

# COVID-19 Hot Topics

22nd March 2022

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# 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.*

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



# Care of COVID-19 Positive Adult Patients in the Community

*Last reviewed: 10 March 2022*

What's changed? Read about [new and important changes](#) ∨.

This pathway is about general practice involvement in the management of patients aged 18 years and over with known or presumed COVID-19 in the community. See also [Care of COVID-19 Positive Paediatric Patients](#).

For up-to-date answers to questions about COVID-19, see HNECCPHN – [COVID-19 FAQs for General Practice](#) [🔗](#).

## Clinical editor's note

Patients in HNE with [very high risk factors for](#)



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## COVID-19 Information

Last updated: see each section, below

### Clinical editor's note

14 February 2022: The new [oral antiviral medications](#) are now available for prescribing to eligible patients in HNE. See relevant pathway for information regarding eligibility, contraindications, prescribing processes, and supply to patient:

- [Care of COVID-19 Positive Adults Patients in the Community](#)
- [COVID-19 Assessment and Management in Residential Aged Care](#)

For current testing advice for international travellers arriving in NSW, see [International Travel To and From NSW](#).

See also:

- NSW Health:
  - [Getting Tested for COVID-19](#)
- NSW Health [Risk and Escalation Guidance for December 2021 and January 2022](#) includes:
  - [Health Care Worker COVID-19 Exposure Risk Assessment Matrix](#)
  - [Managing Health Care Worker Exposures: High COVID-19 Community Transmission](#) for guidance regarding community or workplace exposures. This document is also suitable for primary care use.

## Local guidance

Last updated: 07 March 2022

### Useful pages

- [COVID-19 Vaccination](#)
- [COVID-19 Referrals](#)
- [COVID-19 Assessment and Management Pathways](#)
- [COVID-19 Practice Management and Technology](#)

### From HNECCPHN/HNELHD

- Request forms – [PPE and Pulse Oximeter Order Form](#)
- HNECCPHN:
  - [COVID-19 FAQs for General Practitioner](#)

# What's changed?

Eligibility for medications for COVID-19

Amber alert

Isolation rule changes

Post COVID-19 testing

Boosters – Novavax/ AstraZeneca

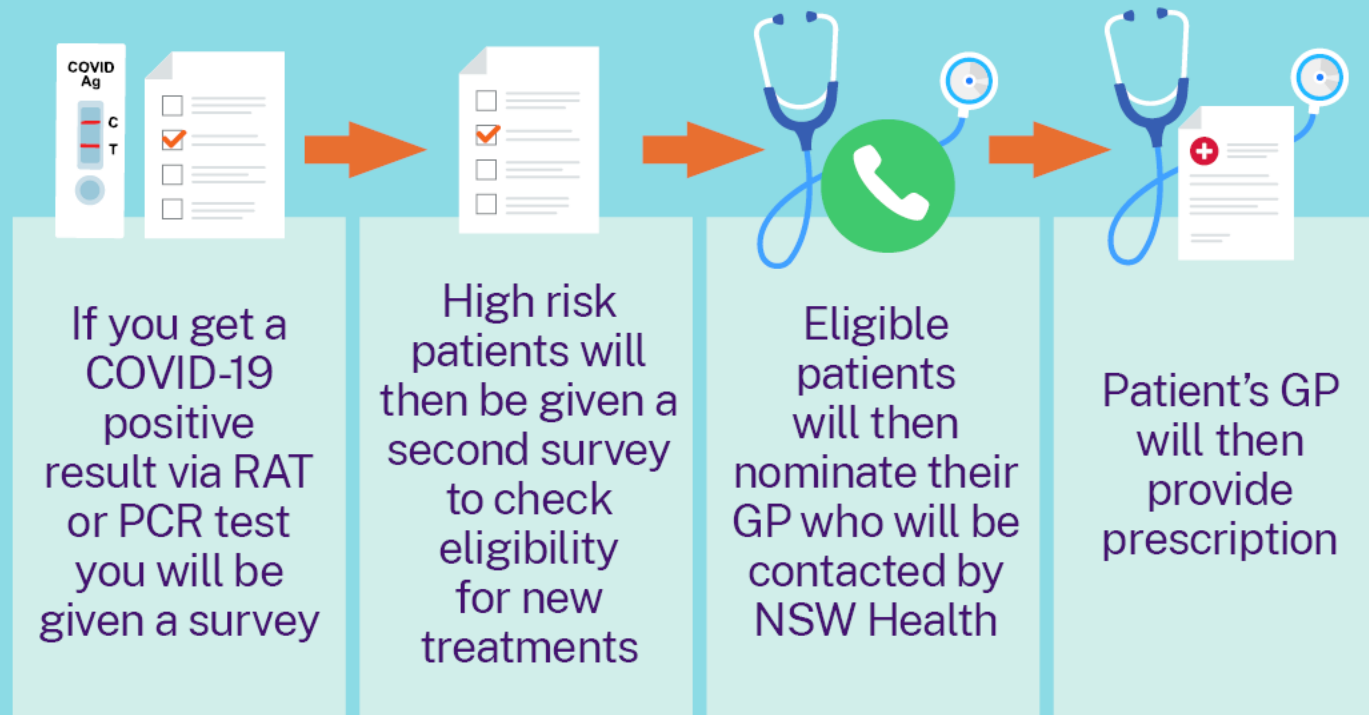
Mandatory boosters for staff attending RACFs

Vaccine exemptions

Moderna for 6-11 year olds

# COVID-19 positive?

New therapies may be available to you.



# ACI criteria for medication - adults

Immunocompromised – refer to CCiC / CCST

People who are up to date with vaccination are not eligible

If not up to date AND within 5 days of symptom onset AND no oxygen requirement due to COVID-19

AND have TWO risk factors

Then may be eligible

[https://aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0010/698005/ACI-Model-of-care-for-the-use-of-anti-SARS-CoV-2-monoclonal-antibodies-for-adults.pdf](https://aci.health.nsw.gov.au/_data/assets/pdf_file/0010/698005/ACI-Model-of-care-for-the-use-of-anti-SARS-CoV-2-monoclonal-antibodies-for-adults.pdf)

**Table 1. NSW-specific risk factors for high priority cohorts in adults**

Risk factors that must be met for prescription of any of the four medications
<ul style="list-style-type: none"><li>• Commence within 5 days of symptom onset <b>AND</b></li><li>• No oxygen requirement due to COVID-19 <b>AND</b></li><li>• Reduced immunity to COVID-19 by being:<ul style="list-style-type: none"><li>– unvaccinated (i.e. received no doses of a COVID-19 vaccination) <b>OR</b></li><li>– vaccination not up-to-date (as per <a href="#">ATAGI guidance</a>)<sup>8</sup> <b>OR</b></li><li>– immunocompromised (as per <a href="#">ATAGI guidance</a>)<sup>*9</sup> <b>AND</b></li></ul></li><li>• Have at least TWO medication-specific risk factors as outlined below.</li></ul> <p>* patients that are immunocompromised do NOT need to meet the medication-specific risk factor criteria. They are eligible to receive an anti-SARS-CoV-2 monoclonal antibody or oral antiviral medicine on the basis of immunosuppression alone.</p>
Medication-specific risk factors
<p><b>Sotrovimab</b></p> <ul style="list-style-type: none"><li>• Pregnant women in their second or third trimester</li><li>• Non-pregnant adults who are aged ≥60 years or aged ≥35 years if Aboriginal and/or Torres Strait Islander</li><li>• Obesity (BMI ≥30kg/m<sup>2</sup>)</li><li>• Serious cardiovascular disease such as heart failure, coronary artery disease, cardiomyopathies</li><li>• Chronic lung disease including COPD, severe asthma (requiring a course of oral steroids in the previous 12 months), interstitial lung disease and bronchiectasis</li><li>• Type 1 or 2 diabetes mellitus requiring medication</li><li>• Severe chronic kidney disease</li><li>• Severe chronic liver disease</li><li>• Active cancer (excluding minor cancers not associated with immunosuppression)</li><li>• Other specific conditions outlined in the National Clinical Evidence Taskforce guidance but not in the above list</li></ul>



**Molnupiravir**

- Non-pregnant adults who are aged  $\geq 60$  years or aged  $\geq 35$  years if Aboriginal and/or Torres Strait Islander.
- Obesity (BMI  $\geq 30\text{kg/m}^2$ )
- Serious cardiovascular disease such as heart failure, coronary artery disease, cardiomyopathies.
- Chronic lung disease including COPD, severe asthma (requiring a course of oral steroids in the previous 12 months), interstitial lung disease and bronchiectasis
- Type 1 or 2 diabetes mellitus requiring medication
- Severe chronic kidney disease
- Severe chronic liver disease
- Active cancer (excluding minor cancers not associated with immunosuppression)
- Other specific conditions outlined in the National Clinical Evidence Taskforce guidance but not in the above list

**Nirmatrelvir and ritonavir**

- Non-pregnant adults who are aged  $\geq 60$  years or  $\geq 35$  years if Aboriginal and/or Torres Strait Islander
- Obesity (BMI  $\geq 30\text{kg/m}^2$ )
- Serious cardiovascular disease such as heart failure, coronary artery disease, cardiomyopathies.
- Chronic lung disease including COPD, severe asthma (requiring a course of oral steroids in the previous 12 months), interstitial lung disease and bronchiectasis
- Type 1 or 2 diabetes mellitus requiring medication
- Chronic kidney disease with eGFR 30-60mL/min (contraindicated with eGFR  $< 30\text{mL/min}$ ) – note dose reduction required
- Chronic liver disease Child-Pugh Class A or B
- Active cancer (excluding minor cancers not associated with immunosuppression)
- Other specific conditions outlined in the National Clinical Evidence Taskforce guidance but not in the above list

	Sotrovimab (Xevudy)	Nirmatrelvir plus ritonavir (Paxlovid)	Molnupiravir (Lagevrio)
Standard dose	Single 500mg infusion over 30 minutes	2 x 150mg nirmatrelvir tablet + 1 x 100mg ritonavir tablet bd for 5 d	4 x 200mg molnupiravir tablet bd for 5 d
First line	✓	✓	✗
Pregnancy	2 <sup>nd</sup> or 3 <sup>rd</sup> trimester ✓	✗	✗
Breastfeeding	✓	✗	✗
Contraception not required	✓	Female during + 7 d post ✗	Female during + 4 d post, male 3 m post ✗
Age 12-17	✓	✗	✗
Severe renal disease	✓	CI if eGFR<30, reduce dose if 30-59 ✗	✓
Severe liver disease	✓	Avoid if Childs Pugh C ✗	✓
No known significant drug interactions	✓	✗	✓

# Molnupiravir (Lagevrio)



PBS criteria not an exact match for ACI – use ACI

2<sup>nd</sup> line – if other treatments not suitable or available

High risk patients – evidence is in unvaccinated

Over 18s, not in pregnancy or breastfeeding

Cost \$1101, PBS cost \$42.50

Need clinical monitoring

Distributed to RACFs

NPS hub on antivirals

RACGP guidance on prescribing

[https://aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0010/698005/ACI-Model-of-care-for-the-use-of-anti-SARS-CoV-2-monoclonal-antibodies-for-adults.pdf](https://aci.health.nsw.gov.au/_data/assets/pdf_file/0010/698005/ACI-Model-of-care-for-the-use-of-anti-SARS-CoV-2-monoclonal-antibodies-for-adults.pdf)

<https://www.nps.org.au/coronavirus/antiviral-treatments-for-covid-19>

<https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/oral-antiviral-treatments-for-covid-19>

<https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf>

<https://www.pbs.gov.au/medicine/item/12910L>

	ACI criteria	PBS criteria
<b>Confirm positive test</b>	RAT reported to Service NSW or PCR	RAT verified by a medical practitioner or PCR
<b>Timing</b>	Within 5 days of symptom onset	Within 5 days of symptom onset
<b>Severity</b>	Not requiring oxygen for COVID-19	Not require hospitalisation for COVID-19
<b>People with immunocompromise</b>	Non pregnant aged $\geq 18$ and immunocompromised	Non pregnant aged $\geq 18$ and immunocompromised Includes others with very high-risk conditions including Down Syndrome, cerebral palsy, congenital heart disease, thalassemia, sickle cell disease and other haemoglobinopathies OR people with severe intellectual or physical disabilities requiring residential care
<b>Older adults</b>	Aged $\geq 60$ AND not up to date with immunisation AND ONE of: <ul style="list-style-type: none"> <li>• Obesity BMI <math>\geq 30</math></li> <li>• Serious cardiovascular disease such as heart failure, CAD, cardiomyopathy</li> <li>• Chronic lung disease; including severe asthma (requiring a course of oral steroids in the previous 12 months), COPD, bronchiectasis, and interstitial lung disease</li> <li>• Type 1 or 2 diabetes mellitus requiring medication</li> <li>• Severe chronic kidney disease</li> <li>• Severe chronic liver disease</li> <li>• Active cancer excluding minor cancers not associated with immunosuppression</li> <li>• Other conditions as specified by the Taskforce</li> </ul>	Aged $\geq 65$ AND TWO of: <ul style="list-style-type: none"> <li>• Age 75 or older</li> <li>• Received fewer than 2 doses of COVID-19 vaccination</li> <li>• Obesity BMI <math>&gt; 30</math></li> <li>• CHF NYHA Class II or above</li> <li>• Respiratory compromise including COPD, moderate or severe asthma (requires inhaled steroids), bronchiectasis</li> <li>• Type 1 or 2 diabetes mellitus requiring medication</li> <li>• Renal failure with eGFR <math>&lt; 60</math></li> <li>• Cirrhosis</li> <li>• Lives in RACF or disability care</li> <li>• Neurological conditions including stroke and dementia</li> <li>• MMM5 or above</li> </ul>
<b>Aboriginal and/or Torres Strait Islander people</b>	Non pregnant aged $\geq 35$ AND not up to date with vaccination AND one of: <ul style="list-style-type: none"> <li>• Obesity (BMI <math>\geq 30</math> kg/m<sup>2</sup>)</li> <li>• Serious cardiovascular disease such as heart failure, CAD, cardiomyopathy</li> <li>• Chronic lung disease; including severe asthma (requiring a course of oral steroids in the previous 12 months), COPD, bronchiectasis, and interstitial lung disease</li> <li>• Type 1 or 2 diabetes mellitus requiring medication</li> <li>• Severe chronic kidney disease</li> <li>• Severe chronic liver disease</li> <li>• Active cancer excluding minor cancers not associated with immunosuppression</li> <li>• Other conditions as specified by the Taskforce</li> </ul>	Non pregnant aged $\geq 50$ AND TWO of: <ul style="list-style-type: none"> <li>• Received fewer than 2 doses of COVID-19 vaccination</li> <li>• Obesity BMI <math>&gt; 30</math></li> <li>• CHF NYHA Class II or above</li> <li>• Respiratory compromise including COPD, moderate or severe asthma, bronchiectasis</li> <li>• Type 1 or 2 diabetes mellitus and on medication</li> <li>• Renal failure with eGFR <math>&lt; 60</math></li> <li>• Cirrhosis</li> <li>• Lives in RACF or disability care</li> <li>• Neurological conditions including stroke and dementia</li> <li>• MMM5 or above</li> </ul>

Targeted surgical mask use for all health workers caring/working within all clinical areas

STANDARD PRECAUTIONS ALWAYS APPLY	
Ensure screening and triage processes are in place to manage patients with suspected COVID-19	
Patients	<p>Patients presenting directly from the community, inter and intra hospital transfers are <b>required to wear a mask</b> where able to do so</p> <p>Children 12 years and under are not required to wear a mask</p> <p><b>Note:</b> Although these principles apply across healthcare environments when caring for vulnerable patients/residents, individual circumstances should be considered</p>
	<p>HWs to wear surgical mask when in healthcare facilities, this includes clinical and non-clinical areas (e.g., on entry, corridors, office spaces)</p> <p>In a shared office space, HWs are required to wear a mask unless they are the only person working in the office</p> <p>Eye protection when within 1.5m of a patient</p> <p>Contact and Airborne Precautions (<b>P2/N95 respirator</b>) and eye protection are required when providing direct care for:</p> <ul style="list-style-type: none"> <li>patients with suspected or confirmed COVID-19</li> <li>close contact of a COVID-19 case</li> </ul> <p>Physical distancing, hand hygiene and regular cleaning are also important</p>
Health workers	
Visitors	<p>Consider limiting number of visitors (acknowledgement of individual patient needs)</p> <p>Visitors must wear a mask before entering the facility (own mask or provided by the facility)</p>

# Amber alert

- Plenty of virus about, not any less infectious
- Staff need mask or P2 respirator – choice depends on risk
- Patients still need masks

[https://www.cec.health.nsw.gov.au/data/assets/pdf\\_file/0018/644004/COVID-19-IPAC-manual.pdf](https://www.cec.health.nsw.gov.au/data/assets/pdf_file/0018/644004/COVID-19-IPAC-manual.pdf)

# When face masks are required

From the beginning of 25 February 2022, all people in NSW over the age of 12 are required to wear a face mask:

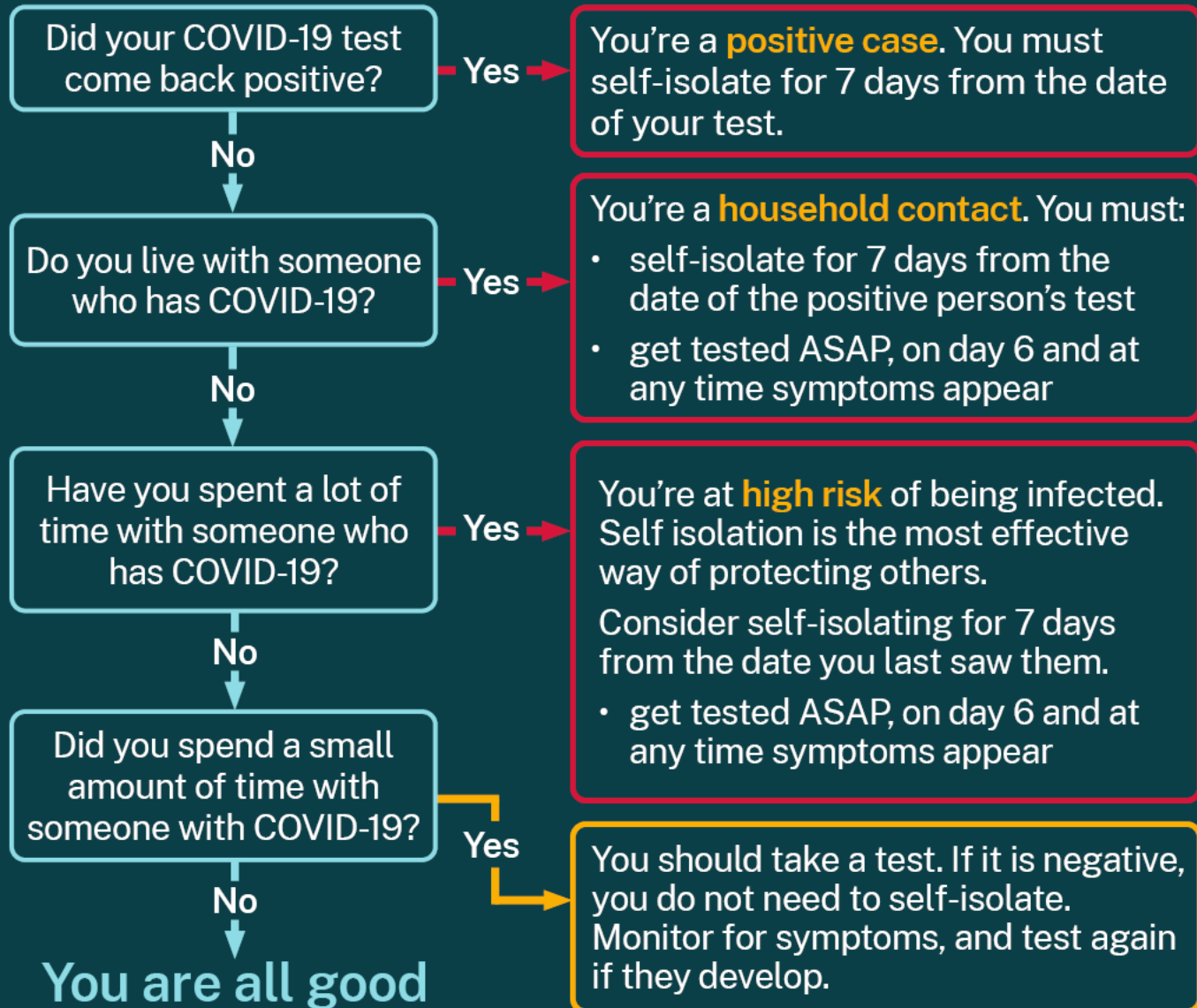
- in airports
- at a public hospital or private health facility (including private hospitals and day procedure centres)
- in residential care facilities or hostels
- in indoor music festivals with more than 1,000 people
- on public transport and public transport waiting areas (including in taxis and rideshare services)
- on a domestic commercial aircraft (including when the aircraft is flying above NSW)

<https://www.nsw.gov.au/covid-19/stay-safe/rules/face-mask-rules>



# Exposed to COVID-19?

## Here's what you need to do



# Isolation rules

Household contacts now 7 days - matches the case's isolation

Previously additional 7 days from last contact

Do not need to isolate again in the next 14 days unless test positive

If test positive still isolate for further 7 days from test

National Cabinet signalled ending of isolation for household contacts – not happened yet in NSW

NSW Health clearance <https://www.health.nsw.gov.au/Infectious/covid-19/Documents/medical-clearance-notice-form.pdf>

Please note that for **six weeks from the end of your isolation period** you do not need to be vaccinated for COVID-19 under any NSW public health order. This letter may be used as evidence to show that you are exempt for this period of time.



# Leaving isolation

You are only allowed to leave self-isolation to:

- get a COVID-19 test
- seek urgent medical care
- avoid an emergency situation, e.g. flooding. Including to avoid injury or escape the risk of harm from domestic violence

# Post COVID-19

4 week window changed to 8 weeks

## **What if I am exposed to someone with COVID-19 again?**

People who have recovered from COVID-19 have a low risk of getting it again in the 8 weeks after you are released as most people develop some immunity (ability to fight the disease).

If you come into contact with someone with COVID-19 within 8 weeks after you are released, you will generally not need to self-isolate or get a test. If you come into contact with someone with COVID-19 more than 8 weeks after you are released, you will need to self-isolate, test and follow the advice in the [Information for people exposed to COVID-19](#) and [Get tested for COVID-19](#) factsheets.

<https://www.nsw.gov.au/covid-19/management/advice-for-confirmed>



No boosters for under 16s

16 and 17 year olds can only have Pfizer

**For 18+**

Moderna and Pfizer are equally preferred

Can have AZ if mRNA vaccines contraindicated, but only if not already had 2 x AZ

Novavax can be given as a booster “if no other vaccine brand is suitable” (now TGA approved)

If someone has had 2 x AZ then AZ booster no extra doses are needed

<https://www.health.gov.au/sites/default/files/documents/2022/03/atagi-recommendations-on-the-use-of-a-booster-dose-of-covid-19-vaccine.pdf>

**Australian Technical Advisory Group on Immunisation (ATAGI)  
recommendations on the use of a booster dose of COVID-19  
vaccine**

Version 3.0  
1 March 2022

# Mandatory boosters for staff in RACFs

All staff, health practitioners and students entering a RACF must have 3 doses of a COVID-19 vaccine unless the person has received 2 doses of a COVID-19 vaccine and it is not after the later of the following

- 12 April 2022 or
- 19 w from the persons 2nd dose

New workers can start with 2 doses but must receive 3rd dose within 6 weeks of their due date to continue working

On very rare occasions, there may be a medical contraindication to COVID-19 vaccination, exemption is required

<https://www.health.nsw.gov.au/Infectious/covid-19/Pages/racf-latest-advice.aspx>

# Vaccine exemptions

RAT now acceptable as evidence of infection for temporary exemption – need to upload to Service NSW

Only AIR IM011 form, not NSW one



**medicare**

## 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](https://servicesaustralia.gov.au/hpair)

## Australian Immunisation Register immunisation medical exemption (IM011)

### 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)

# Moderna Spikevax for 6-11s

0.25ml i.e. half the adult dose (same as adult booster dose)

2 doses, 8 weeks apart,

Can be shortened to 4 weeks for children at risk of moderate to severe COVID-19, e.g. with underlying health conditions or before international travel

3 dose primary course for children who are severely immunocompromised, 3<sup>rd</sup> dose given 2 months after 2<sup>nd</sup> dose.

Children who turn 12 after their 1st dose need the 0.5ml dose for their second dose

No mixed primary courses (Pfizer/ Moderna)

Can be co-administered with other vaccines

5 year olds can only have paediatric Pfizer

<https://www.health.gov.au/news/atagi-recommendations-on-the-use-of-spikevax-moderna-covid-19-vaccine-in-children-aged-6-to-11-years>

# Great questions and updates

**How common is PIMS-TS?** ATAGI give an estimated incidence of 1 in 2469 cases

**What are the risks of elective surgery after recovery from COVID-19?** Increased mortality in patients having surgery within 7 weeks of COVID diagnosis

Surgery performed  $\geq 7$  weeks after SARS-CoV-2 diagnosis was associated with a similar mortality risk to baseline

After a  $\geq 7$ -weeks, patients with ongoing symptoms had a higher mortality than patients whose symptoms had resolved or who had been asymptomatic

Where the risks of delaying surgery do not outweigh the risks of proceeding, elective surgery for patients who have recovered from COVID-19 should be delayed until 8 weeks after their COVID-19 diagnosis. Patients with persisting symptoms 8 weeks after contracting COVID-19 will require assessment from the perioperative team to determine when the surgery should proceed.

<https://associationofanaesthetists-publications.onlinelibrary.wiley.com/doi/10.1111/anae.15458>



Novavax can be used as a booster for people aged 18 and over if no other vaccine brand is suitable

[https://kahoot.it/challenge/04474915?challenge-id=54d48b3e-3802-42f0-828c-a000282495a8\\_1646813082467](https://kahoot.it/challenge/04474915?challenge-id=54d48b3e-3802-42f0-828c-a000282495a8_1646813082467)



True



False



# Great questions

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



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