

COVID-19 in Community

September 30 2021

How can GP's contribute to the Community Support Team?

SCOT FORTEY District Clinical Director CCLHD

Model of care for the use of sotrovimab in adults in NSW

In August 2021, the Therapeutic Goods Administration (TGA) provisionally approved the use of sotrovimab for the treatment of COVID-19 in adults. This medication will become available in limited supply for use in Australia in late August 2021.

This drug is for the treatment of mild COVID-19 that is likely to progress to severe disease.

The purpose of this guidance is to outline the model by which sotrovimab will be used in NSW. This model will be updated as required and based on:

- changes in the evidence
- increased access to supply
- the context of outbreaks in NSW.

Local access to sotrovimab will be through usual Drug and Therapeutic Committee processes.

Methodology

The model is based on recommendations from the National Clinical Evidence Taskforce guidelines² and

Who can be treated with sotrovimab?

Clinical criteria

As per the National Taskforce Guidelines, sotrovimab is appropriate for use in adult patients:

- within five (5) days of symptom onset (symptoms may be very mild); AND
- who do not require oxygen; AND
- who have not been fully vaccinated.
(Note: Fully vaccinated means 2nd dose >2 weeks ago); AND
- who have **one or more** of the following risk factors for disease progression:
 - diabetes (requiring medication)



Australian Government
Department of Health



Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units

Version 4.8

07 September 2021



Caring for adults with COVID-19 in the community

Introduction

People who have tested positive to the delta variant of concern of COVID-19 may be managed in the community. Care can be provided by a COVID-19 specific service, community team, virtual care service or through Hospital in the Home (HITH).

The team that is responsible for the care of a person with COVID-19 will vary according to local resourcing, geographic location and service models but should be multidisciplinary in nature.

Purpose of this guideline

This document outlines guidance to assist staff to:

- triage patients who can safely be cared for in the community at the time of referral
- identify those who may be at risk of progression

Governance

Use of this guideline and other policy documents will be underpinned by local factors including location and demographics as well as service factors such as leadership, governance, resources and policies/procedures.

Delta variant of concern

The Delta variant is a VOC (WHO) poses issues for disease control and management due to increased transmissibility, severity and vaccine resistance.¹

Compared with previous variants, Delta has been more common in younger people. Risk of a hospital admission is approximately doubled in those with the Delta VOC when compared to the Alpha strain with risk of admission particularly

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Household Contacts of COVID-19

If you have been told you are a household contact of someone with COVID-19:

- Get tested for COVID-19 immediately and if you develop symptoms at any time during your self-isolation period
- Self-isolate in your home for 14 days since the person with COVID-19 received a positive test result. If other people living in your home later test positive, you will need to continue isolating for 14 days from when the most recent person tested positive.

How will I know if I am a household contact?

NATIONAL
COVID-19
CLINICAL
EVIDENCE
TASKFORCE

LATEST GUIDANCE

29 SEPTEMBER 2021

Updates this week include:

- Budesonide
- Sotrovimab for pregnant women
- Magnesium sulfate in pregnancy
- REGEN-COV for pregnant or breastfeeding women
- REGEN-COV for post-exposure prophylaxis
- Ivermectin FAQs
- ATAGI for vaccine advice

Subscribe here for updates

Caring for people with COVID-19

Supporting Australia's healthcare professionals with continually updated, evidence-based clinical guidelines

Processes

- Positive PCR-> line list
- PHU- Interview , case contact interviews
- Patient Flow Portal PFP (ROH)
- EMR
- Community Client List
- Initial interview, welfare checks, pre release from isolation
- Risk assessment – Green, orange, red monitoring groups
- Community Support Team, APAC, Mental Health, Drug & alcohol, Aboriginal support, Support Medical Officers, GPs?
- Oximetry, checking, escalation, close loop

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The team that is responsible for the care of a person with COVID-19 will vary according to local resourcing, geographic location and service models but should be multidisciplinary in nature.

Purpose of this guideline

This document outlines guidance to assist staff to:

- **triage** patients who can safely be cared for in the community at the time of referral
- **predict** those who may be at risk of requiring hospitalisation
- **detect** clinical deterioration
- and **escalate** appropriately.

It should be read in conjunction with state and national documents addressing clinical care of people with COVID-19, virtual care and infection control:

- **Communicable Disease Network of Australia (CDNA) Coronavirus Disease 2019 (COVID-19)**

Governance

Use of this guideline and other policy documents will be underpinned by local factors including location and demographics as well as service factors such as leadership, governance, resources and policies/procedures.

Delta variant of concern

The Delta variant is a VOC (WHO) poses issues for disease control and management due to increased transmissibility, severity and vaccine resistance.¹

Compared with previous variants, Delta has been more common in younger people. Risk of a hospital admission is approximately doubled in those with the Delta VOC when compared to the Alpha strain, with risk of admission particularly increased in those with five or more relevant comorbidities.

Methodology

This guidance is based on current evidence, listed in references.

Expert advice was sought in the development of this guideline including RPA Virtual, Sydney LHD, the Ministry of Health^{2,3} Hospital in the Home (HITH),

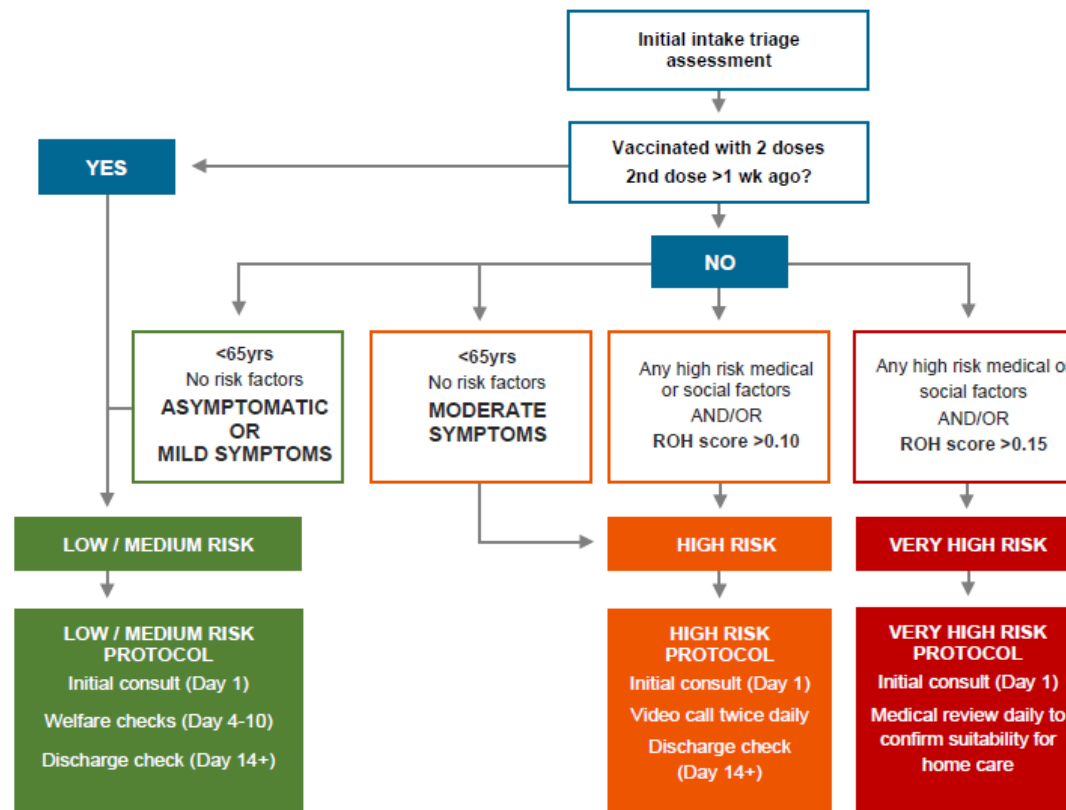
Determining level of risk and appropriateness for care in the community for COVID-19 positive patients

Patient care is tailored to individual risk. During the initial phone call, follow the flow chart using the patient's information.

Once the level of risk is determined, see associated box for care package.

NOTE: DAYS ARE CALCULATED BASED ON THE DAYS THAT SYMPTOMS COMMENCED (DAY 0).

If the patient is asymptomatic, count from positive swab day (Day 0).



If a vaccinated patient is deemed at higher risk at the initial consult they should be re-triaged into a higher risk category

PROPOSAL

- CCST triage
 - CCST
 - APAC
 - MH
 - D & A
 - Aboriginal support services
 - Sotrovimab
 - Support Medical Officers
 - Ambulance
 - Emergency Department

PROPOSAL

- 1. GP's could assess some of the patients/ families known to them and report back daily to CCST to close the loop (the frequency of assessment would be up to you)
- 2. GP's may be asked for their advice on patients/families known to them (as is currently happening and greatly appreciated)

PROPOSAL- 1

- CCST triage
 - CCST
 - APAC
 - GP's
 - MH
 - D & A
 - Aboriginal support services
 - Sotrovimab
 - Support Medical Officers
 - Ambulance
 - Emergency Department

PROPOSAL- 2

- CCST triage
 - CCST
 - APAC
 - MH
 - D & A
 - Aboriginal support services
 - Sotrovimab
 - Support Medical Officers -<-----> GP's
 - Ambulance
 - Emergency Department

Thank you – happy for ongoing dialogue on this