



**Community
HealthPathways**
Hunter New England

Care of COVID positive Adults in the community



**Community
HealthPathways**
Hunter New England



**PRIMARY
HEALTH
NETWORK**



patient info
CENTRAL COAST & HUNTER NEW ENGLAND



Health
Hunter New England
Local Health District

Key points

- Review of HNE CCitC changes- Maternity
- Healthpathway update
- Assessing patients with covid- things to consider
- New antivirals

Dr Lee Fong
Secretary HGPA CRU

HGPA
CRU

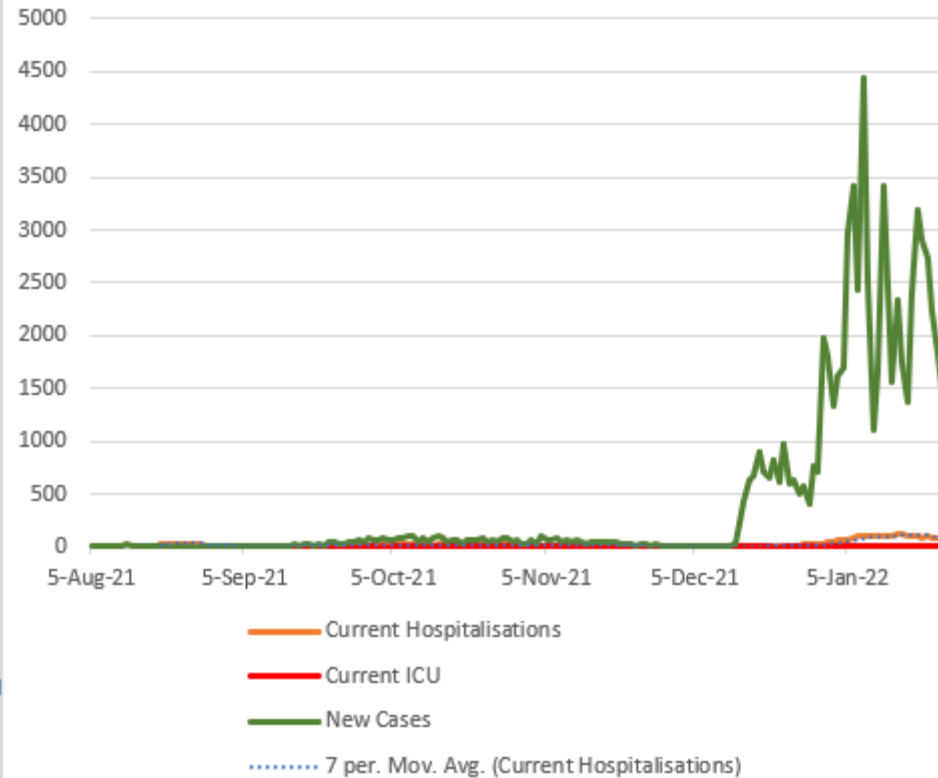
Hunter General Practitioners Association
COVID Response Unit

huntergpa.org

enquiries@huntergpa.org [@Hunter_GPA](https://twitter.com/Hunter_GPA) [huntergpa](https://www.facebook.com/huntergpa)

HNELHD COVID-19 New (PCR + RAT*) Cases & Hospitalisations

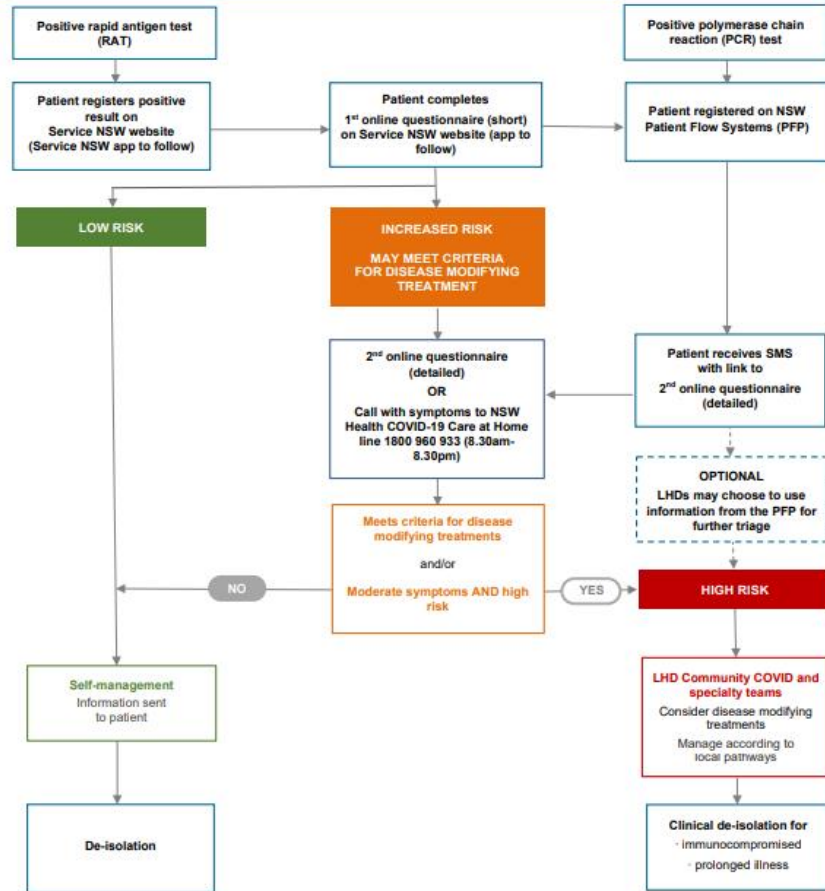
*RATs may be from preceding seven days, may have been reported on multiple days, or double-reported parallel to positive PCRs



Caring for adults and children in the community with COVID-19

(RAT and PCR positive)

Flow chart and care protocols as at January 12, 2022



- Patient
- At
- Tr
- Pt
- In of dk in
- Patient

- Pregnancy with [these criteria](#) ^

Criteria

Pregnant patients eligible for care with COVID-19 Care in the Community:

- Patients eligible for sotrovimab:
 - Symptomatic unvaccinated pregnant patients at any gestation, and
 - Within 5 days of diagnosis, and
 - Considering sotrovimab infusion
- Unvaccinated patients with significant co-morbidities e.g.: diabetes, chronic medical conditions (including moderate or severe asthma), BMI > 40
- Referrals for pregnant patients > 34 weeks who do not fit the criteria above will be considered following discussion with the clinical team.

All other pregnant patients should register on the Services NSW App to ensure that local maternity services are notified.

Note
deve

.15 and aged > 50

.15 and

aged > 35 years and

general practitioners
these patients are

Assessing and Managing patients

RED FLAGS

INTERVENTION

SELF MANAGEMENT
PROTOCOL

Management

1. If [red flags](#) and the patient gives consent, arrange ambulance transfer to the nearest [emergency department](#):
 - ensure notification of COVID-positive status.
 - provide a health summary and/or upload to [My Health Record](#).
 - phone the on-call physician for COVID-19 or emergency department physician via hospital switch to advise and discuss if direct admission may be appropriate.
2. Contact [COVID-19 Care in the Community \(CCiC\)](#):
 - to refer patients with [very high risk factors for hospitalisation](#).
 - for clinical advice or to escalate care for closer community monitoring for self management protocol patients
 - to initiate referral for patients with [clinical indications for sotrovimab](#) after shared decision discussion with patient.
3. Contact:
 - the [Public Health Unit](#) to request alternate patient accommodation due to social risk factors, barriers to successful isolation or other factors that may affect suitability for home care. Availability may be limited and/or out-of-region.
 - [COVID Kids@Home](#) if care is required for any dependent children.
 - [emergency respite care](#) if care is required for older dependants.
4. Manage according to care protocol:
 - [Care provided by CCiC](#)
 - [Self-management](#)
5. Provide the patient with [contact details for health advice and to support isolation](#). See also:
 - [COVID-19 Isolation Support](#).
 - [COVID-19 Mental Health Support](#).
6. Contact NSW Police on **131-444** if unable to contact the patient for a welfare check.
7. Consider care required for [COVID-19 positive palliative care patients and after-death care](#).
8. Advise patient regarding [de-isolation criteria and processes](#).
9. Arrange monitoring and COVID-19 vaccination (if required) in the [recovery phase](#).

4. Manage according to care protocol:

- [Care provided by CCitC](#) ▾
- [Self-management](#) ▲

Self-management

All COVID-positive patients will receive advice from NSW Health via SMS message regarding self-management, and may contact their general practitioner for support. Patients can call the NSW Health COVID-19 Care at Home Support Line on 1800-960-933 for re-triage if the information about their known risk factors is incorrect.

1. Ensure the patient does not have [very high risk factors for hospitalisation](#) ▾ requiring referral to [CCitC](#) ▾.
2. Provide the patient with:
 - [escalation plan and contacts](#) ▾.
 - [RACGP – Managing Mild COVID-19 at Home with Assistance from Your General Practice](#) ☑.
3. Arrange:
 - telehealth video consultations as clinically indicated. At each consultation follow [recommended monitoring](#) ▾.
 - brief wellbeing checks by practice staff as required.
4. [Escalate care as needed](#) ▾.
5. Provide advice about [usual medications and symptomatic management](#) ▾. [Disease-modifying treatments](#) ☑ are not generally indicated for patients suitable for self-management.
6. Advise that any COVID-19 vaccination appointments for the patient and any household contacts will need to be delayed until after release from isolation (see recovery phase).
7. Optimise management of any underlying chronic conditions, particularly [asthma](#).
8. Provide advice about:
 - [medication delivery services](#) ☑ provided by pharmacies.
 - [hygiene at home](#) ☑.
 - [caring for people with COVID-19](#) ☑.
 - [online or phone COVID-19 mental health and well-being resources](#) ▾.
 - [guidance on infant feeding](#) ☑ for COVID-19 positive patients who are breastfeeding.
9. Consider [additional supports](#) ▾ for patients with a disability or from culturally and linguistically diverse backgrounds. 🇵🇹 🇺🇸 🇬🇧

Explain disease course and indications to seek review

ADVICE RE USUAL MEDICATIONS.
?BUDESONIDE

ESCALATION PLAN: 000;
REBOOK; LOCAL AFTERHOURS;
1800 #

Determine Follow up plan

MANAGEMENT OF ADULTS WITH MILD COVID-19

LEGEND

- EBR:** Evidence-Based Recommendation
- CBR:** Consensus-Based Recommendation
- PP:** Practice Point

Living
guidance

Not prioritised
for review

NATIONAL
COVID-19
CLINICAL
EVIDENCE
TASKFORCE

VERSION 35.0

PUBLISHED
26 AUGUST 2021

New Antivirals- what is known/unknown?


- Paxlovid (nirmatrelvir-ritonavir)
- Lagevrio (Molnupiravir)

LAGEVRIO (MSD) Molnupiravir PAXLOVID (Pfizer) Nirmatrelvir/Ritonavir

- Lagevrio 4 x 200mg capsules PO bd for 5 days (10 doses – 40 caps)
- Paxlovid 2 x 150mg Nirmatrelvir and 1 x ritonavir bd for 5 days (10 doses 30 tabs)
- Adult covid patients within 5 days of symptom onset and at high risk of progression to severe covid.
- Licensing study:
 - unvaccinated,
 - non-hospitalised,
 - within 5 days,
 - at least 1 risk factor
- Mostly Delta – no omicron

LAGEVRIO (MSD) Molnupiravir PAXLOVID (Pfizer) Nirmatrelvir/Ritonavir

- Hospitalisation or death: MSD – NEJM Paper, Pfizer – press release
 - LAGEVRIO 3% reduction (9.7 – 6.8 rounded)
 - PAXLOVID 5.8% reduction (6.5 – 0.7)
- Death alone
 - LAGEVRIO 1.4% reduction (1.7 – 0.3)
 - PAXLOVID 1.3% reduction (1.3 - 0)



Contact [COVID-19 Care in the Community \(CCitC\)](#) ^ preferably using SeNT e-referral:

COVID Care in the Community (CCitC)

Preferably use SeNT e-referral or email HNELHD-COVIDCommunityDoctors@health.nsw.gov.au:

- to refer patients with [very high risk factors for hospitalisation](#) v.
- for advice or to escalate care for closer community monitoring for self management protocol patients.
- to initiate referral for sotrovimab.

To contact the GP VMO for clinical advice:

- phone **0447-823-076** or **(02) 4041-7714** from 8.00 am to 4.30 pm 7 days a week (**clinician-only phone number – do not give to patients**), or
- email after-hours HNELHD-COVIDCommunityDoctors@health.nsw.gov.au