Te Whatu Ora
Health New Zealand
Waikato

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 8: 22nd July 2022

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Primary Care Home Monitoring Covid-19

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Document Purpose

This will be the **final version** of the Primary Care Home Monitoring document, given that key contacts and referral pathways are now well-established and clinical guidelines are updated promptly across HealthPathways, MOH, and PHO sites.

The Primary Care Response Unit (PCRU) will continue to facilitate collaboration and support across the continuum with a key focus on priority and vulnerable populations. Important changes to pathways, guidance, or contacts will be communicated via PHOs and Te Whatu Ora (Health NZ) provider bulletins.

Updates for this version

Updates from previous version 7 dated 22.06.22 to this version 8 include: (red text in document)

- Document purpose – note re final version – page 2
- Testing – update re PCR availability – page 7
- Possible reinfection – update to local guidance - pages 8
- Appendix 3 – Medications
  - Antiviral medications – updated access criteria and decision aid – page 17-18

We recognise the ongoing hard work of Primary Care teams in managing Covid-19 alongside other winter respiratory illness and busy workload, 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**

Key Sector Contacts

Key Sector Contact Details

• National Community Isolation Advice line	**0800-687-647**
• Waikato Manaaki/welfare referrals	**See process outlined below** **MSD: 0800-512-337 (free to call, 7 days per week)**
• Pulse oximeter supplies	**Logistics@waikatodhb.health.nz** **027-202-7868 (Mon-Fri – in weekends call ICC)**
• 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 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)

Updated guidance and referral pathways for managing whānau/households

- Current guidance for isolation and swabbing requirements, covering phase 3 and effective from 16.5.22 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:

- 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 **16.5.22 MOH updated guidance:**

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.

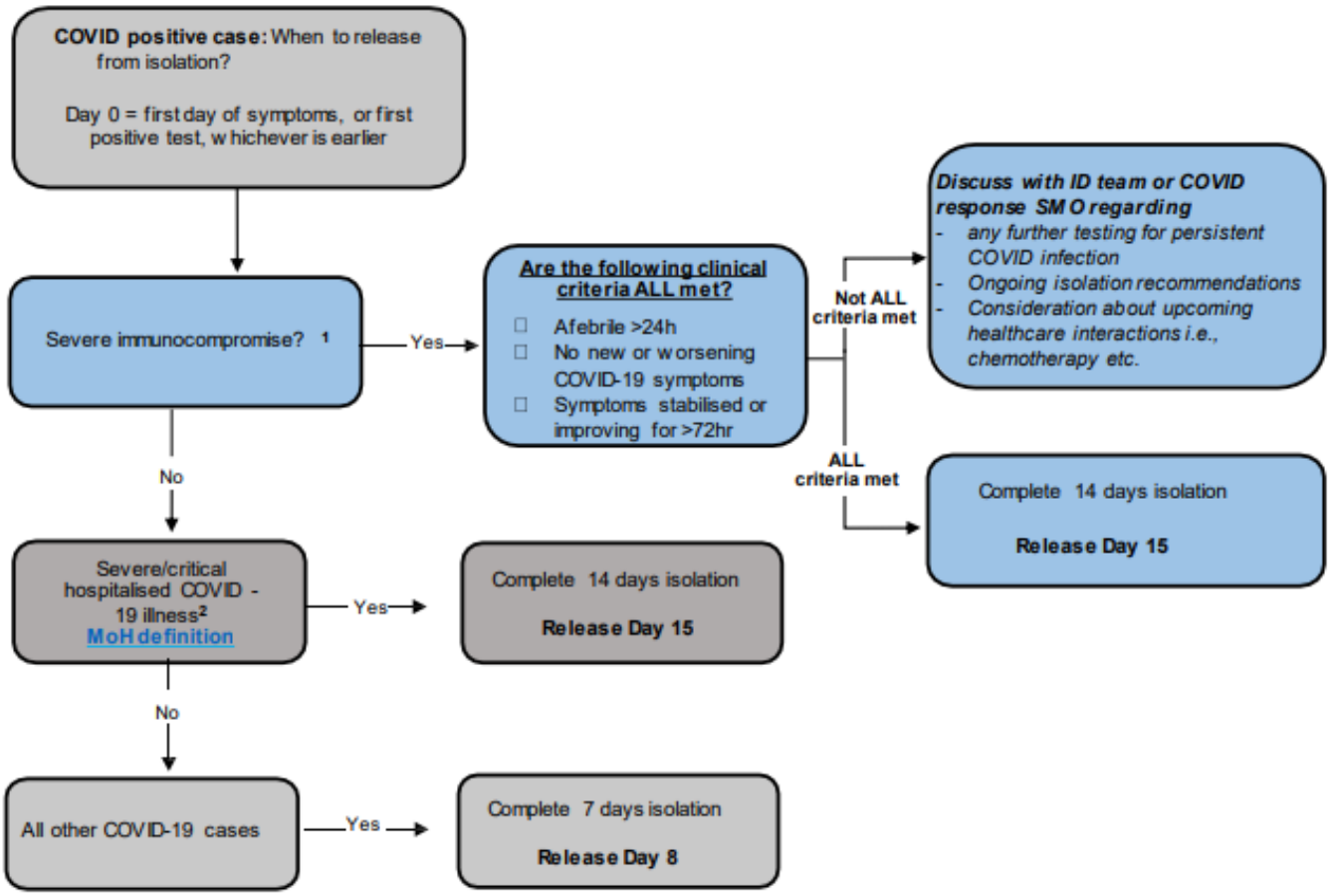
- Please note that no testing is required beyond the initial diagnostic positive – patients do not require a negative test before release. Once they have completed their isolation period they are no longer considered infectious, though subsequent tests may remain positive for a number of months.

Extended isolation:

- For cases known to be severely immunocompromised, or following serious/critical hospitalisation, longer periods of isolation may be recommended. Local guidance is as follows:

COVID-19 Recommended isolation pathway for those with severe immunocompromise or serious/critical hospitalisation

This flow chart applies only to community cases - Hospital isolation times may differ from those in this flowchart
These are recommendations for best clinical care for COVID patients, but is not legislated under the COVID-19 Public Health Response Act 2020



1. **'Severely immunocompromised'** includes, but not limited to:
   - active treatment of solid tumour and haematological malignancies;
   - solid-organ transplant recipient;
   - within 2 years of CAR-T-cell or haematopoietic stem cell transplant;
   - moderate or severe primary immunodeficiency;
   - advanced or untreated HIV infection;
   - treatment with immunosuppressive or immunomodulatory agents with similar or greater potency than prednisone at dose of 20mg / day for >2 weeks (especially B-cell depletion[3] e.g. rituximab).
     Ref: CDC. If uncertainty, contact prescriber to discuss likely net state of immunosuppression.
2. **'Severe/critical COVID-19'** and other severity categories as defined by Ministry of Health: Clinical Management of COVID-19 in Hospitalised Adults (including in pregnancy).
3. **'Profound B-cell depletion/dysfunction'** include rituximab therapy within the past 6 months, certain primary immunodeficiency syndromes, certain haematological malignancies (and their treatment), haematopoietic stem cell transplantation, among others. Cases of persistent and/or relapsing COVID-19 infection in these patient groups are well documented, and can cause both severe disease and ongoing infectiousness. If these patients have persisting symptoms and/or positive RATs they should be discussed with ID and the specialist overseeing the immunocompromising condition, for an individualised isolation and follow up plan.

Testing options:

- **RATs** are now the most commonly used diagnostic test in the community setting
- **PCR tests** are available at the Greenwood St Covid-19 Testing Centre in Frankton, Hamilton, though no longer routinely available at all other community testing centres (CTCs) unless specifically indicated. 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. For information about Waikato-based CTCs, including RAT collection or PCR availability, please see Healthpoint (available HERE), or call the Integrated Coordination Centre (ICC, 0800 220 250).

- **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.)

- **Testing on presentation to Waikato Hospital**
  Patients presenting to Waikato Hospital can expect the following:
  - If symptomatic: 4 virus PCR swab (Covid-19, influenza A + B, RSV)
    - with immediate RAT if inpatient
    - with immediate NAAT (nucleic acid amplification test, rapid result) if seen in ED/AMU overnight (outside routine lab hours)
  - If asymptomatic: supervised RAT unless a case in previous 90 days
    - severely immunocompromised patients may require PCR with CT value
  - Support persons/caregivers: supervised RAT unless a case in previous 90 days, PCR if RAT is positive

Possible reinfection: local guidance

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.

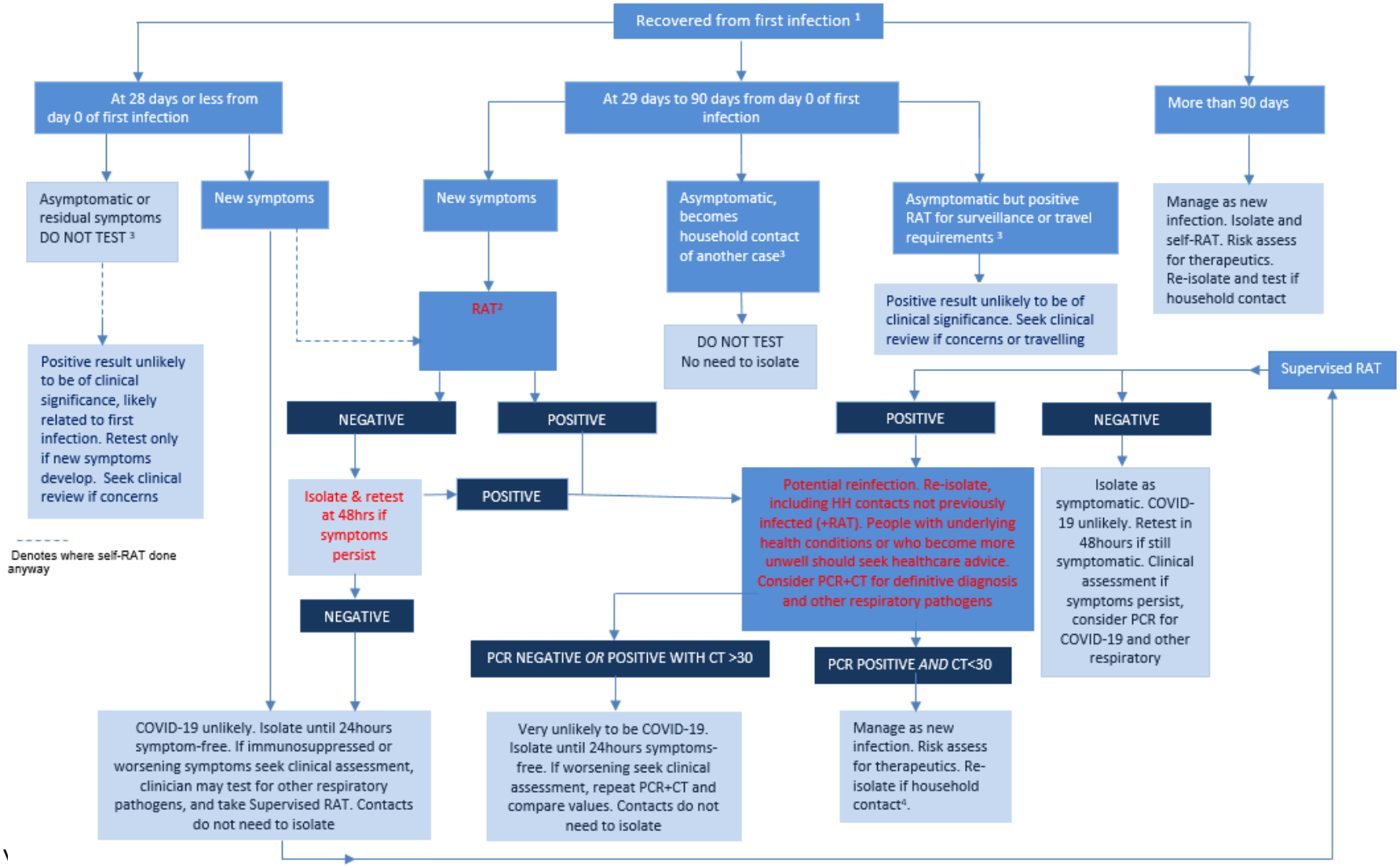
- While reinfection with Covid-19 within 90 days is uncommon, there have been cases locally, and a suggested reinfection pathway is attached below. Clinical discretion may be applied, and discussion with Infectious Diseases, Covid SMO, or a specialist involved in the patient's care is recommended for those with severe immunocompromise.

- Antiviral medications may be repeated for those with a second (or subsequent) Covid-19 infection, providing the case still meets access criteria.

Primary Care Home Monitoring Covid-19

Te Whatu Ora
Health New Zealand
Waikato

Waikato COVID-19 reinfection guide (June 29th 2022)



KEY:

1. *For people who have not fully recovered from their initial infection clinical review is advised if new symptoms develop or residual symptoms worsen*
2. *(as per MoH guidelines) People who are low-risk should not self-RAT. Test with supervised RAT particularly if their first COVID-19 infection was diagnosed by RAT, and confidence in the initial diagnosis is low, e.g., if the first infection: was not epidemiologically linked, or was not symptomatic, or occurred at a time of low prevalence OR if a diagnosis is important for: access to COVID-19 therapeutics, access to isolation support, protecting vulnerable household members, workplace, or clients, employment purposes*
3. *See specific guidance for Critical Healthcare Workers on MOH website*

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.

Maternity

- An accompanying updated guidance document for Maternity Care of Covid-19 will be released in conjunction with this document: Omicron version 6 – reflecting the changes made here. There are no significant changes to Maternity-specific Guidance – please continue to review HealthPathways for updated clinical guidelines.

- 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 have an **increased risk of both pregnancy and COVID-19 complications. Updated local guidance regarding referrals to Obstetric department based on national guidance:**
    - LMCs are no longer required to refer all well Covid-positive pregnant people
    - Referrals continue to be required for those unwell and/or at high risk, and should be undertaken by LMC (or GP if no LMC). If urgent concerns, 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.)

Patient Management System (BCMS/CCCM)

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

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

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 Whānau Ora providers, rural locations, Waikato Hospital (please see **Appendix 1** for details)

They are available by emailing : logistics@waikatodhb.health.nz or by phoning **027 202 7868 (Mon-Fri)**
In weekends please call ICC (Integrated Coordination Centre, 0800 220 250)

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 a referral to the Integrated Coordination Centre.

Contact the ICC team to discuss potential referral (details on page 3).

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

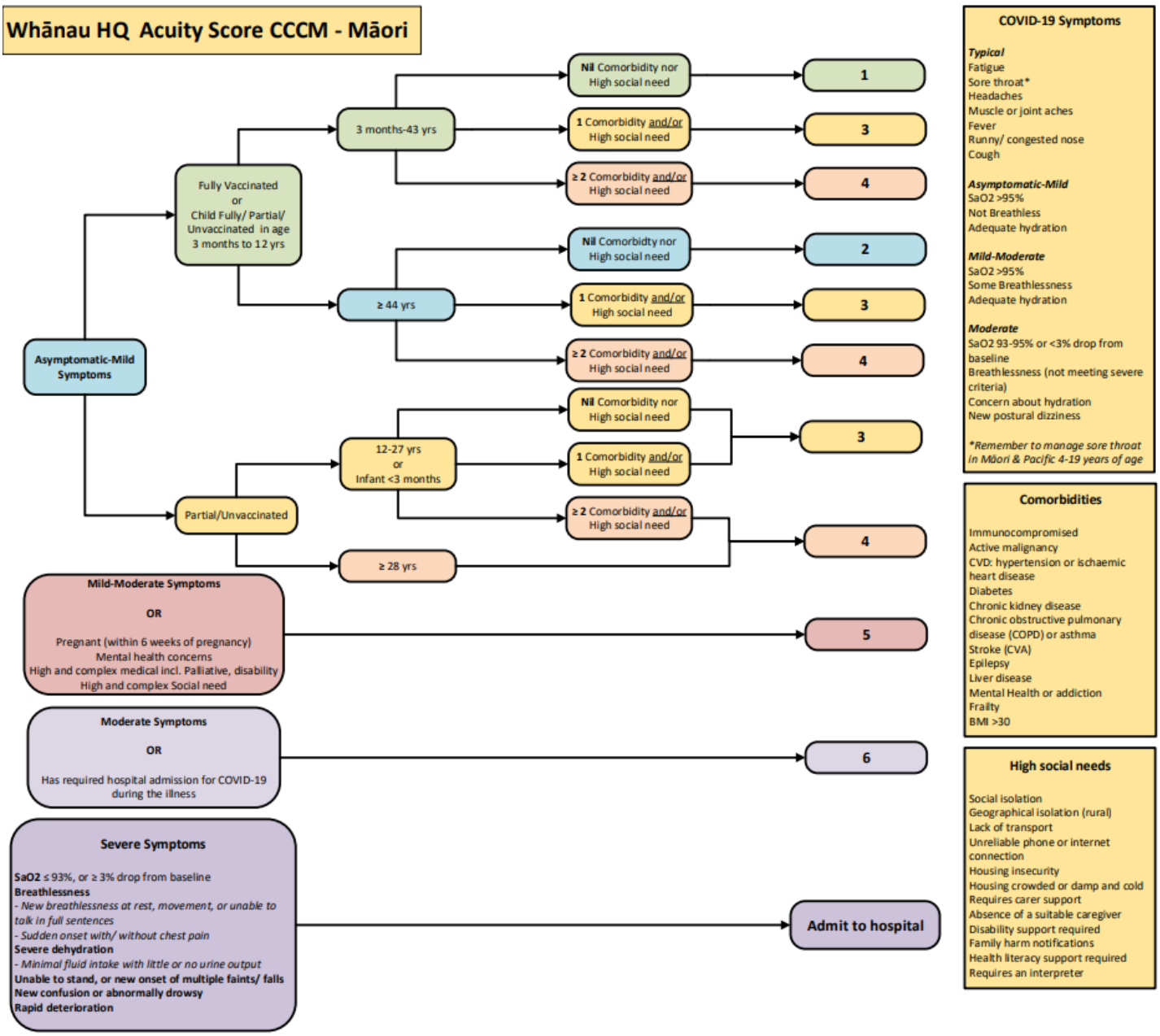
Appendix 2
Acuity Score guidance

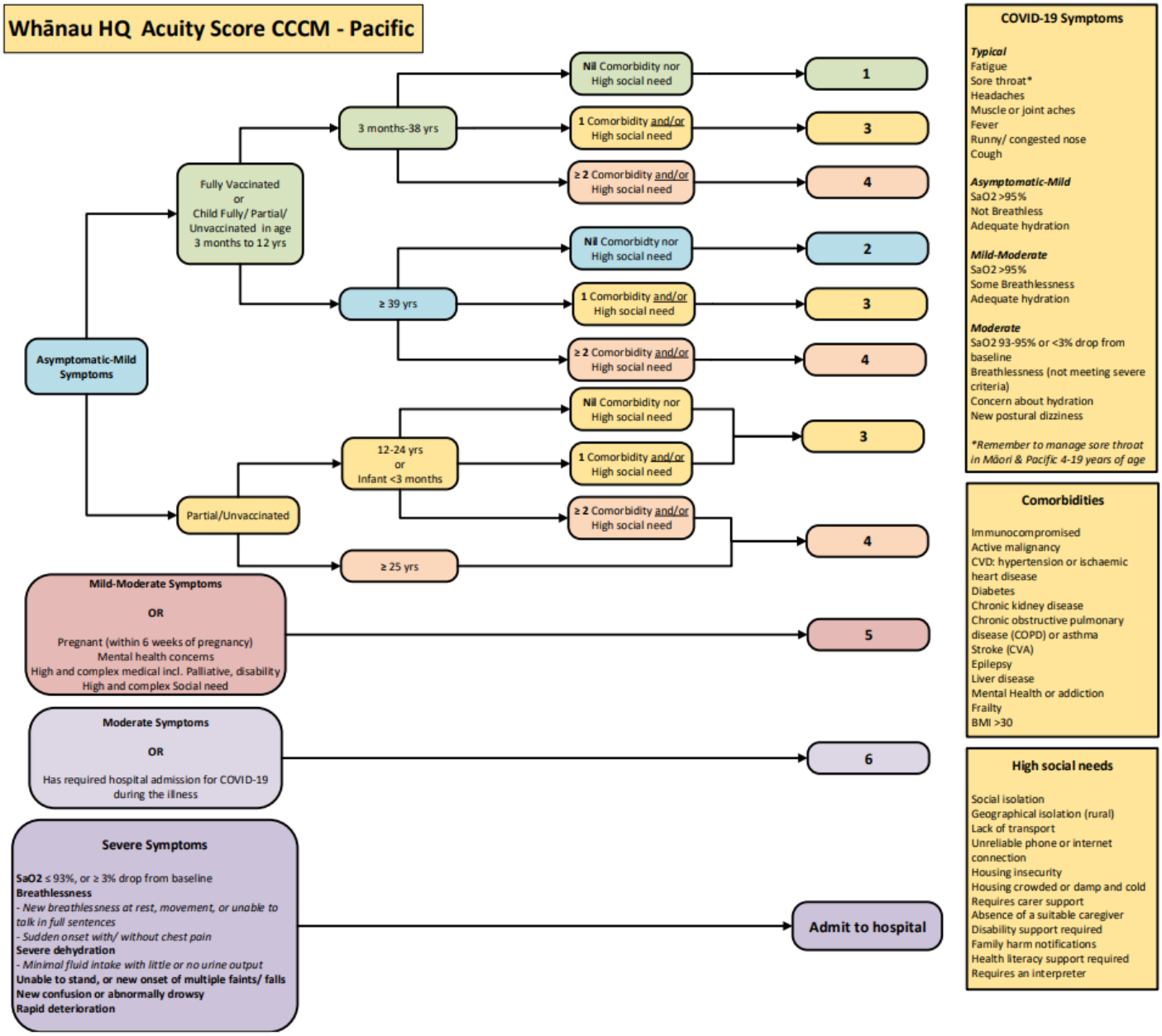
WhanauHQAcuityScoreCCCM_Maori.pdf

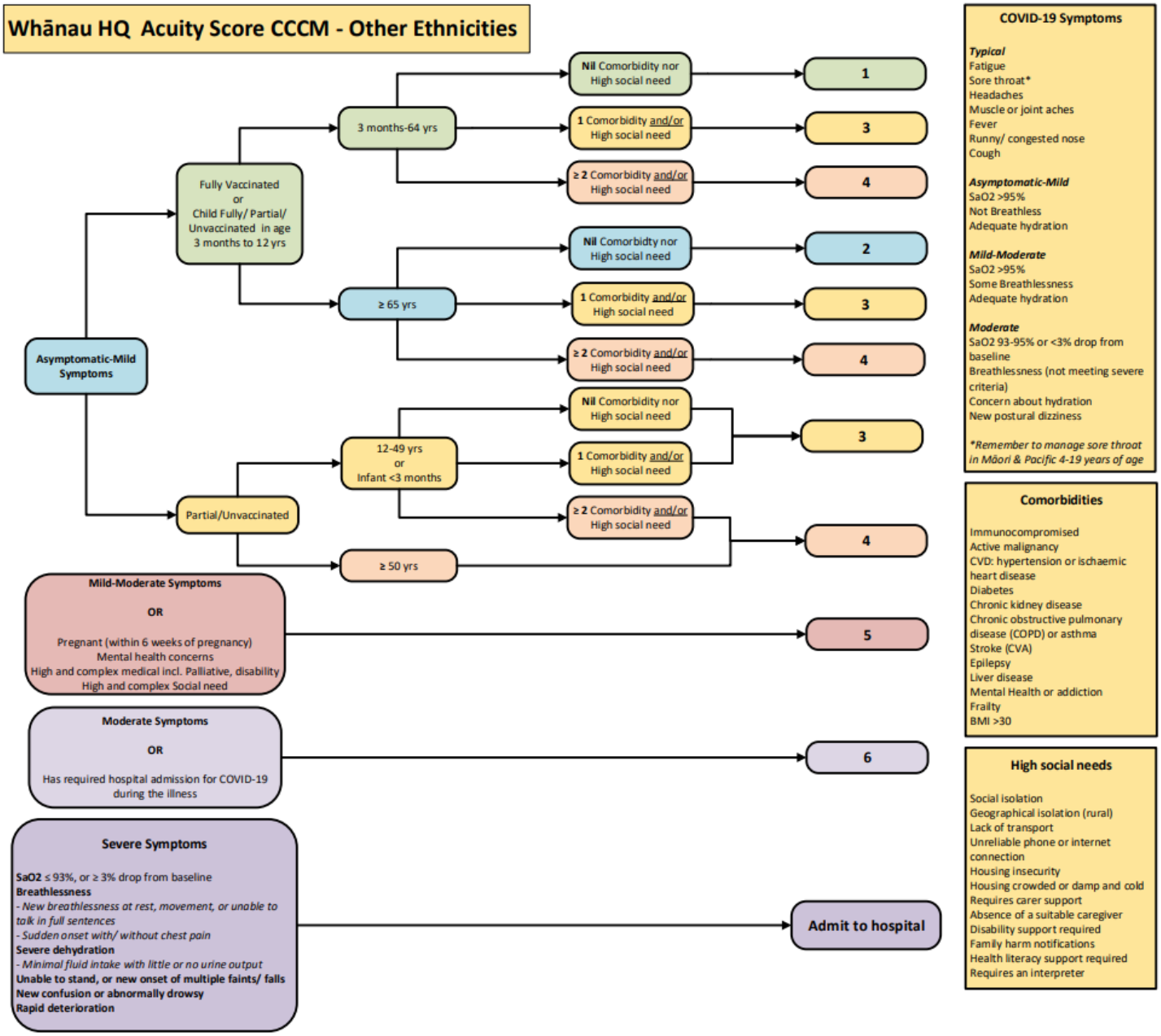
WhanauHQAcuityScoreCCCM_Pacific.pdf

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
3
1 Comorbidity and/or High social need
≥ 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
- 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 - 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
3
1 Comorbidity and/or High social need
≥ 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
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)
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*Remember to manage sore throat in Māori & Pacific 4-19 years of age
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Immunocompromised
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Chronic obstructive pulmonary disease (COPD) or asthma
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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). In order to ensure ongoing adequate supply, apply clinical consideration and only supply one inhaler per patient. Consider clinical review if further inhalers are requested.

Updated (1 April 2022) recommendations from the COVID-19 Therapeutics Technical Advisory Group recommends:
Consider the use of inhaled budesonide 800 mcg BD for up to 14 days in non-hospitalised patients with confirmed COVID-19, who can manage a turbuhaler device, and are:

- Within the first 14 days of symptom onset of COVID-19 illness
- AND are not taking other inhaled* or systemic corticosteroid
- AND are not eligible for antiviral or antibody therapy, or where use is contraindicated
- AND have not completed an effective course of vaccination†
- AND are over 60 years old if Māori or Pasifika OR over 70 years old if other ethnicity
- AND have at least 2 other risk factors for severe COVID-19
    - *Other risk factors include: chronic kidney disease, obesity BMI >35, chronic lung disease, active cancer, uncontrolled hypertension, uncontrolled diabetes, significant cardiac disease, chronic liver disease, or immunocompromise.*

* 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. For example, if using regular long-term fluticasone for asthma, continue this and do not switch to budesonide.
Inhaled budesonide/formoterol (Symbicort®) should NOT be started in place of budesonide (Pulmicort) for this indication.

† Incomplete vaccination course is considered to be receipt of:

- Fewer than 2 doses of vaccine
- OR only 2 doses of vaccine, with second dose < 7 days or > 6 months before symptom onset

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

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

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

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 (as 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, or has symptoms consistent with Covid-19 and is a household contact of a positive case; 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. ANY of the following:
   - 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
     - 4.1.4 Patient has had a previous admission to ICU directly as a result of COVID-19; or
     - 4.1.5 Patient is aged 75 years or over

   OR

   - 4.2 Patient is of Māori or Pacific ethnicity and has at least **FOUR** of the following factors:
     - 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 Patient is under the age of 50 and has not completed their primary course^ of vaccination (counts as one factor)
     - 4.2.3 Patient is aged between 50 and 64 years (counts as one factor, or four if patient has not completed a primary course^ of vaccination)
     - 4.2.4 Patient is aged between 65 and 74 years (counts as two factors, or four if patient has not completed a primary course^ of vaccination)

   OR

   - 4.3 Patient is of another ethnicity and has at least **FIVE** of the following:
     - 4.3.1 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)
     - 4.3.2 Patient is under the age of 50 and has not completed their primary course^ of vaccination (counts as one factor)
     - 4.3.3 Patient is aged between 50 and 64 years (counts as one factor, or two if patient has not completed a primary course^ of vaccination)
     - 4.3.4 Patient is aged between 65 and 74 years (counts as two factors, or five if patient has not completed a primary 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.
^ 'Primary Course' defined as receiving at least two doses of vaccination against COVID-19
# 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:

For a useful PHARMAC online interactive tool click here (web address: https://pharmac.govt.nz/news-and-resources/covid19/covid-oral-antivirals/access-criteria-assessment-tool/)

Table: **the number of risk conditions required** (as per criteria 4.2.1 or 4.3.1) to meet criteria 4.2 or 4.3:
(reproduced from PHARMAC website)

ETHNICITY	VACCINATION STATUS	AGED LESS THAN 50	AGE BETWEEN 50 AND 64	AGE BETWEEN 65 AND 74	AGE 75 OR OVER
Māori or Pacific	Not completed primary course	3	0	0	0
	Completed primary course	4	3	2	0
Other ethnicities	Not completed primary course	4	3	0	0
	Completed primary course	5	4	3	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 and via the Ontario Science bulletin website here

- 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.

- Engagement between Primary Care and Secondary Care may be required:
  1. If adjustments to complex medications (such as tacrolimus/ciclosporin or amiodarone) may be required to accommodate the use of Paxlovid, or alternatives such as molnupiravir or remdesivir may need to be considered.
  2. If the patient has potential contraindications to oral therapeutics, such as advanced chronic kidney disease (Paxlovid) or pregnancy (molnupiravir).
  3. If there are additional decisions such as rescheduling planned therapies such as Intravenous Immunoglobulin replacement, chemotherapy, or immunomodulating therapy that may be required.
     - Either group should feel empowered to start a conversation to ensure the best outcome for a patient. If it is uncertain to whom this discussion should be directed, default to the COVID response SMO for guidance.

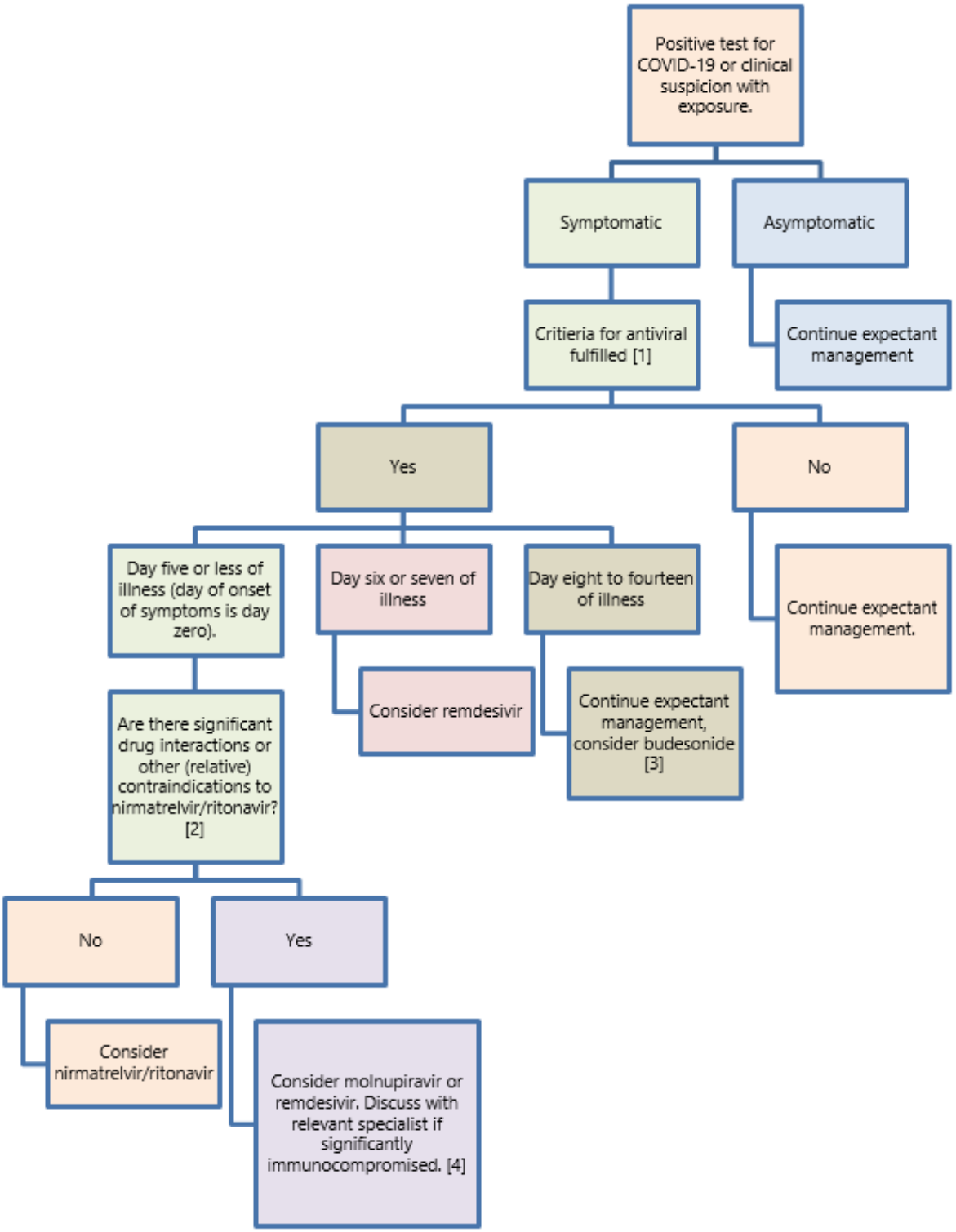
Community therapeutics flow chart

To be initiated by assessing clinician

KEY: (flowchart on next page)

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.

Community therapeutics flowchart:



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

Note: there may only be very **limited options over weekends and Public Holidays –** only those highlighted are open on a Sunday/Public Holiday

- Please ensure you check Healthpoint for up-to-date opening hours
- As opening hours can change at short notice a phonecall directly to the pharmacy is recommended for in weekends or on Public Holidays
- if you have difficulty accessing Covid-19 therapeutics in your local community please liaise with
  - PCRU (ph 027 275 2676, email PCRU@waikatodhb.health.nz) or
  - Integrated Coordination Centre (ph 0800 220 250, email CSIQService@waikatodhb.health.nz) for assistance

PHARMACY	Phone (07)	Fax	Prescription email	Weekend opening hours
Anglesea Pharmacy (Hamilton)	839 3999	957 6061	dispensary@angleseapharmacy.co.nz	8am-11pm 7 days
Huntly West Pharmacy	828 6290	828 6291	fax@huntlywestpharmacy.co.nz	Closed both days
Life Pharmacy Matamata	881 9022	888 5353	dispensary@lifematamata.co.nz	Sat 9am-1pm, Sun closed
Ngatea Pharmacy	867 7408		ngateapharmacy@gmail.com	Sat 9am-12pm, Sun closed
Raglan Pharmacy	825 8164	825 8864	raglandispensary@gmail.com	Sat 9am-1pm, Sun closed
Sanders Pharmacy (Te Awamutu)	872 0564	871 5148	dispensary@sanderspharmacy.co.nz	Sat 9am-3pm, Sun 9am-3pm
Stephensons Unichem Pharmacy (Whitianga)	866 5319	866 4788	stephensons.unichem@gmail.com	Sat 9am-2pm, Sun closed
Tui Pharmacy Te Rapa (Hamilton)	903 0058	903 0051	terapadispensary@tuipharmacy.co.nz	8am-8pm 7 days
Unichem Otorohanga Pharmacy	873 7294	873 6465	dispensary@otorohangapharmacy.co.nz	Sat 9am-12.30pm, Sun closed
Unichem Paeroa Pharmacy	862 8835	862 9235	dispensary@paeroapharmacy.co.nz	Sat 9am-12.30pm, Sun closed
Unichem Te Kuiti Pharmacy	878 8011	878 8010	utkpharmacy@gmail.com	Sat 9.30am-12.30pm, Sun closed
Unichem Taumarunui Pharmacy	895 7326	895 7035	dispensary@taumarunuipharmacy.co.nz	Sat 9.30am-12.30pm, Sun closed
Unichem Thames Pharmacy	868 6363	868 6379	prescription@unichemthames.co.nz	Sat 9am-1pm, Sun closed
Unichem Tokoroa Pharmacy	886 7584	886 1517	rxleith@tokoroapharmacy.nz	Sat 9am-4pm, Sun closed
Unichem Whangamata Pharmacy	865 9398	865 8686	unichemwhangamata@gmail.com	Sat 9am-3pm, Sun 10am-1pm
Pharmacy on Meade (Waikato Hospital)	839 8855	839 8856	pharmacyonmeade@waikatodhb.health.nz	Sat 9.30-2pm, Sun closed