

COVID-19 Hot Topics

26th January 2022

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GP lead for “Living with Covid” at HNECC PHN

COVID-19 FAQs for General Practice

CAUTION & ADVICE: information and answers are updated regularly and correct at the date of last update.

The responses to FAQs contained in this bulletin are provided and regularly updated by a range of local general practitioners working within the Hunter New England Central Coast Primary Health Network.

<https://thephn.com.au/covidfaqforgps>

Hot Topics

Children's vaccines

Booster intervals

Novavax

Temporary vaccine exemptions

Medicare item numbers

Pulse oximeters

Practice procedures and PPE

Return to work for staff

Source for this page: Australian Immunisation Register (AIR). Criteria: Individuals 11 years and under.

AIR data date: 23/1/2022

Total population

116856

% with at least one dose

22.9

% fully vaccinated

0.0

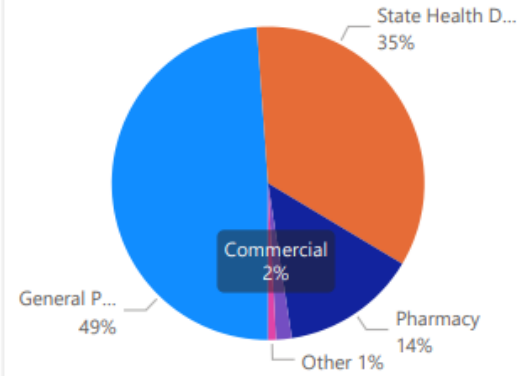
% with one dose only

22.9

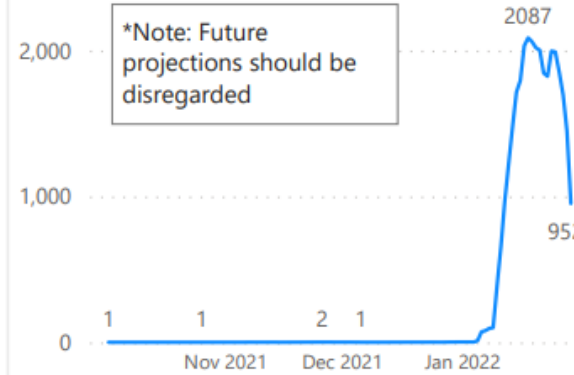
% unvaccinated

77.1

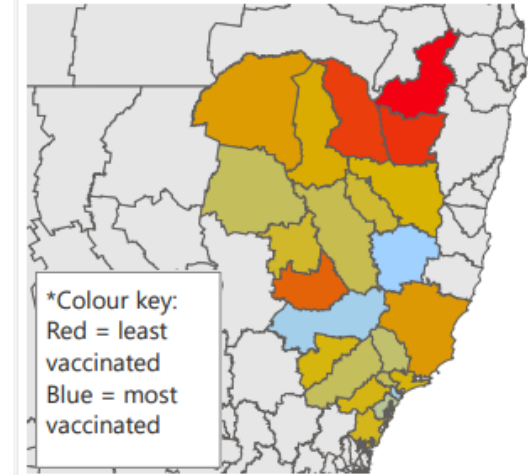
DOSES BY PROVIDER (%)



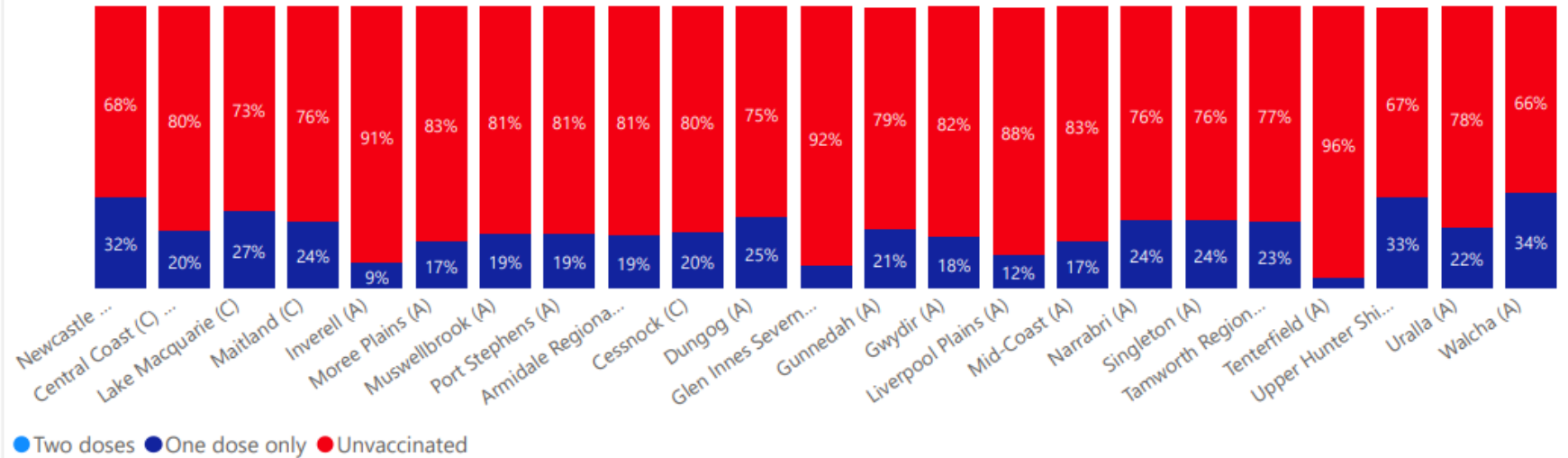
DOSES THIS/LAST QUARTER: 7 DAY MOVING AVERAGE



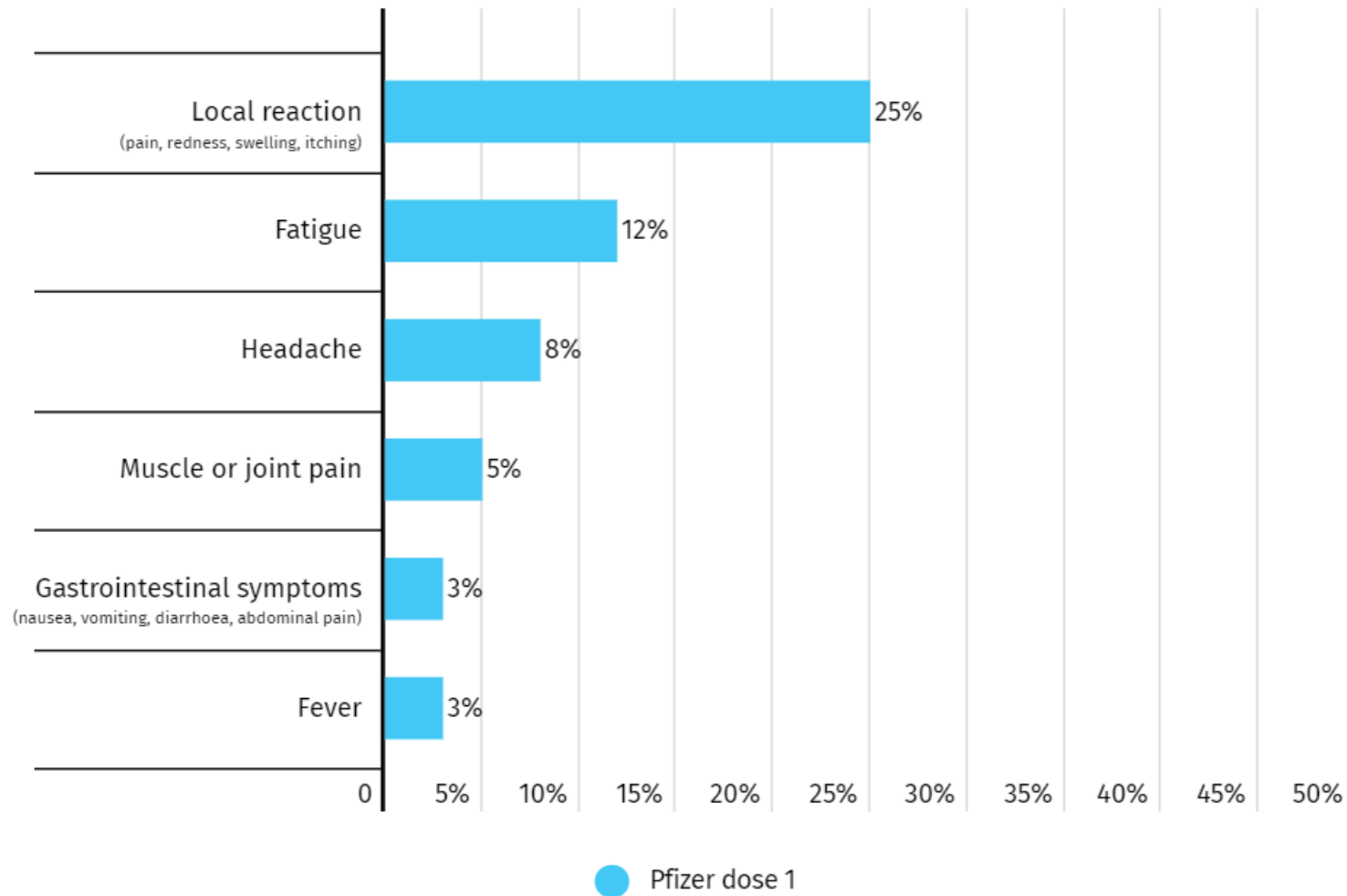
UNVACCINATED PEOPLE BY LGA



VACCINATION STATUS BY LGA (MEDICARE ADDRESS)



Commonly reported adverse events



These symptoms are known to occur after vaccination. They are generally mild and short-lived. **As with any adverse event reports, not all symptoms reported may be caused by the vaccine; they may be coincidental and due to other causes.**

AusVax Safety 16th Jan

21700 doses 5-11

29% at least one side effect – mild

< 1 in 100 needed medical attention

2% reported missing work, study, school

<https://ausvaxsafety.org.au/covid-19-vaccines/child-participants>

Pfizer for 5-11s

Severely immunocompromised children need 3rd primary dose after 2 - 6 m

PHN is looking at ways to support the rollout

After school appointments

AGP – respirator and eye protection

Paediatric Comirnaty - AIR does not differentiate between adult and paediatric formulations

The screenshot shows a software window titled "Immunisation" with a close button (X) in the top right corner. The window contains the following elements:

- Available Vaccines:** A table with two columns: "Vaccine" and "Against".

Vaccine	Against
Orochol	Cholera
Paediatric Comirnaty	COVID-19
Panvax	H1N1 Influenza
Panvax Junior	H1N1 Influenza
Pediacel	Diphtheria, Tetanus, Pertussis, Poliomyelitis, HIB
PedvaxHIB	HIB
- Billing provider:** A dropdown menu showing "Dr Michelle Redford (Blackbutt Doctors Surgery)" and an unchecked checkbox for "Include inactive providers".
- Given by:** A dropdown menu showing "Dr Michelle Redford".
- Date:** A date field set to "26/01/2022" with a calendar icon, a "Site:" dropdown, and a "Sequence:" field set to "1".
- Route:** Four checkboxes: "IMI", "SC", "Oral", and "Intradermal", all of which are unchecked.
- Batch No.:** A dropdown menu showing "FP1430".
- Batch Expiry:** A date field set to "11/03/2022" with a checked checkbox, and an unchecked checkbox for "Save batch details".
- Serial No.:** An empty text input field.
- School ID:** An empty dropdown menu.
- Comment:** A large empty text area with scrollbars.
- Send reminder:** An unchecked checkbox.
- Reminder date:** A date field set to "26/01/2022" with a checked checkbox.
- Buttons:** "Save" and "Cancel" buttons at the bottom right.

https://kahoot.it/challenge/54d48b3e-3802-42f0-828c-a000282495a8_1642547401010



A four year old can receive the paediatric Pfizer vaccine



16



◆ True

▲ False

COVID-19 boosters

Pfizer or half dose Moderna

Interval now from 3 months

- including pregnancy
- including immunocompromised people who received 3-dose primary course

People who received AZ

Item number 93666 (no BB incentive)

Novavax - Nuvaxovid

Protein-based vaccine, not live

Primary courses, no boosters

Aged 18 and over, including pregnancy and breastfeeding

2 doses of 0.5ml at least 3 weeks apart

Severely immunocompromised receive 3rd dose of primary course after 2 months

Initial minimum order 200 doses for the first delivery, expected from 21st February

Expected to be a 10 dose multi-dose vial, store at 2-8°C, shelf life 9 months

Mandatory training module

COVID-19 vaccines

AIR search function by practice / age/ no doses/ booster due

Timing

Surgery - avoid 1 week before and 1 week after

Mammogram

Corticosteroid joint injection – ? avoid corticosteroid 2 weeks before and 1 week after?

Post COVID-19 – 4-6 weeks, 3 months if sotrovimab

Temporary vaccine exemptions

Updated ATAGI guidance

“There are very few situations where a vaccine is contraindicated and as such, medical exemption is expected to be rarely required”

<https://www.health.gov.au/sites/default/files/documents/2022/01/atagi-expanded-guidance-on-temporary-medical-exemptions-for-covid-19-vaccines.pdf>

Post PCR confirmed COVID – temporary exemption CAN be given for up to 4 months

Pregnancy not a valid reason for exemption

Long covid not a valid reason for exemption

Avant advice

When your patient no longer has an acute illness, ATAGI states they can be vaccinated.

ATAGI also states patients can choose to defer vaccination for up to four months after the acute infection. In Avant’s view, a patient’s choice to defer vaccination is not a basis for certifying there is a medical contraindication to vaccination.

<https://www.avant.org.au/covid-19/vaccination-faqs/>



Australian Immunisation Register immunisation medical exemption (IM011)

When to use this form

Use this form if you are a general practitioner, paediatrician, clinical immunologist, infectious disease physician or public health physician and would like to notify the Australian Immunisation Register (AIR) of an individual who has a vaccine exemption due to a medical contraindication or natural immunity.

You can record a vaccine exemption due to a medical contraindication or natural immunity online through the AIR site. Vaccine exemptions recorded on the AIR site are processed immediately.

This form will not be accepted if it has been altered in any way or is incomplete.

For more information

Go to servicesaustralia.gov.au/hpair

Filling in this form

You can fill and sign this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader you can print this form and sign it

Vaccines exempt due to medical contraindication

The medical basis for vaccine exemption is to be based on guidance in *The Australian Immunisation Handbook*. Advice on what constitutes a valid medical exemption to vaccination is provided on page 3 of this form.

6 The individual identified on this form has a:

permanent vaccine exemption due to medical contraindication because of the following:

Tick one only

previous anaphylaxis (to vaccine/vaccine component)
(DD MM YYYY)

significant immunocompromise (live attenuated vaccines only)

or

temporary vaccine exemption until (DD MM YYYY)

due to a non-permanent contraindication because of the



[Home](#) [Mail Centre - My mailbox](#) Form upload

Mail Centre - My mailbox - Form upload



My Mail



Filed



All



Trash



Settings

Please note: All delegated users will be able to view and/or reply to mail messages in this mailbox.

Enter details below to upload forms

Form category *

Australian Immunisation Register Forms



Subject

Australian Immunisation Register Forms

Form type *

Immunisation Medical Exemption (IM011)



Text

Attachment/s



Form



Supporting document

Choose file

No file chosen

Medicare

Phone

Restored item number for phone > 20 minutes is 92746
12 month rule does not apply if patient has COVID-19

Face to face

COVID-19 positive person face to face, bill the \$25 item number 93715 in addition to your usual item number

PCR confirmed or uploaded RAT to Service NSW

Usual billing practices apply

30/20 rule deferred until at least the end of June 2022

When should I consider pulse oximetry?

Older age, e.g. over 50 years for Aboriginal and Torres Strait Islander people, or otherwise over 65 years

Unvaccinated or partially vaccinated

Pregnant

Comorbidities, e.g.

- lung disease, including COPD, moderate to severe asthma or bronchiectasis
- cardiovascular disease, including hypertension
- obesity (BMI > 30 kg/m²)
- diabetes
- chronic kidney disease

Immunocompromising conditions

Concerns about personal safety or access to care

Reducing the risk of closure

Staff - behaviours

Stay home if unwell and test

Fully vaccinated / boosters – especially AZ

Caution in tearooms

Staff - PPE

Universal surgical masks, P2 for clinicians/ resp symptoms / higher risk

Eye protection within 1.5m (shield v safety glasses)

Practice

Telehealth and waiting room management

Surgical masks for patients

- Case = Any confirmed positive case of COVID-19 (co-worker, patient, or other)
- NB: All exposure category decisions are based on a local risk assessment
- NB: The use of protective eyewear for contact tracing is applied for droplet precautions when within 1.5m of a positive case (where a mask is not being worn by the case). The absence of eyewear outside of this setting will not increase risk.
- Health agencies are to ensure that appropriate space is provided for staff to observe break entitlements in accordance with Award provisions

		CONTACT TYPE – See page 2 for more detailed assessment of a breach			
		<u>Transient Contact – Low Risk</u> Transient, not face-to-face, limited contact that does not meet the definition of face-to-face contact OR *Note: always subject to local documented risk assessment, including assessments of occupational exposures and of the closed space	<u>Medium Risk Scenarios</u> Any face-to-face contact within 1.5 metres and less than 15 minutes OR In general, greater than 30 mins in a closed space OR Based on agreed documented risk assessment including assessments of occupational exposures and of the physical environment	<u>Highest Risk Scenarios</u> Prolonged face-to-face contact within 1.5 metres and greater than 15 minutes OR Aerosol generating behaviours (AGBs e.g. coughing) OR Aerosol generating procedures (AGPs)	
PPE worn during contact between health worker and case	1. No effective PPE worn by staff member or case e.g. no PPE or PPE with major breaches such as mask below nose	Moderate Risk	Moderate Risk	High Risk	
	2. Surgical mask only worn by staff member i.e. no eye protection ➢ Case no PPE	Low Risk	Moderate Risk	High Risk	
	3. Surgical mask only worn by staff member ➢ Case wearing surgical mask	Low Risk	Low Risk	Moderate Risk Depending on risk assessment	High Risk Depending on risk assessment
	4. Staff member in surgical mask and eye protection* with no concerns or breaches ➢ Case no PPE *Use of gown/apron and gloves should be risk assessed based on individual incident, exposure to body substance and chances of environmental contamination	Low Risk	Low Risk	Moderate Risk Depending on risk assessment	High Risk Depending on risk assessment
	5. Staff member in surgical mask and eye protection* with no concerns or breaches ➢ Case wearing surgical mask * See note in Category 4 box	Low Risk	Low Risk	Low Risk if no AGP/AGB	Moderate Risk
	6. Staff member in P2/N95 mask and eye protection* with no concerns or breaches ➢ Case either with or without PPE * See note in Category 4 box	Low Risk	Low Risk	Low Risk	

This Risk matrix does not replace the CEC Application of PPE Guide https://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0018/644004/COVID-19-IPAC-manual.pdf

LOW RISK	Continue to work HCW alert to mild symptoms Test (PCR) if symptomatic	MODERATE RISK	Continue to attend work with risk management plan RAT test not earlier than day 2 post exposure. For 14 days after exposure: Consider redeploying to lower patient risk area if possible Mask wearing at all times - surgical or N95 as per CEC guidance Do not enter shared spaces such as tearooms and do not participate in any staff gatherings. Careful monitoring for symptoms	HIGH RISK	Do not attend the workplace for 7 days post exposure. If significant risk to safe service delivery, senior manager to review. May return with minimum: Daily RAT for 7 days after exposure ;AND PCR test on day 2&6 after exposure (where feasible) ;AND for 14 days after exposure Consider redeploying to lower patient risk area if possible Mask wearing at all times - surgical or N95 as per CEC guidance Do not enter shared spaces such as tearooms and do not participate in any staff gatherings Careful monitoring for symptoms
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LOW RISK

Continue to work
HCW alert to mild
symptoms
Test (RAT or PCR) if
symptomatic

Try to stay in the green

MODERATE RISK

Continue to attend work with risk management plan
RAT test not earlier than day 2 post exposure.
For 14 days after exposure:
Consider redeploying to lower patient risk area if possible
Mask wearing at all times - surgical or N95 as per CEC guidance
Do not enter shared spaces such as tearooms and do not participate in
any staff gatherings
Careful monitoring for symptoms

HIGH RISK

Do not attend the workplace for 7 days post exposure.
If significant risk to safe service delivery, senior manager to review. May return without
symptoms as well as a minimum: Daily RAT for 7 days after exposure; OR PCR test on day 2&6
after exposure (where feasible). For 14 days after exposure, also consider:

- Redeploying to lower patient risk area if possible
- Mask wearing at all times - surgical or N95 as per CEC guidance
- Do not enter shared spaces such as tearooms and do not participate in any staff gatherings
- Careful monitoring for symptoms

COVID positive staff member

Sits with other staff for 35 minute lunch break – no masks on, no distancing

- all staff members who were exposed have 7 days isolation

If minimise time together and maintain distancing will be yellow



Health Care Worker COVID-19 Exposure Risk Assessment Matrix

12 January 2022

A = Any confirmed positive case of COVID-19 (co-worker, patient, or
 or)
 All exposure category decisions are based on a local risk assessment
 The use of protective eyewear for contact tracing is applied for
 contact precautions when within 1.5m of a positive case (where a mask
 is not being worn by the case). The absence of eyewear outside of this
 situation will not increase risk.
 Health agencies are to ensure that appropriate space is provided for
 staff to observe break entitlements in accordance with Award provisions

1. No effective PPE worn by staff member or case
 e.g. no PPE or PPE with major breaches such as mask below nose

2. Surgical mask only worn by staff member i.e. no eye protection
 ➤ Case no PPE

CONTACT TYPE – See page 2 for more detailed assessment of a breach		
<u>Transient Contact – Low Risk</u> Transient, not face-to-face, limited contact that does not meet the definition of face-to-face contact	<u>Medium Risk Scenarios</u> Any face-to-face contact within 1.5 metres and less than 15 minutes OR In general, greater than 30 mins in a closed space OR Based on agreed documented risk assessment including assessments of occupational exposures and of the physical environment	<u>Highest Risk Scenarios</u> Prolonged face-to-face contact within 1.5 metres and greater than 15 minutes OR Aerosol generating behaviours (AGBs e.g. coughing) OR Aerosol generating procedures (AGPs)
Moderate Risk	Moderate Risk	High Risk
Low Risk	Moderate Risk	High Risk

COVID positive staff member

Receptionist - working alongside co-worker all day

One or both no surgical mask and more than 15 minutes within 1.5m - RED

Always > 1.5 m, both in surgical masks no eye protection, no breaches – GREEN

Within 1.5m, both in surgical masks no eye protection, no breaches – YELLOW or RED

Both in surgical masks and eye protection with no breaches – GREEN – even within 1.5m as long as no AGP (coughing)

Return to work for staff

Covid case - minimum 7 days isolation. Avoid high risk settings for a further 3 days

If essential to return before D 11

If asymptomatic or minor resp symptoms - RAT D 7

If RAT negative return D 8 with continuous P2/ N95 and avoid common areas until D 11

If RAT positive but asymptomatic, return to work D 11

Household contact - 7 days isolation from last contact with covid positive person. RAT as soon as possible and again on Day 6. Another RAT if develop symptoms. If all tests are negative, leave isolation after 7 days. Then avoid high risk settings for 7 days

HCW who are household contacts and essential can return after first 7 days with daily negative RAT, continuous P2/N95 and avoiding common areas till D 15

No routine testing or repeat isolation for 1 month post COVID

Great questions

**Got a question related to COVID
you would like answered?**



<https://forms.office.com/r/m3eBRM50n9>