COVID 19 Community Support
Central Coast Local Health District

February 2022

COVID 19 Community Support

- COVID 19 Community Support Team
- COVID therapies

COVID Community Support Team (CCST)

Who is the service for?

The COVID Community Support Team (CCST) follows a standardised, protocol-driven approach for the provision and escalation of short-term care. Where clinically appropriate, the CCST cares for COVID 19 positive patients, in their own home using remote monitoring and virtual care modalities to monitor for signs of clinical deterioration.

This model of care builds on existing health and social care pathways and resources and includes multidisciplinary support from specialty areas including Infectious Disease, Critical/Emergency Care, Mental Health, Drug and Alcohol, Paediatrics, Maternity, Allied Health and General Practitioners.

Hours: 8am to 8:30pm 7 days/week

How to refer:

Referrals can be emailed to:

CCLHD-COVIDCommunitySupportTeam@health.nsw.gov.au

The general contact number for the COVID Community Support Team is: 4320 5092

Elements of the standardised model of care include:

- Centralised intake point
- Multiple channels for referral
- Risk stratification of symptoms and risk factors aligned with Guidelines
- Defined regular observations and wellbeing checks
- Defined clinical criteria for escalation of deterioration
- Nurses with the key skills to monitor and refer to relevant service providers
- Navigate patients through the system
- Provide integrated better value care

Overview of current activity

- Total active Central Coast cases
- Admitted to hospital
- ICU
- CCST
- Medibank Referrals
- GP referrals

Sotrovimab Infusion Clinic

The COVID – 19 Sotrovimab Infusion Clinic provides a service to COVID19 positive patients who fit the following criteria:

- ✓ Within 5 days of symptom onset AND
- ✓ Don’t require oxygen AND
- ✓ Not fully vaccinated (2 doses + 14 days)
- ✓ Fully vaccinated but Immunocompromised

AND one or more of:

• **Diabetes** • **Obesity** • **CKD** • **CHF**	• **COPD** • **Asthma** • **Age over 55 (or 35 for ATSI)** • **Immunocompromised**

Now indicated for use in pregnancy (second and third trimester) and children over 12 year and 40kg.

Location:

73 Holden St Gosford Hospital

Contact and Referrals: CCLHD-GOS-COVIDinfusionclinic@health.nsw.gov.au

Telephone: 4320 5150

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Molnupiravir (Lagevrio™)

TGA provisionally registered:

Treatment of COVID-19 in adults (aged 18 years and older) who do not require initiation of supplemental oxygen due to COVID-19 and are at increased risk of progression onto hospitalisation or death

Clinical trials conducted in Delta [in-vivo efficacy for Omicron]

Efficacy in study population reduced the risk of hospitalisation or death by ~30%. Awaiting further studies. However excluded partially or fully vaccinated individuals

Dosing: Molnupiravir 800 mg taken orally every 12 hours for five days, commenced within five days of symptom onset.

Contraindications – known allergy

Drug interactions – unknown

Renal or hepatic – no dose adjustments

Pregnancy, breastfeeding and contraception

Women - breastfeeding / conception not recommended during treatment and for 4 days after the last dose

Men - adequate form of contraception during treatment with molnupiravir and for three months after the last dose.

Based on **inclusion criteria** of the Phase 3 MOVe-OUT trial, the risk factors for disease progression in adults with one or more of the following:

- Age ≥ 60 years
- Obesity (BMI ≥ 30 kg/m^2)
- Type 1 or 2 diabetes mellitus
- Chronic kidney disease (i.e., eGFR < 60 mL/min/1.73m^2 by MDRD), excluding patients on dialysis or with a reduced eGFR of < 30 mL/min/1.73m^2)
- Serious heart conditions (heart failure, coronary artery disease, or cardiomyopathies)
- Chronic obstructive pulmonary disease
- Active cancer (excluding minor cancers not associated with immunosuppression, e.g., basal cell carcinomas)
- Immunocompromised state following solid organ transplant
- Sickle cell disease

To be prescribed in accordance with ACI model of care
(precise clinical inclusion criteria for treatment (TBA @ 8/2/21)

Nirmatrelvir and ritonavir (Paxlovid™)

TGA provisionally registered:

Treatment of COVID-19 in adults (aged 18 years and older) who do not require initiation of supplemental oxygen due to COVID-19 and are at increased risk of progression onto hospitalisation or death

Clinical trials conducted in Delta [in-vivo efficacy for Omicron]

Efficacy in study population reduced the risk of hospitalisation or death by ~89%. Awaiting further studies. However excluded partially or fully vaccinated individuals

Contraindications

Severe renal impairment **or** severe hepatic impairment **or** known allergy **or** Significant drug interactions

Dosing: Nirmatrelvir 300 mg (2 x 150 mg tablets) and ritonavir 100 mg every 12 hours for five days, commenced within five days of symptom onset. Note: Nirmatrelvir dose reduced to 150mg of eGFR ≥ 30 mL/min to < 60 mL/min)

Precautions - risk of HIV-1 resistance development in patients with uncontrolled or undiagnosed HIV- 1 infection

Pregnancy, breastfeeding and contraception

breastfeeding / conception not recommended during treatment and for 7 days after the last dose

Based on inclusion criteria of the Phase 2/3 EPIC-HR trial, evidence demonstrates a reduction in hospitalisation when used in individuals with one or more of the following risk factors for disease progression:

- Age ≥ 60 years
- Overweight (BMI ≥ 25 kg/m^2)
- Type 1 or 2 diabetes mellitus (requiring medication)
- Cardiovascular disease (including hypertension)
- Chronic lung disease (including asthma)
- Current smoker
- Chronic kidney disease (eGFR ≥ 30 mL/min)
- Immunocompromised patients or patients on immunosuppressive treatment (e.g. bone marrow or organ transplantation, primary immune deficiencies, prolonged use of immune-weakening medications)
- Medically related technological dependence (e.g. CPAP not related to COVID-19)
- HIV positive (viral load < 400 copies/mL)
- Neurodevelopmental disorders (e.g. cerebral palsy, Down's syndrome)
- Active cancer (other than localised skin cancer)
- Sickle cell disease

To be prescribed in accordance with ACI model of care
(precise clinical inclusion criteria for treatment (TBA @ 8/2/21)

Nirmatrelvir and ritonavir (Paxlovid™)

Drug interactions

co-administration contraindicated with medications that are highly dependent on CYP3A for clearance and medications that are potent CYP3A inducers

Examples (see table) not full list:

Drug class	Drugs within class	Effect on concentration	Clinical comments
Analgesics	pethidine, piroxicam	↑ pethidine ↑ piroxicam	Co-administration contraindicated – potential for serious respiratory depression or haematologic abnormalities.
Antiarrhythmics	amiodarone, flecainide	↑ antiarrhythmic	Co-administration contraindicated due to potential for cardiac arrhythmias.
Anticonvulsants	carbamazepine, phenobarbital, phenytoin	↓ nirmatrelvir/ritonavir ↑ carbamazepine ↓ phenobarbital ↓ phenytoin	Co-administration contraindicated due to potential loss of virologic response and possible resistance.
Antipsychotics	lurasidone, clozapine	↑lurasidone ↑ clozapine	Co-administration contraindicated due to serious and/or life-threatening reactions such as cardiac arrhythmias.
HMG-CoA reductase inhibitors	simvastatin	↑ simvastatin	Co-administration contraindicated due to potential for myopathy including rhabdomyolysis. Discontinue use of simvastatin at least 12 hours prior to initiation of PaxlovidTM.
Sedative/hypnotics	diazepam	↑ diazepam	Co-administration diazepam with ritonavir is contraindicated.

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How to access oral treatments

Access pathway being established by NSW Health

- Seeking/Awaiting further info
- Will involve a GP prescription (paper) and declaration
- To be emailed to CCLHD COVID Community Support Team:

CCLHD-COVIDCommunitySupportTeam@health.nsw.gov.au

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Thank you

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