

Community HealthPathways Hunter New England

Care of COVID positive Adults in the community



PRIMARY HEALTH NETWORK





Key points

- Over view of current patients receiving care with Current Covid Care in the Community (CCitC)
- Describe model, including risk stratification and interventions
- Discuss likelihood of hospitalization in population with high vaccination rate
- GP care or Covid patients

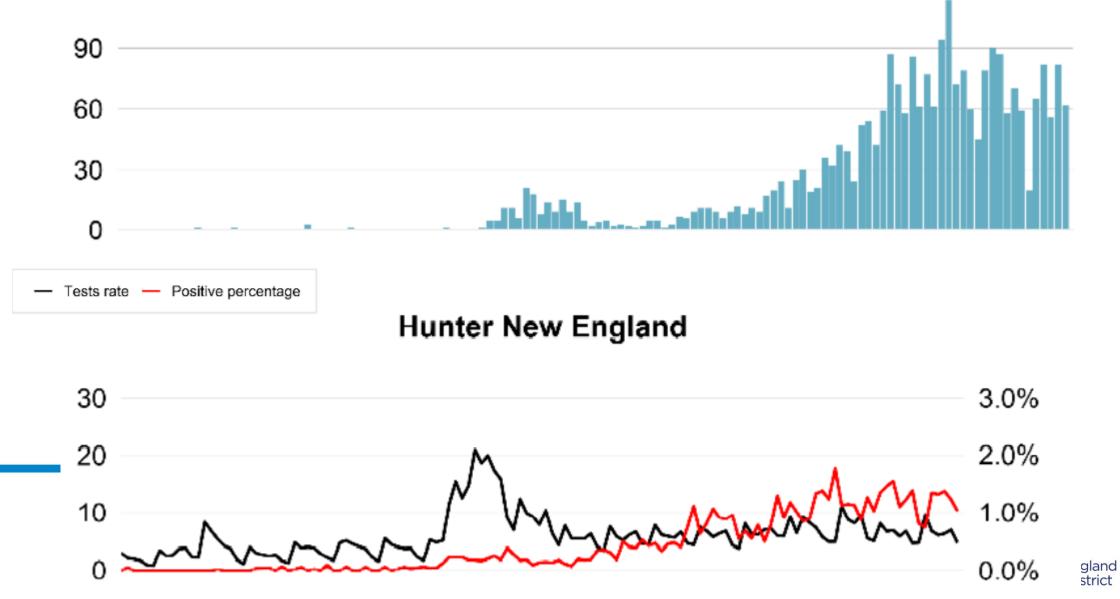


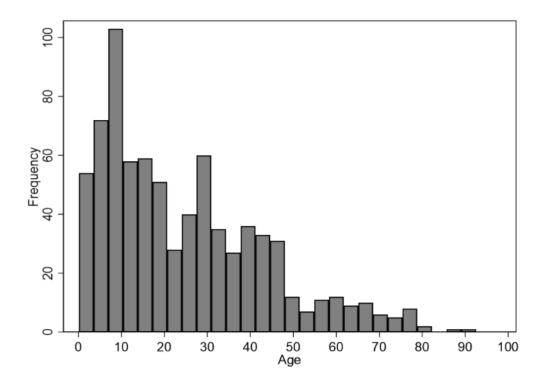


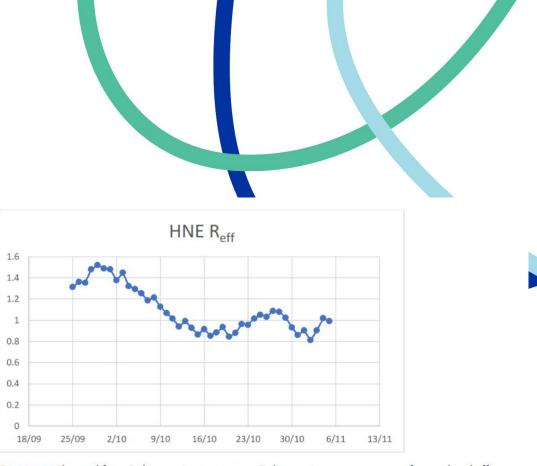
Care of COVID-19 Positive Adult Patients in the Community

Username: hnehealth password: p1thw1ys

Hunter New England







Data note: Changed from 5-day moving average, to 7-day moving avg, to account for weekend effect.

HNE R_{eff} 5/11/21 R_{eff} = 0.99

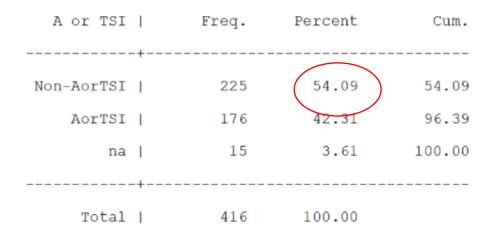
The following 3 values are reported in <u>www.covid19date.com.au</u> using a formula attributed to Prof. Adrian Esterman UniSA. The HNE value above is calculated using the same formula.

NSW R _{eff}	6/11/21	$R_{\rm eff}$ = 0.97
VIC R _{eff}	6/11/21	$R_{\rm eff}$ = 0.84
ACT Reff	6/11/21	R _{eff} = 1.35

	COVID-19 V	/accine	I.	Freq.	Percent	Cum.
			+			
		0	I.	207	49.76	49.76
1 dose	registered	in AIR	I.	67	16.11	65.87
2 doses	registered	in AIR	I.	139	33.41	99.28
3 doses	registered	in AIR	I.	2	0.48	99.76
4 doses	registered	in AIR	I.	1	0.24	100.00
			+			
		Total	1	416	100.00	



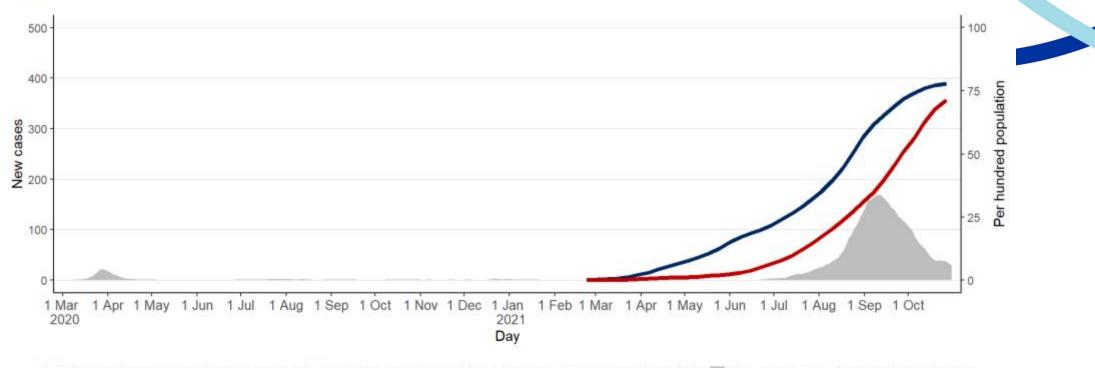
Aboriginal orTorres Strait Islander Status: self-reported



COVID-19 Critical Intelligence Unit: COVID-19 cases, variants, vaccines, hospitalisations and death

NSW

Figure 3a: COVID-19 cases and vaccinations, NSW, March 2020 – October 2021



People fully vaccinated (cumulative) People received at least one vaccine dose (cumulative) No. new cases per million population

Vaccines provided 10 times greater protection against COVID infection

Cases or ICU/death rates per 100,000 people fully vaccinated or unvaccinated

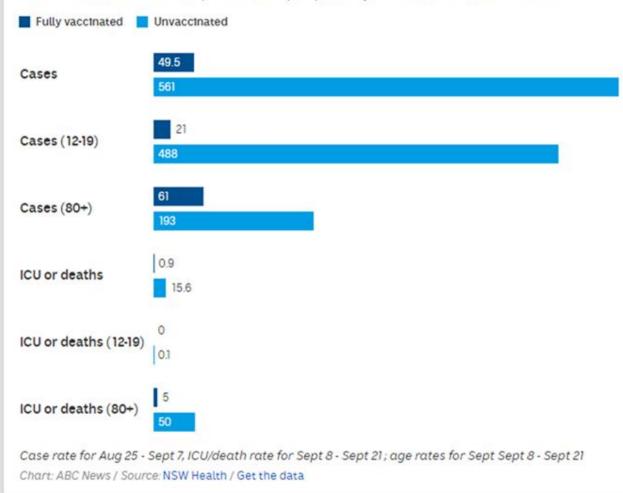


Figure 2: Risk of ICU admission

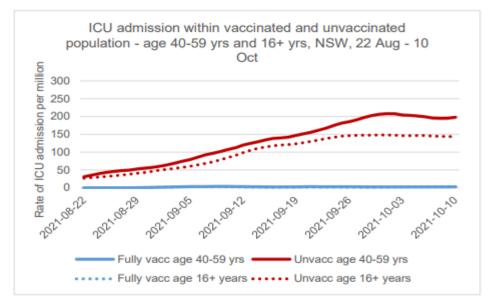
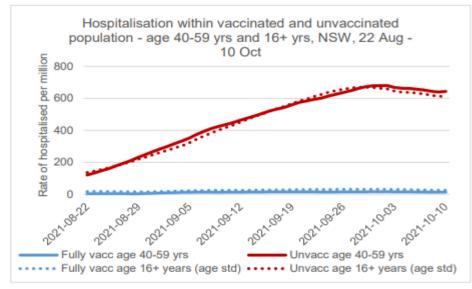
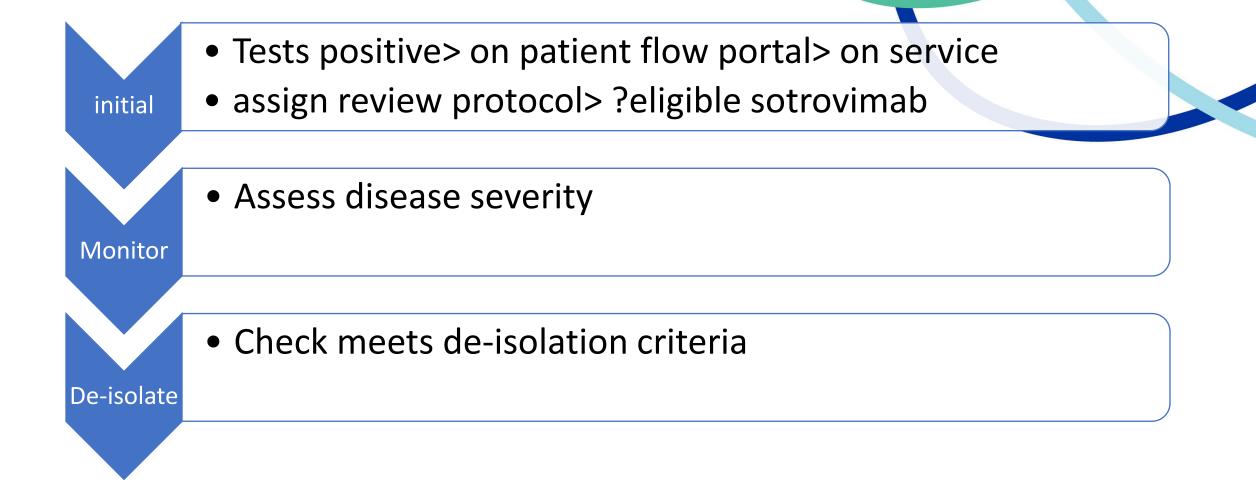


Figure 3: Risk of hospitalisation



CCitC Model



Initial

- Identify r monitor?
- Check eli
- Consider

Clinical indications for sotrovimab⁴

Sotrovimab is appropriate for use in non-pregnant adults and pregnant women in their second or third trimester:

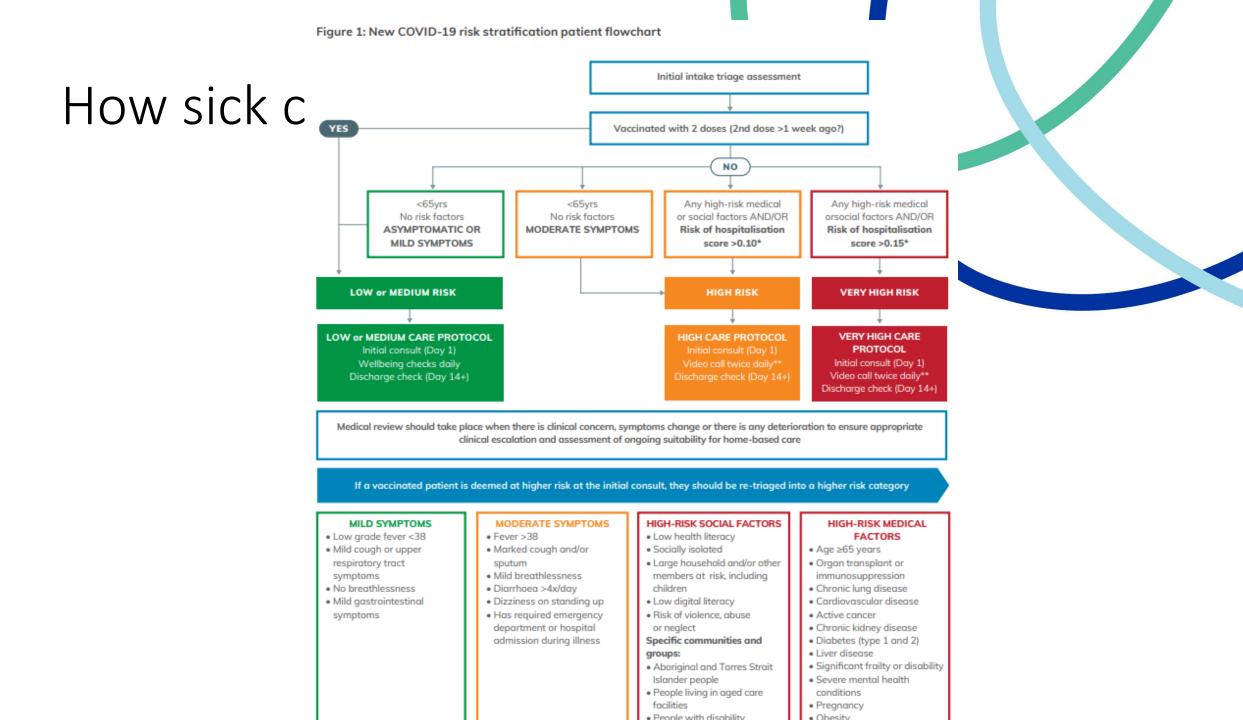
need to

italisation

- within 5 days of symptom onset (symptoms may be very mild), and
- who do not require oxygen for COVID-19, and
- who have not been fully vaccinated (second dose > 2 weeks ago), and
- who have 1 or more of the following risk factors for disease progression:
 - Diabetes (requiring medication)
 - Obesity (BMI > 30 kg/m²)
 - Chronic kidney disease i.e., eGFR < 60 by modification of diet in renal disease (MDRD)
 - Congestive heart failure (NYHA class II or greater)
 - Chronic obstructive pulmonary disease (history of chronic bronchitis, chronic obstructive lung disease, or emphysema with dyspnoea on physical exertion)
 - Moderate-to-severe asthma (requiring an inhaled steroid to control symptoms or prescribed a course of oral steroids in the previous 12 months)
 - Age ≥ 55 years
 - · Patients who are immunosuppressed, even if they are partially or fully vaccinated
 - Aboriginal and Torres Strait Islander patients aged > 35 years

See also:

- Agency for Clinical Innovation (ACI) Model of Care for the Use of Sotrovimab in NSW ☑
- Australian National COVID-19 Clinical Evidence Taskforce Recommended Disease-modifying Treatments 🗹



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Armidale / Tamworth / New England / North West 🔨

- Anglicare <a>[2:
 - Food and financial assistance
 - Locations:
 - Inverell: 39 Warialda Street, phone (02) 6701-8200
 - Glen Innes: 1 Cross Street, phone (02) 6701-8200
 - Moree: Wesley Centre, Cnr Frome and Heber Street, phone (02) 6701-8200
 - Narrabri: 95 Barwon Street, phone (02) 6701-8200
 - Armidale Suite 1, 191-193 Beardy Street, phone (02) 6701-8200
 - Tamworth: 34 Denne Street, phone (02) 6701-8200
- Armidale Uniting Church:
 - Food relief, pickup only (does not deliver)
 - 10 am to 12 pm on Monday, Tuesday, and Friday
 - 114 Rusden Street Armidale, NSW 2350
 - Phone (02) 6772-3233
- Liberty Foodcare:
 - Low cost groceries, delivery option available
 - 9.30 am to 2.30 pm Monday to Friday
 - 70 Robert Street Tamworth, NSW 2340
 - Phone (02) 6762-2322
 - Website 🗹

How sick t

Patient or carer identifies deterioration and requests review OR deterioration detected during consultation

Patient reviewed by clinical staff

SIGNS and SYMPTOMS of CLINICAL DETERIORATION in COVID-19-positive patients

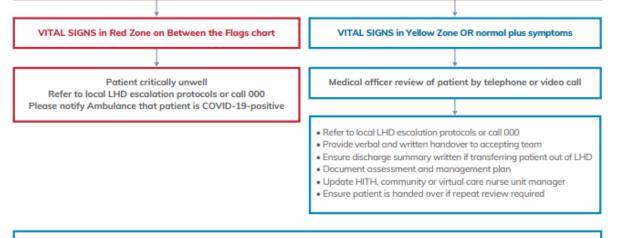
- Vital signs in the yellow or red zones
- Isolated fever without other red flags consider medical review

OR the following symptoms

- Syncope
- Chest pain
- Vomiting, abdominal pain or diarrhoea >4x/day
- All patients with these symptoms should have medical officer review and be discussed with the designated senior medical

Vomiting and diarrhoea or gastrointestinal symptoms and looks unwell, or vital signs Yellow or Red Zone, requires urgent escalation. If diarrhoea alone, patient doesn't look too unwell, and vital signs Between the Flags, consider medical review.

· Hospital in the Home, community or virtual care nurses or medical officer concerned patient is very unwell



ALL COVID-19-positive patients with clinical deterioration and/or RED FLAGs should be discussed with the designated senior medical officer.

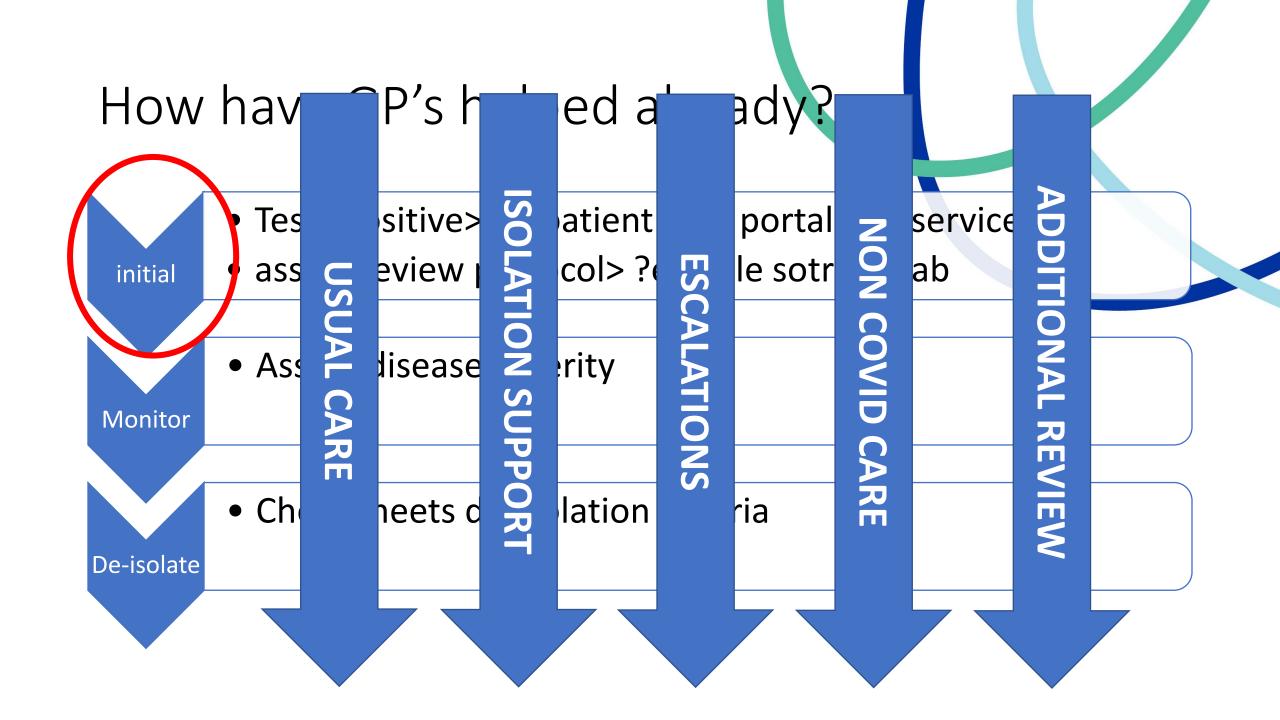
De-isolation

Criteria for release from isolation

- 1. Asymptomatic 14 days since first positive test and no symptoms throughout
- Symptomatic with resolution of fever and acute respiratory symptoms 14 days since onset of symptoms and both:
 - resolution of fever for at least 72 hours, and
 - substantial improvement in respiratory symptoms of acute illness for at least > 72 hours.

These patients may have ongoing shortness of breath and/or post-viral cough and need clinical judgement as to whether these are possible symptoms of acute infection.

- 3. Symptomatic without resolution of fever and acute respiratory symptoms:
 - If both:
 - · At least 20 days since onset of symptoms, and
 - Not immunocompromised
 - or
 - If all of the following are met:
 - At least 14 days since onset of symptoms
 - Resolution of fever for 72 hours
 - Substantial improvement in respiratory symptoms of acute illness
 - Two consecutive negative PCR swabs more than 24 hours apart after day 10 from onset of symptoms
- 4. Immunocompromised:
 - Must meet either 1 or 2 above, and
 - Two consecutive negative PCR swabs more than 24 hours apart after day 7 from onset of symptoms



What happens next?





Adult and Paediatric Hospital in the Home Guideline

Summary

The Guideline provides direction and practical suggestions for the implementation of the Hospital in the Home Program with the purpose of standardising the operation of services across the state. It covers the provision of services to adults and paediatric patients.

File link: Adult and Paediatric Hospital in the Home Guideline File size: 735 KB Document type: Guideline Document number: GL2018_020





Guide to providing telephone and video consultations in general practice



racgp.org.au

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