isolate for 7 days and get a PCR test.)

Patient Management System (BCMS/CCCM)

BCMS/CCCM (Border Control Management System/COVID-19 Clinical Care Module)

BCMS /CCCM

General Practice have been offered the option to use CCCM (an adapted version of the original BCMS), as it enables after-hours providers to see patients' COVID-19 journeys and provide safe, informed and accurate care with access to clinical history.

Ongoing improvements to CCCM continue, and current key points for CCCM users include:

- Direct text notification to cases is now in place, and centralised automated notification to provider inbox with CCCM case visibility is occurring almost as soon as a case is created in the system.
- It is not necessary to complete all fields in CCCM, you can click through to relevant areas
- An acuity assessment is important, along with confirming self- versus active-management
- A baseline risk score for call prioritisation is now available on CCCM, based on age, ethnicity and vaccination status. This is to supplement your own risk stratification based on knowledge of your patient.
- **Manaaki/welfare referrals ARE now possible in the Waikato via CCCM** – using the link in the 'Regular Health Check' (NOT the 'initial health check')
- **The ability to create a new case in CCCM** for enrolled patients, where no record currently exists, is now live
- **The ability for hospital providers with access to CCCM via Clinical Workstation to create a new case** is now live
- **The red 'Quarantine' flag has been renamed 'Case'** for clarity

Maternity

- An accompanying updated guidance document for Maternity Care of Covid-19 will be released today: Omicron version 4 – reflecting the changes in this document, no maternity-specific changes.
- Clinical responsibility for maternity care remains with LMCs, but it is acknowledged that there will be significant challenges in delivering maternity care to wāhine in isolation.
- **The safe management of COVID-19 in pregnancy is going to need close collaboration between LMC and GP. Try to ascertain who the LMC is and liaise as soon as possible. LMCs will be very grateful of your support.**
- All pregnant wāhine with COVID-19 are deemed High Risk as they have an **increased risk of both pregnancy and COVID-19 complications. The MOH advises an e-referral to obstetric department**. This should be done by LMC (or GP if no LMC). If urgent, a phone call is advised.
- All pregnant wāhine are at **increased risk of thromboembolism**. Clexane should be considered for all those **admitted to hospital with moderate-severe Covid-19 symptoms**, and/or **those with specific pre-existing risk factors** for which they should already have been commenced on it. If no previous VTE risk assessment has occurred (likely indicating no antenatal care in place), updated guidance in the Maternity Care of Covid-19 document provides a risk scoring system to assist with decision-making. GPs can initiate clexane themselves OR send a referral to Obstetrics through BPAC with all the information required. (See Pregnancy and Postnatal Care in a COVID-19 Patient on HealthPathways for further advice, or consider discussing with obstetrics team if >20 weeks gestation, or gynaecology team if <20 weeks gestation.)

Pulse Oximeters

Pulse oximeters

These should be considered for households who have one or more cases at Acuity Level 5-6. Supplies are limited and provision to those most vulnerable needs to be prioritised.
Supplies are located at:

- Some Whanau Ora providers
- Other rural locations
- Waikato hospital

Please see appendix 1 at end of document for details

They are available from Logistics@waikatodhb.health.nz or 027-202-7868

If you want one delivered directly to the patient's address, please ensure that the patient's current isolating address and NHI is attached.

If you wish to order for your practice, you may order up to 5 at a time (but they are a limited resource)

It is expected that the pulse oximeter is not returned or collected from the household until after the last positive case in the household has been released from isolation and the GP's active Covid-19 care.
For consumer video on how and when to use a pulse oximeter, go to https://collabdigitalhealth.org.nz/

Palliative Care

Hospice Waikato/Waikato Palliative Care Service have excellent resources for palliative care of COVID-19 patients.

These are all available on **HealthPathways** under "COVID-19" and "Palliative Care of COVID-19"

Alternative accommodation during isolation period

Amohia, Waikato's Managed Isolation facility, has closed as of 30 April 2022.

There are limited alternative accommodation options available across Waikato for those without a safe option for isolation due to Covid-19, which can be accessed via referral to the Integrated Coordination Centre.

Contact the ICC team to discuss potential referral (details below).

Key Sector Contacts

Key Sector Contact Details

• National Community Isolation Advice line	**0800-687-647**
• Waikato Manaaki/welfare referrals	**See process outlined above** **MSD: 0800-512-337 (free to call, 7 days per week)**
• Pulse oximeter supplies	**Logistics@waikatodhb.health.nz** **027-202-7868**
• Pulse oximeter consumer video	**https://collabdigitalhealth.org.nz/**
• Public Health Unit	**07 838 2569**
• Medical Officer of Health on call	**021 359 650**
• Health Protection Officer on call	**021 999 521**
• COVID Test Request team	**Covidtestrequest@waikatodhb.health.nz**
• **Urgent out of hours for patients**	**0800 111 336 (Emergency consult)** **0800 175 175 (Tui Medical)**
• **Hand-over of care for weekends and holidays**	**e-referral COVID-19 Community Service – Clinical Care Out of hours (urgent cases only)**
• **Primary Care Response Unit (PCRU)** -Support for GPs with **clinical** advice managing patients	**PCRU@waikatodhb.health.nz** **027-275-2676** (8am-4.30pm, 7 days)
• **Integrated Coordination Centre (ICC)** -Support for GPs with **non-clinical** advice managing patients	**CSIQservice@waikatodhb.health.nz** (8-6pm, 7 days) **0800-220-250**

COVID-19 admissions

Clinical syndromes consistent with pneumonia are admitted under the Respiratory team.

Call Respiratory team on call if the patient develops:

- severe shortness of breath at rest
- respiratory compromise
  - Talking with single words or short sentences
  - Pausing between sentences to catch their breath
  - Noisy breathing
  - Blue face or lips
  - Respiratory rate greater than 20 breaths per minute
- chest pain on breathing in or tightness in the chest
- new onset of confusion or becoming drowsy
- change in oxygen saturation (SaO_2):
  Pre-COVID-19 SaO_2 was greater than 94% or was unknown, then SaO_2 trigger is less than 92%, or a drop of 3% or more from baseline
  Pre-COVID-19 SaO_2 was 94% or less, then SaO_2 trigger is less than 88%, or a drop of 3% from baseline
  Beware false reassurance from a stable SaO_2. Clinical judgement is always most important.
- unexplained heart rate greater than 100 beats per minute
- other factors indicating need for management in hospital
- **St John's ambulance is free to patients with Covid-19**

Covid Response SMO

There is a COVID Response SMO rostered on at Waikato Hospital 1700-2200 on weekdays and 0800-2200 on weekends and public holidays. They are available to GP's via the hospital switchboard for the following queries:

- Access to COVID therapeutics including outpatient remdesivir.
- Infection Control Questions.
- Clinical management questions that do not fall into a clearly defined specialty domain and outpatient management queries.
- Referrals for admission for COVID positive patients should follow normal pathways.
- (During normal working hours, contact appropriate specialties for advice as usual)

Discharging a Covid-19 patient from regular clinical follow-up

After resolution of acute symptoms, discharge the patient from regular clinical follow-up. Continue following up other household members as required. Household spread of Omicron is very high.

1. Explain recovery may be gradual and in some cases may take months.
2. Recommend that unvaccinated or partially vaccinated patients have COVID-19 vaccination 12 weeks after recovery or, asymptomatic patients have vaccination 12 weeks after the first confirmed positive COVID-19 test, unless contraindicated.
   - The duration of protection from COVID-19 infection is unknown.
   - It is uncommon to become re-infected with COVID-19 within 3 months of infection, and the risk is further reduced by vaccination.
   - **Note** (as per IMAC advice): In all instances, if there are clinical reasons for vaccinating earlier, they can be vaccinated from 4 weeks post-infection.
3. If resources allow, suggest to the patient to have an in-person clinical review at 6 weeks after COVID-19 illness, irrespective of whether-or-not they have any residual symptoms. Use this as an opportunity to re-engage those who have had reduced access to your services before now.
4. If the patient has ongoing symptoms, follow the Post-COVID-19 Conditions (Long COVID) HealthPathway.

Risk Stratification Assessment for Omicron variant

Risk factors
Māori ethnicity
Pacific ethnicity
Age >65 years
Pregnant or within 6 weeks of pregnancy (Acuity level 4-6)
Any age with medical comorbidities
BMI > 30 (or 95 percentile for children)
Infants < 1month or prematurity less than 37 weeks in children aged younger than 2 years
Unvaccinated (vaccination is a step-wise risk factor from unvaccinated to fully vaccinated + boosted)
English as a second language
Residing in social housing or no fixed abode / Complex whānau or housing situation
Patients with any of the ***safety net flags*** below

Provide virtual clinical care based on risk acuity. The levels below should be based on the above risk factors, as well as your knowledge of clinical and social determinants of your patients. **These acuity levels will change throughout the course of the illness, depending upon clinical status.** Their main use will be when handing care over to other providers, as well as supporting your clinical care and documentation. These align with national guidance.
As Omicron numbers increase, acuity levels will likely shift down.

Guides to assist in acuity scoring are attached as ***Appendix 2. There are three guides – Māori, Pasifika and other ethnicities.***

Acuity level 1 – No risk factors - Self management, no active contact required
Acuity level 2 – Medium risk (alternate day monitoring, text/portal communication)
Acuity level 3 – Medium risk (alternate day monitoring phone call)
Acuity level 4 – High risk (daily monitoring), symptoms improving
Acuity level 5 – High risk (daily monitoring + pulse oximeter), with stable condition
Acuity level 6 – High risk (daily monitoring + pulse oximeter) with increased risk, worsening condition

Please remember that the acuity level needs to consider the risk of the **whole whare,** as with Omicron, household contacts are very likely to soon develop the illness, and there may be delays in 'confirming' disease.

Safety Net Flags

Safety Net Flags

- If NOT double vaccinated against Covid-19 for at least 7 days (aged 15yr+)
- Socially isolated (Lives alone, unable to connect with others through technology, little to no social network)
- Lack of caregiver support if needed
- Inability to maintain hydration (Diarrhoea, vomiting, cognitive impairment, poor fluid intake)
- Food/financial insecurity
- Receive homecare support
- Challenges with health literacy or ability to understand treatment recommendations or isolation
- Unable to self-manage

Appendix 1
Distribution of Oximeters – key contacts

SUMMARY OF BULK DISTRIBUTION OF OXIMETERS	**Contact phone number**
Tokoroa Hospital - Attn Tracey Kaponga	027 300 8173
Tokoroa Family Health - Attn Anita Goodman	021 247 7177
Thames Te Korowai - Attn Tania Herewini	027 201 8203
Te Kuiti Hospital - Attn Tania Te Wano	021 607 196
Taumarunui Hospital - Attn Lynnette Jones	021 852 582
PCRU Hamilton	027-275-2676
Te Kuiti Medical Centre	07 878 7878
Whitianga Te Korowai - Attn Tania Herewini	027 201 8203
Maniapoto Whanau Ora Centre Te Kuiti - Attn Sharon Church	027 296 9465
Rahui Pokeka CVC (Huntly) - Justeena Leaf	027 267 3723
Taumarunui Whanau Ora Community Trust Taumarunui - Lynda Bowles	02102374386
Colville Community Centre	0272911847
Otorohanga Medical - Dr Jo Ann Francisco	0273680524
Thames Hospital - Sandra King	0212793296

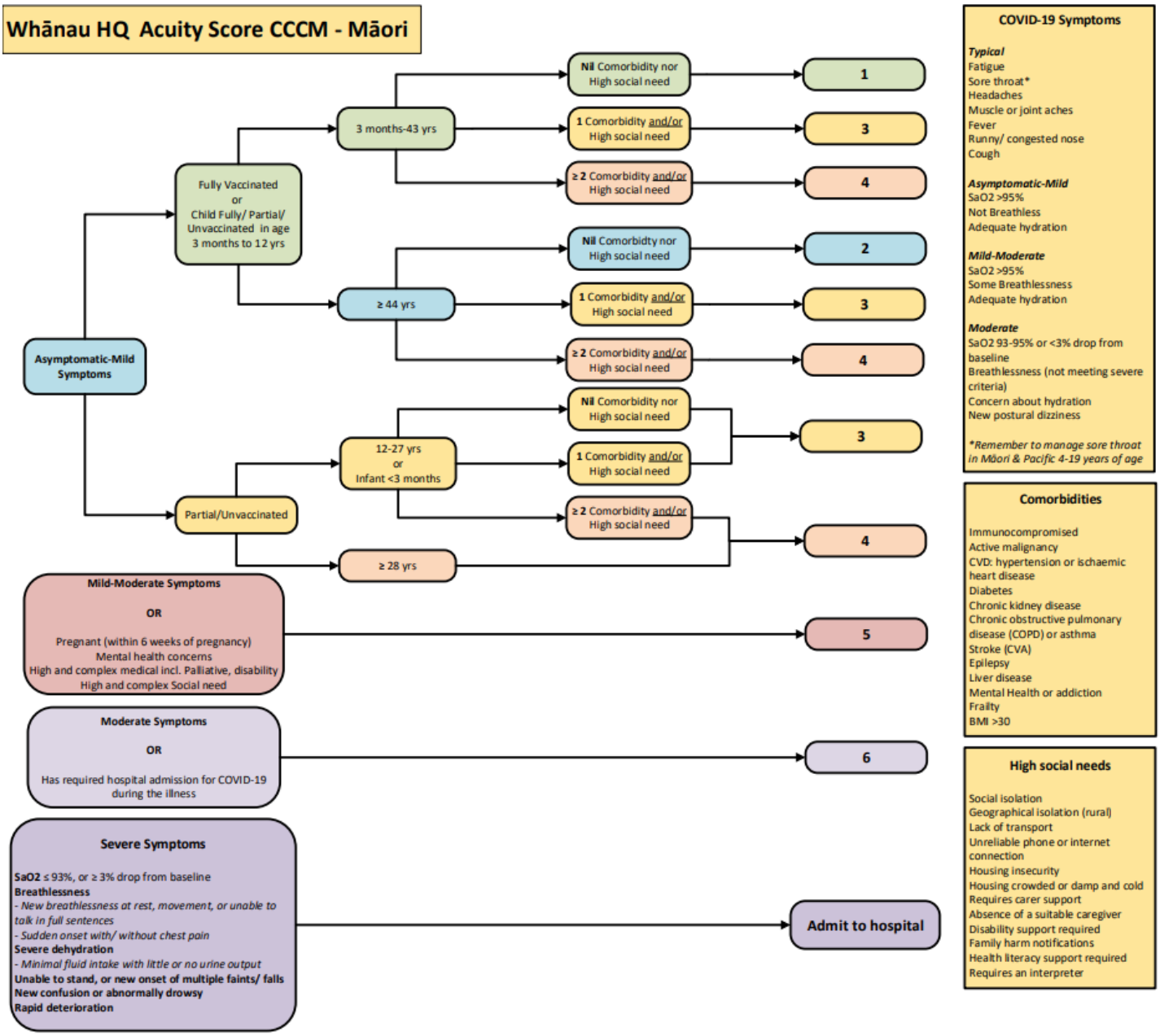
Appendix 2
Acuity Score guidance

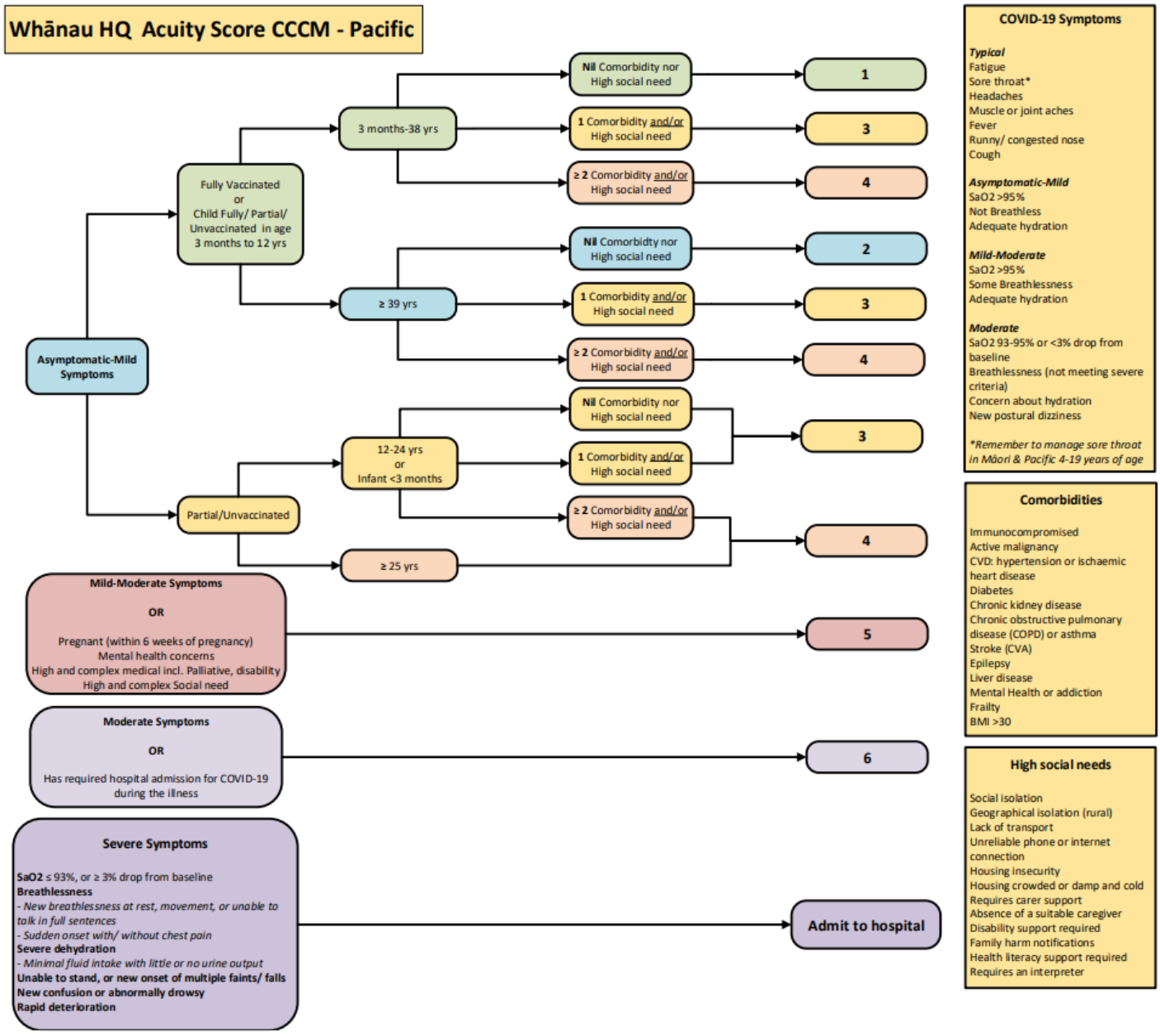
WhanauHQAcuityScoreCCCM_Maori.pdf

WhanauHQAcuityScoreCCCM_Pacific.pdf

WhanauHQAcuityScoreCCCM_Other.pdf

(Reproduced below if unable to open PDF)


Whānau HQ Acuity Score CCCM - Māori
Asymptomatic-Mild Symptoms
Fully Vaccinated or Child Fully/ Partial/ Unvaccinated in age 3 months to 12 yrs
3 months-43 yrs
Nil Comorbidity nor High social need
1
1 Comorbidity and/or High social need
3
≥ 2 Comorbidity and/or High social need
4
≥ 44 yrs
Nil Comorbidty nor High social need
2
1 Comorbidity and/or High social need
3
≥ 2 Comorbidity and/or High social need
4
Partial/Unvaccinated
12-27 yrs or Infant <3 months
Nil Comorbidity nor High social need
1 Comorbidity and/or High social need
3
≥ 2 Comorbidity and/or High social need
4
≥ 28 yrs
Mild-Moderate Symptoms
OR
Pregnant (within 6 weeks of pregnancy)
Mental health concerns
High and complex medical incl. Palliative, disability
High and complex Social need
5
Moderate Symptoms
OR
Has required hospital admission for COVID-19 during the illness
6
Severe Symptoms
SaO2 ≤ 93%, or ≥ 3% drop from baseline
Breathlessness
- New breathlessness at rest, movement, or unable to talk in full sentences
- Sudden onset with/ without chest pain
Severe dehydration
- Minimal fluid intake with little or no urine output
Unable to stand, or new onset of multiple faints/ falls
New confusion or abnormally drowsy
Rapid deterioration
Admit to hospital
COVID-19 Symptoms
Typical
Fatigue
Sore throat*
Headaches
Muscle or joint aches
Fever
Runny/ congested nose
Cough
Asymptomatic-Mild
SaO2 >95%
Not Breathless
Adequate hydration
Mild-Moderate
SaO2 >95%
Some Breathlessness
Adequate hydration
Moderate
SaO2 93-95% or <3% drop from baseline
Breathlessness (not meeting severe criteria)
Concern about hydration
New postural dizziness
*Remember to manage sore throat in Māori & Pacific 4-19 years of age
Comorbidities
Immunocompromised
Active malignancy
CVD: hypertension or ischaemic heart disease
Diabetes
Chronic kidney disease
Chronic obstructive pulmonary disease (COPD) or asthma
Stroke (CVA)
Epilepsy
Liver disease
Mental Health or addiction
Frailty
BMI >30
High social needs
Social isolation
Geographical isolation (rural)
Lack of transport
Unreliable phone or internet connection
Housing insecurity
Housing crowded or damp and cold
Requires carer support
Absence of a suitable caregiver
Disability support required
Family harm notifications
Health literacy support required
Requires an interpreter


Whānau HQ Acuity Score CCCM - Pacific
Asymptomatic-Mild Symptoms
Fully Vaccinated or Child Fully/ Partial/ Unvaccinated in age 3 months to 12 yrs
3 months-38 yrs
Nil Comorbidity nor High social need
1
1 Comorbidity and/or High social need
3
≥ 2 Comorbidity and/or High social need
4
≥ 39 yrs
Nil Comorbidty nor High social need
2
1 Comorbidity and/or High social need
3
≥ 2 Comorbidity and/or High social need
4
Partial/Unvaccinated
12-24 yrs or Infant <3 months
Nil Comorbidity nor High social need
3
1 Comorbidity and/or High social need
≥ 2 Comorbidity and/or High social need
4
≥ 25 yrs
Mild-Moderate Symptoms
OR
Pregnant (within 6 weeks of pregnancy)
Mental health concerns
High and complex medical incl. Palliative, disability
High and complex Social need
5
Moderate Symptoms
OR
Has required hospital admission for COVID-19 during the illness
6
Severe Symptoms
SaO2 ≤ 93%, or ≥ 3% drop from baseline
Breathlessness
- New breathlessness at rest, movement, or unable to talk in full sentences
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Unable to stand, or new onset of multiple faints/ falls
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Comorbidities
Immunocompromised
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CVD: hypertension or ischaemic heart disease
Diabetes
Chronic kidney disease
Chronic obstructive pulmonary disease (COPD) or asthma
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Liver disease
Mental Health or addiction
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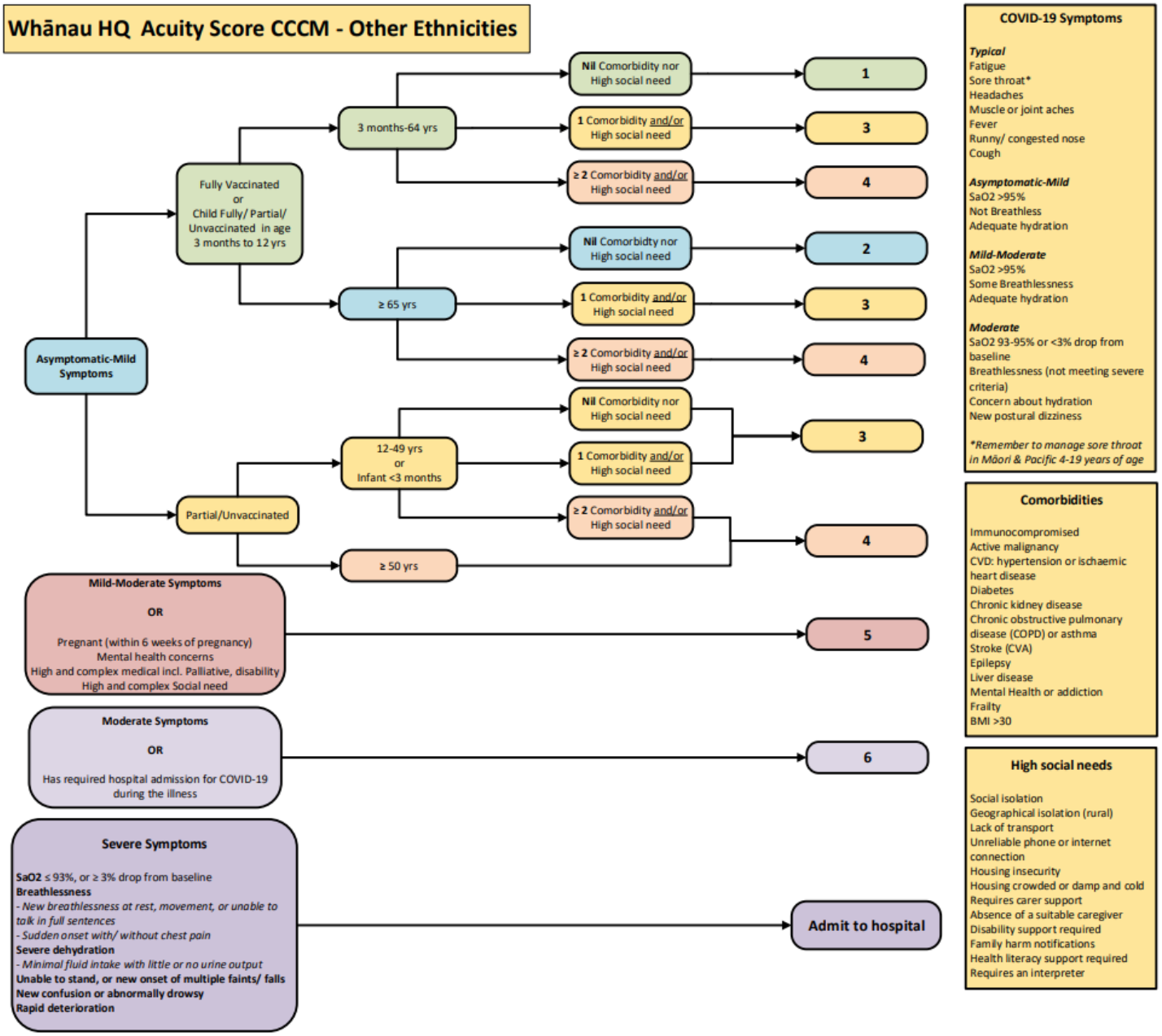
BMI >30
High social needs
Social isolation
Geographical isolation (rural)
Lack of transport
Unreliable phone or internet connection
Housing insecurity
Housing crowded or damp and cold
Requires carer support
Absence of a suitable caregiver
Disability support required
Family harm notifications
Health literacy support required
Requires an interpreter


Whānau HQ Acuity Score CCCM - Other Ethnicities
Asymptomatic-Mild Symptoms
Fully Vaccinated or Child Fully/ Partial/ Unvaccinated in age 3 months to 12 yrs
3 months-64 yrs
Nil Comorbidity nor High social need
1
1 Comorbidity and/or High social need
3
≥ 2 Comorbidity and/or High social need
4
≥ 65 yrs
Nil Comorbidty nor High social need
2
1 Comorbidity and/or High social need
3
≥ 2 Comorbidity and/or High social need
4
Partial/Unvaccinated
12-49 yrs or Infant <3 months
Nil Comorbidity nor High social need
1 Comorbidity and/or High social need
3
≥ 2 Comorbidity and/or High social need
4
≥ 50 yrs
Mild-Moderate Symptoms
OR
Pregnant (within 6 weeks of pregnancy)
Mental health concerns
High and complex medical incl. Palliative, disability
High and complex Social need
5
Moderate Symptoms
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- Sudden onset with/ without chest pain
Severe dehydration
- Minimal fluid intake with little or no urine output
Unable to stand, or new onset of multiple faints/ falls
New confusion or abnormally drowsy
Rapid deterioration
Admit to hospital
COVID-19 Symptoms
Typical
Fatigue
Sore throat*
Headaches
Muscle or joint aches
Fever
Runny/ congested nose
Cough
Asymptomatic-Mild
SaO2 >95%
Not Breathless
Adequate hydration
Mild-Moderate
SaO2 >95%
Some Breathlessness
Adequate hydration
Moderate
SaO2 93-95% or <3% drop from baseline
Breathlessness (not meeting severe criteria)
Concern about hydration
New postural dizziness
*Remember to manage sore throat in Māori & Pacific 4-19 years of age
Comorbidities
Immunocompromised
Active malignancy
CVD: hypertension or ischaemic heart disease
Diabetes
Chronic kidney disease
Chronic obstructive pulmonary disease (COPD) or asthma
Stroke (CVA)
Epilepsy
Liver disease
Mental Health or addiction
Frailty
BMI >30
High social needs
Social isolation
Geographical isolation (rural)
Lack of transport
Unreliable phone or internet connection
Housing insecurity
Housing crowded or damp and cold
Requires carer support
Absence of a suitable caregiver
Disability support required
Family harm notifications
Health literacy support required
Requires an interpreter

Appendix 3: Key medications used in community management of Covid-19

Budesonide

Discuss with your local pharmacy to see if they are doing deliveries. Please mark on the prescription **"patient isolating C-Plus."** This will trigger the pharmacy to know to deliver or arrange contactless pickup.

It is vital that the **current isolation address** of the patient is communicated to the pharmacy, as this may differ from their normal, registered address.

Budesonide

Limited studies have shown inhaled budesonide (Pulmicort) has a modest benefit in reducing illness duration and need for admission (NNT 50). It is likely that supplies of this medication will become rapidly exhausted and so careful clinical consideration should be used for its use. Only supply one inhaler per patient. Consider clinical review if further inhalers are requested.

If available, consider offering to patients who are within 14 days of onset of COVID-19 symptoms and are not taking other inhaled (excluding steroid replacement therapy for the steroid deficient) or systemic corticosteroids, and are either:

- aged 65 years or older, or
- any age with or suspicion of any of the following:
- diabetes
- heart disease and/or clinically significant hypertension
- asthma or other clinically significant lung disease
- immunocompromised
- clinically significant hepatic impairment
- clinically significant renal disease
- active haematological or solid cancer currently under treatment
- previous stroke with residual deficit or other chronic neurological problem
- obesity

Dose: 800 microgram twice daily, until acute symptoms have resolved.

This is an "unapproved" indication and subject to section 29 regulations (https://www.medsafe.govt.nz/profs/riss/unapp.asp)

Provide patient instructions on how to use a turbuhaler device (includes instructional video)

https://www.healthnavigator.org.nz/medicines/b/budesonide-for-inhalation/

Do not start inhaled budesonide/formoterol (Symbicort) in place of budesonide (Pulmicort) for this indication. The unnecessary LABA may induce unwanted side effects.

Patients already using an inhaled corticosteroid for a different indication (either alone or in combination with long acting beta agonist [LABA]) should continue to use their regular medication and not switch budesonide.

Antiviral medications:
nirmatrelvir with ritonavir (Paxlovid), molnupiravir (Lagevrio), and remdesivir (Veklury)

PHARMAC has published the updated Access Criteria – which will apply to **all three** medicines– on its website here (summarised below)

- Paxlovid (nirmatrelvir with ritonavir PO) has been available for use in the community since 5 April 2022
- Lagevrio (molnupiravir PO) will be available for use in the community from 5 May 2022.
- Veklury (remdesivir IV) is available as a Section 29 unapproved medication via DHB hospitals only

Prescriptions must be endorsed by the prescriber

a) Confirming that the **patient meets the Access Criteria**.
b) Confirming the **date of onset of symptoms**
c) Record the **most recent renal function result (eGFR)**
d) Confirming a **contact phone number** for the prescriber

Access criteria – from any relevant practitioner.
Approvals are valid for patients where the prescribing clinician confirms the patient meets the following criteria and has endorsed the prescription accordingly:

All of the following:

1. Patient has confirmed (or probable) symptomatic COVID-19; AND
2. Patient's symptoms started within the last 5 days (if considering oral nirmatrelvir with ritonavir or oral molnupiravir) or within the last 7 days (if considering iv remdesivir); AND
3. Patient does not require supplemental oxygen#; AND
4. EITHER:
   - 4.1 The patient meets **ONE** of the following:
     - 4.1.1 Patient is immunocompromised* and not expected to reliably mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection, regardless of vaccination status; or
     - 4.1.2 Patient has Down Syndrome; or
     - 4.1.3 Patient has sickle cell disease;

   OR
   - 4.2 Patient has at least **FIVE** of the following:
     - 4.2.1 Any combination of the risk factors for severe COVID-19 disease identified by the Ministry of Health** (with each individual condition counting as one risk factor)
     - 4.2.2 Māori or any Pacific ethnicity
     - 4.2.3 Patient is aged 65 years and over (counts as two factors, or three if patient has not completed full course of vaccination), or is 50 years and over (counts as one factor)
     - 4.2.4 Patient has not completed a full course of vaccination***

   AND
5. Not to be used in conjunction with other COVID-19 antiviral treatments.

Notes:
Consider molnupiravir or remdesivir if nirmatrelvir with ritonavir is unsuitable or unavailable
* As per Ministry of Health criteria of 'severe immunocompromise' for third primary dose
** People with high risk medical conditions identified by the Ministry of Health.
*** 'Fully Vaccinated' defined as per the Ministry of Health definition [PDF].
# Supplemental oxygen to maintain oxygen sats >93% or at or above baseline for patients with chronic resting hypoxia

Decision aid for antiviral medication access criteria:

Table: **the number of risk conditions required** (as per criteria 4.2.1) to meet criteria 4.2:
(reproduced from PHARMAC website)

FACTORS		AGE LESS THAN 50	AGE BETWEEN 50 AND 64	AGE 65 AND OVER
Other ethnicities	Fully vaccinated	**5**	**4**	**3**
	Not fully vaccinated	**4**	**3**	**1**
Māori or any Pacific ethnicity	Fully vaccinated	**4**	**3**	**2**
	Not fully vaccinated	**3**	**2**	**0**

Antiviral medications: practice points

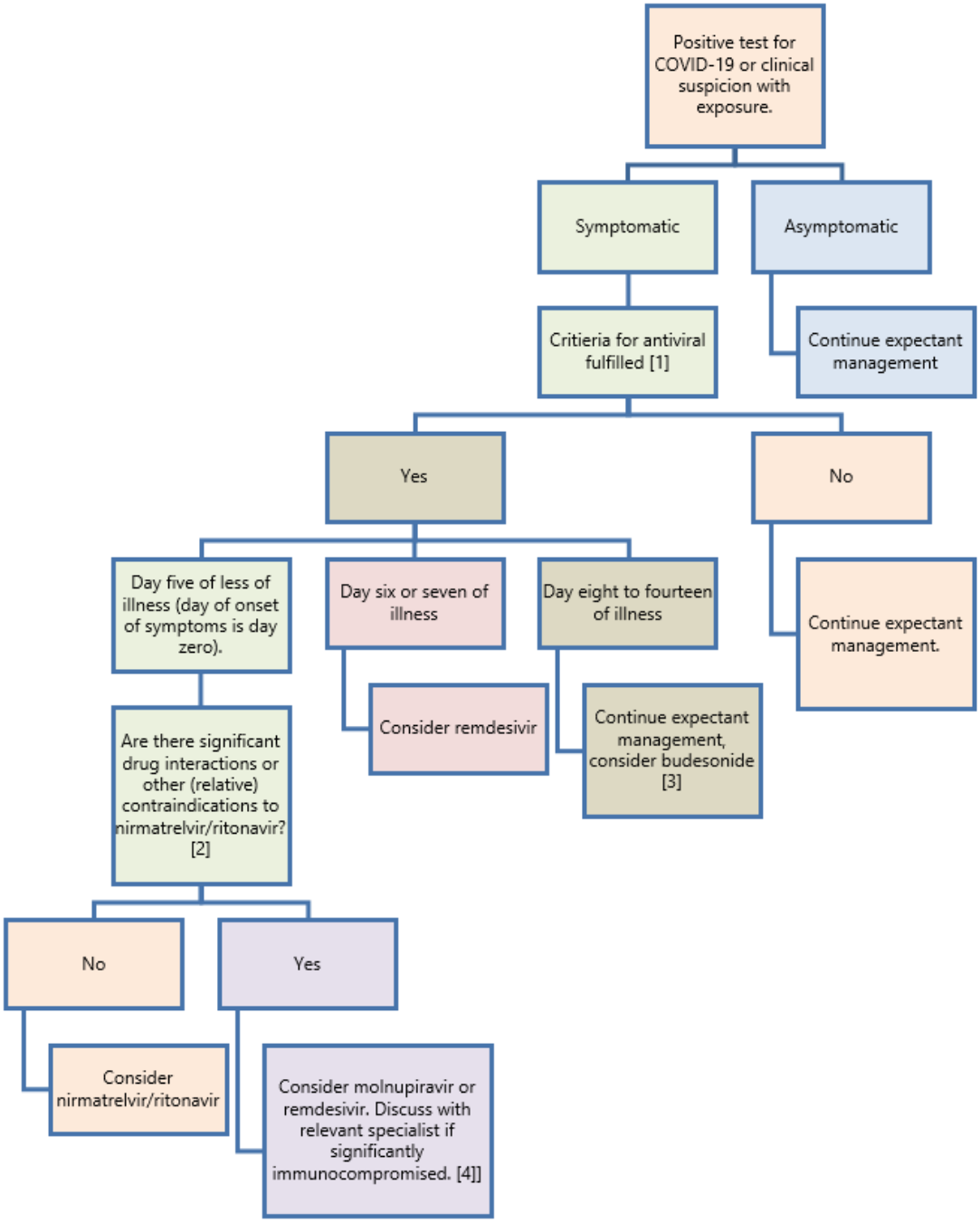
- Supply of oral antiviral medications will be **available only through selected pharmacies** (see appendix 4)
- There is no clear central guidance regarding the order in which to consider antiviral options, reflecting the lack of specific comparative data. Local specialist advice is:
  - ***For patients with severe immunosuppression*:** direct discussion between GP and the Specialist involved in the patient's care (or Covid SMO on-call) is recommended
  - ***For most other community-based patients:*** Paxlovid would likely be considered first-line unless contraindicated.
  - Where Paxlovid is contraindicated (including for those with eGFR<30ml/min) or there are significant drug-drug interactions which make its use difficult, **the choice of subsequent option is likely to be best guided by clinical risk:**
    - *For those who are immunosuppressed or considered high clinical risk*, remdesivir is likely the better second-line option, with molnupiravir reserved as third-line.
    - *For those eligible only by virtue of age and comorbidities*, either remdesivir or molnupiravir may be a reasonable second line option.
    - Logistical considerations and patient choice may influence the decision between oral and iv options
- Nirmatrelvir with ritonavir (Paxlovid) and molnupiravir (Lagevrio) should not be given to children, or those who are pregnant or breastfeeding. Access to pregnancy testing and contraceptives should be considered for those of childbearing age who are prescribed these medications.
- A useful "Living WHO guideline on drugs for Covid-19" is available on the BMJ website
- There may be a **role for PCR testing** if a patient returns a negative RAT but symptoms are persistent, if confirmation of the diagnosis will inform the clinical management and care of an individual – including if this may determine if therapeutics will be used.

- **Useful information** regarding Paxlovid dosing, clinical effect, interactions, contraindications, and side effects can be found on the He Ako Hiringa website [Treating COVID-19 with Paxlovid in primary care]

- Please note: Paxlovid interacts **with many common medications** (for example statins), and it is important to thoroughly assess risk and provide clear advice about withholding or adjusting the dose of some medications where this is necessary. An excellent website and downloadable app to check for interactions is available from the University of Liverpool at [COVID-19 drug interactions]

Community therapeutics flow chart

To be initiated by assessing clinician



KEY:

1) Pharmac Access Criteria (https://pharmac.govt.nz/news-and-resources/consultations-and-decisions/2022-04-28-decision-oral-covid-treatment-widened-access/) Click here
2) Check drug interactions with Liverpool COVID-19 interactions checker: https://www.covid19-druginteractions.org/ click here
    a. Check eGFR
    b. He Aki Hiringa COVID-19 Paxlovid learning package: Click Here
3) Therapeutics TAG statement on budesonide for COVID-19. https://www.health.govt.nz/system/files/documents/pages/therapeutics_technical_advisory_group_position_statement_on_budesonide_use_in_covid-19_updated_1_april_2022.pdf Click here
4) The decision between Remdesivir and Molnupiravir is multifactorial. Guidance overseas has recommended the use of molnupiravir when other antiviral options are not suitable or available. There are no head to head trials to compare efficacy. The decision should factor in the following:
    a. Pregnancy: (molnupiravir is contraindicated)-consider remdesivir.
    b. Advanced Chronic Kidney Disease (molnupiravir does not require dose adjustment).
    c. Logistics (remdesivir can only be given at Waikato and Thames Hospitals at present and is a three day course).
    d. Patient preference.
    e. Significant immunocompromised: discuss with relevant specialist and/or COVID SMO. Remdesivir may be favoured in this situation.

Appendix 4: Waikato Pharmacies dispensing Paxlovid and molnupiravir (Lagevrio)

PHARMACY	Phone	Fax	Prescription email
Anglesea Pharmacy (Hamilton)	839 3999	957 6061	dispensary@angleseapharmacy.co.nz
Huntly West Pharmacy	828 6290	828 6291	fax@huntlywestpharmacy.co.nz
Life Pharmacy Matamata	881 9022	888 5353	dispensary@lifematamata.co.nz
Ngatea Pharmacy	867 7408		ngateapharmacy@gmail.com
Raglan Pharmacy	825 8164	825 8864	raglandispensary@gmail.com
Sanders Pharmacy (Te Awamutu)	872 0564	871 5148	dispensary@sanderspharmacy.co.nz
Stephensons Unichem Pharmacy (Whitianga)	866 5319	866 4788	stephensons.unichem@gmail.com
Tui Pharmacy Te Rapa (Hamilton)	903 0058	903 0051	terapadispensary@tuipharmacy.co.nz
Unichem Otorohanga Pharmacy	873 7294	873 6465	dispensary@otorohangapharmacy.co.nz
Unichem Paeroa Pharmacy	862 8835	862 9235	dispensary@paeroapharmacy.co.nz
Unichem Taumarunui Pharmacy	895 7326	895 7035	dispensary@taumarunuipharmacy.co.nz
Unichem Thames Pharmacy	868 6363	868 6379	prescription@unichemthames.co.nz
Unichem Tokoroa Pharmacy	886 7584	886 1517	rxleith@tokoroapharmacy.nz
Unichem Whangamata Pharmacy	865 9398	865 8686	unichemwhangamata@gmail.com
Pharmacy on Meade (Waikato Hospital)	839 8855	839 8856	pharmacyonmeade@waikatodhb.health.nz