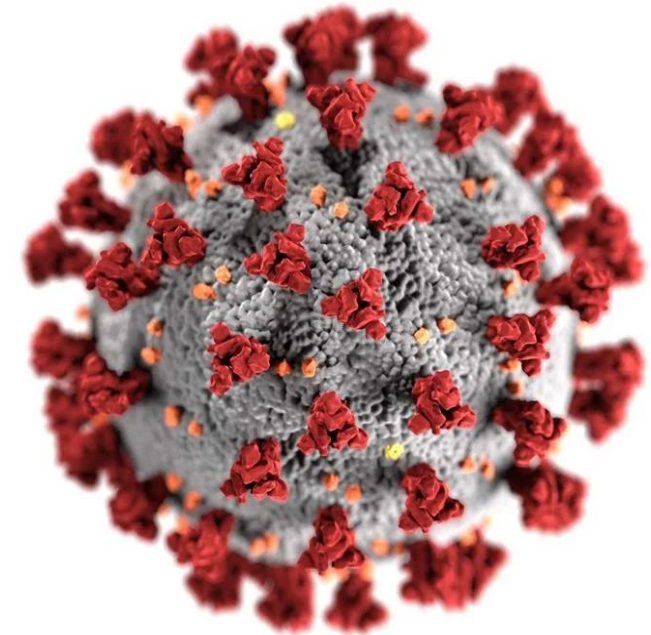


# Initial Moree Covid Response



# Monday 1<sup>st</sup> November

- Mid afternoon we became aware that there were Covid + cases in the community
- Two women in maternity ward were soon identified as close contacts
- Both tested negative with quick tests however were isolated overnight and discharged the following morning

# Tuesday 2<sup>nd</sup> November

- Needed to prepare possible admissions of Covid + cases
- Our COVID plan was put in to action
- Elective theatre continued in the first days
- Week 2 all elective theatre ceased
- ED – Mental Health room became Covid + Room
- Staff in ED/Maternity PPE N95 masks and protective eyewear

# Testing

- Clinical Labs – external provider engaged for assistance in swabbing
- Liat Machine sent to Moree – to process PCR in 20 minutes
- St Vincent's Rapids- process PCR in 50 minutes
- RAT supply sent to Moree

# Start of the day

- Red list – a list of all positive cases
- Sotrovimab list- persons unvaccinated and at high risk of disease progression. These persons were identified through the COVID Doctors in Newcastle.
- Daily huddle with Hospital in the home Newcastle
- Patient Covid (+) transport
- Covid ward infusion lounge

# Daily data

- **Moree**

- Active case numbers: 142
- No. of active cases over 11 years of age: 96: unvaccinated=68 (70.8%), one dose=15 (15.6%), two dose=9 (9.4%), unknown (not interviewed)=4 (4.2%)
- Number of households: 74
- Estimated contacts (note this is based off an average calculation of households): 370

- **Tingha/Inverell**

- Active case numbers: 97
- No. of active cases over 11 years of age: 56: unvaccinated=42 (75.0%), one dose=7 (12.5%), two dose=5 (8.9%), unknown (not interviewed)=2 (3.6%)
- Number of households: 44
- Estimated contacts (note this is based off an average calculation of households): 233

# COVID Dashboard

COVID Dashboard

Unregistered Cases: All | De-Isolated Cases: |  HITH  Community Clinic  SHA/CSA Collaborative Care  Exc. Referred Cases  Exc. Checked  Exc. Discharged  Exc. Not

LHD: Hunter New England

PHU Interview	Note	De-Isolate	Clinic Name	Patient ID	Patient	Age	DOB	NCIMS Address	NCIMS Suburb	NCIMS Mobile Phone	Language	Interpreter Required	Aborig	Day Number	COVID-19 Onset Date	Deterioration Risk	Rohi Score
Yes	Add Notes	<input type="checkbox"/>				25				0409338	Bengali	Yes	No	2	31-10-20	Medium	0.055
Yes	Add Notes	<input type="checkbox"/>				25	11-04-1996			0420748	English	No	No	3	30-10-	Medium	0.062
Yes	Add Notes	<input type="checkbox"/>	Greater Newcastle COVID 19 Hospital in the Home			25	16-12-1995			0409896	English	No	Yes	5	28-10-	Very High	0.212
Yes	Add Notes	<input type="checkbox"/>	Lower Mid North Coast COVID 19 Hospital in the Home			25	20-05-1996			0421895	English	No	No	6	27-10-	Medium	0.036
Yes	Add Notes	<input type="checkbox"/>	MH - COVID19 Isolation Support			25	04-02-1996			0426479	English	No	No	8	25-10-	Medium	0.041
Yes	Add Notes	<input type="checkbox"/>	Greater Newcastle COVID 19 Hos.	0633240	Chia	25	29-09-1996			0480220	English	No	Yes	8	25-10-	High	0.108

NSW Health Hunter New England Local Health District

Julie Evans (Hunter New England LHD)

# Sotrovimab -for Adults

Use of COVID-19 Disease Modifying Medications PD2013\_043 PCP 53

- All criteria (section 1) must be met in addition to risk factors below:
- Pregnant women in their second or third trimester **OR**
- Non-pregnant adults who are aged  $\geq 65$  years or  $\geq 35$  years if Aboriginal and/or Torres Strait Islander
- **AND one** of the following risk factors:
  - Obesity (BMI  $\geq 30$  kg/m<sup>2</sup>)
  - Severe cardiovascular disease (including hypertension)
  - Severe chronic lung disease including severe asthma (requiring a course of oral steroids in the previous 12 months), COPD and interstitial lung disease
  - Type 1 or 2 diabetes mellitus
  - Severe chronic kidney disease, including those that are on dialysis
  - Severe chronic liver disease
- **OR**
- Aged  $\geq 18$  years if immunocompromised

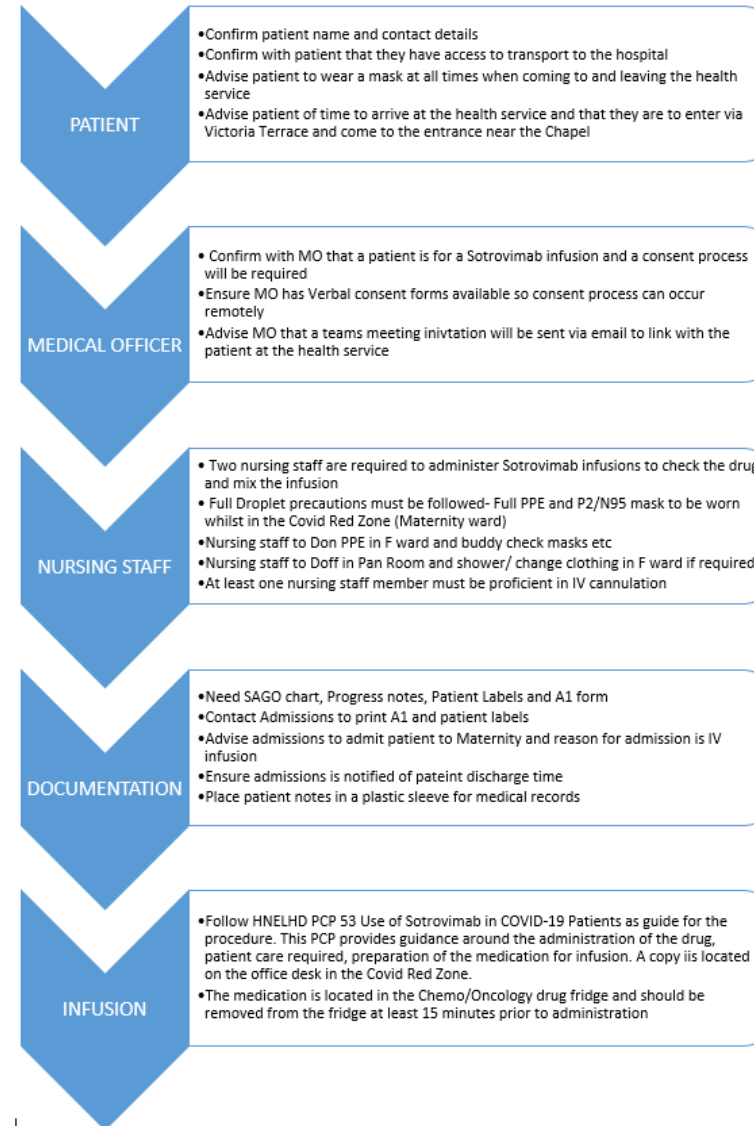


# Contraindications

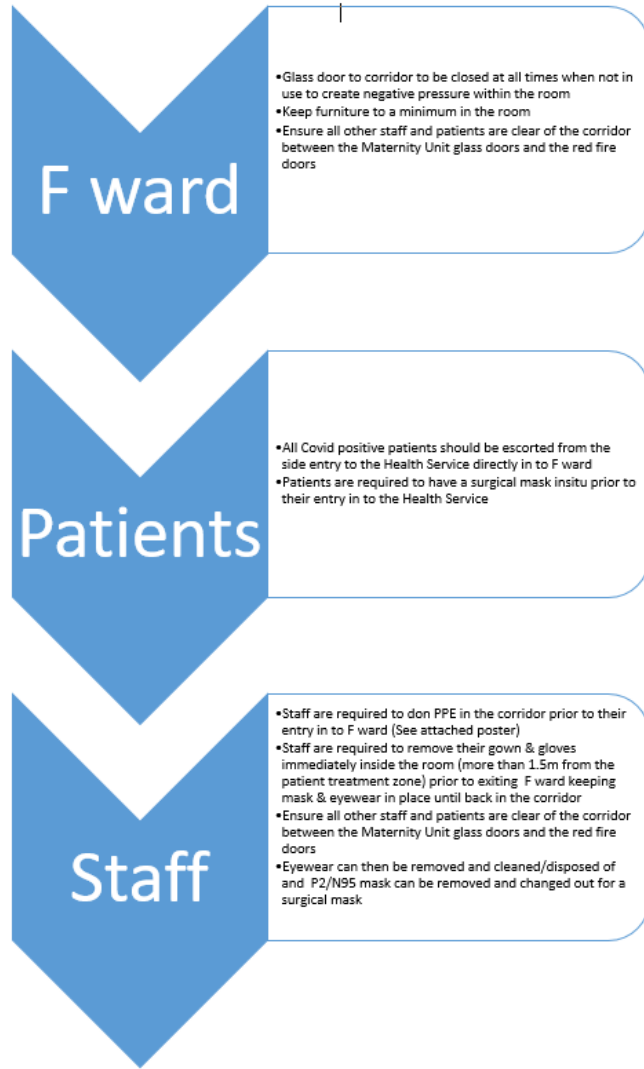
Use of COVID-19 Disease Modifying Medications PD2013\_043 PCP 53

- Allergy: contraindicated in patients with known hypersensitivity to sotrovimab, or any of the excipients (histidine, histidine hydrochloride monohydrate, sucrose, methionine, polysorbate 90) in the product, Chinese Hamster Ovary cell products or other recombinant human or humanised antibodies. Exercise caution in patients with a history of anaphylaxis to other medicines.
- First trimester pregnancy and breastfeeding: Sotrovimab is pregnancy category B2. There is potential for placental transfer of sotrovimab from the mother to the developing foetus. No information is available on the use of sotrovimab during breastfeeding. The amount present in breastmilk is likely to be very low as sotrovimab is a large protein molecule. Discontinuation of breastfeeding may be considered.

MOREE DISTRICT HEALTH SERVICE  
FLOW CHART FOR SOTROVIMAB INFUSION FOR COVID-19 PATIENTS



PROCESS FOR COVID POSITIVE PATIENTS ATTENDING MOREE DISTRICT HEALTH SERVICE FOR SOTROVIMAB INFUSION



Created: December 2021

PROCESS FOR COVID POSITIVE PATIENTS ATTENDING MOREE DISTRICT HEALTH SERVICE FOR SOTROVIMAB INFUSION



Created: December 2021



# COVID in the Community –initial week

- Monday 1<sup>st</sup> November- Mid afternoon we became aware that there were Covid + cases in the community.
- By Monday the 8<sup>th</sup> we had 110 active cases.
- Over 900 swabs within 5 days. 3 days in excess of 250 swabs per day before support from external provider.



# What we thought the Community Health response to COVID would be?

- Hospital in the Home for COVID positive adults and children is a centralised unit run out of Newcastle.
- Initially advised that our role would be to drop pulse oximeter and symptom management packs to the mail box of COVID positive clients.

# Our Response

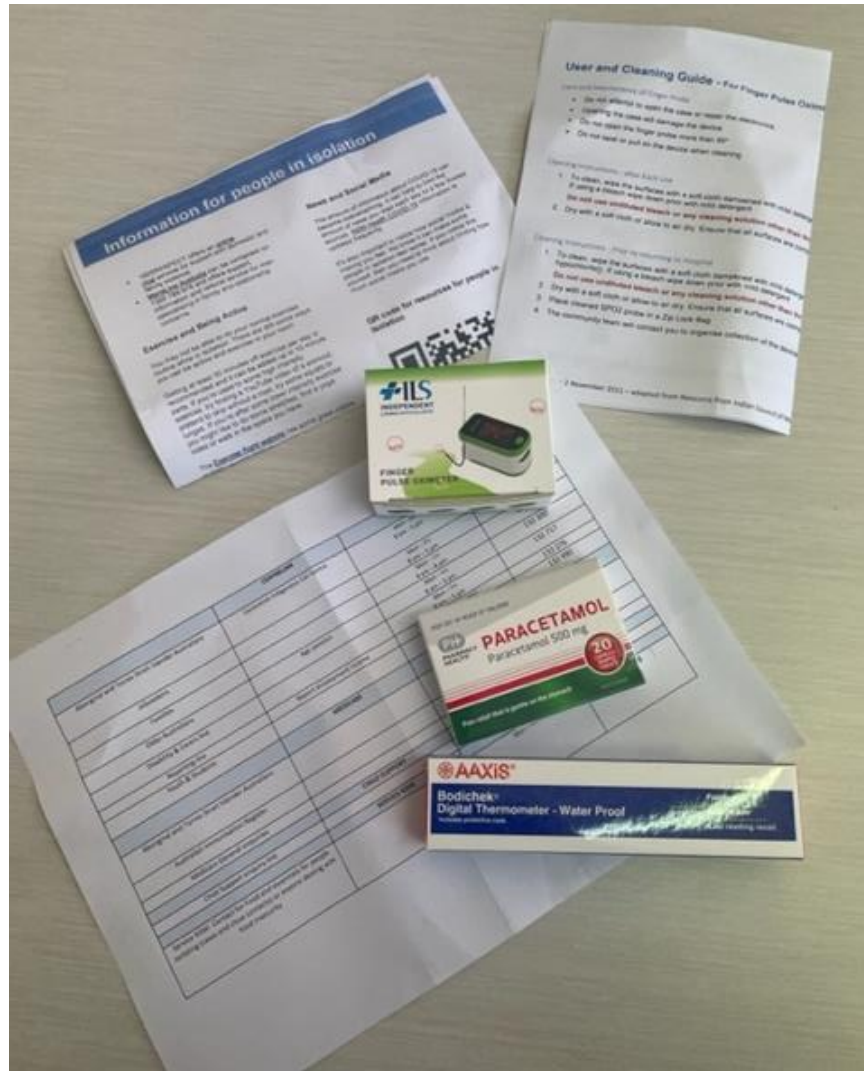
Community Health has been-

- oximeters and symptom pack management
- delivering food hampers, PPE and cleaning products to isolating households
- Daily huddles with HITH team
- Welfare checks
- Escalation of care for clients
- Referrals

# Our Response continued

- Assisting in the assessment of clients post Sotrovimab
- Arranging transport
- Hotel requests
- Fit mask testing, donning and doffing and infection control education delivered to hotel staff
- Swab clinics and home swabbing
- Vaccinations





Our isolation packs provided to COVID positive people and households



# Hurdles

- Staffing
- Social component
- Home swabbing
- Weather
- Borders

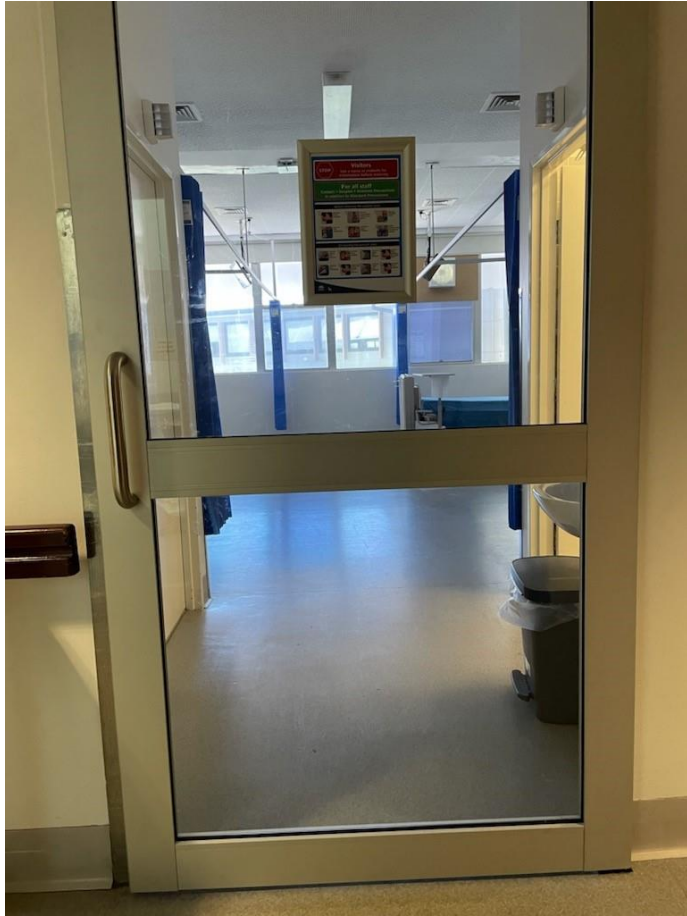
# What worked well

- Team work.
- Aboriginal Health workers really lead the COVID work in our community.

# Statistics

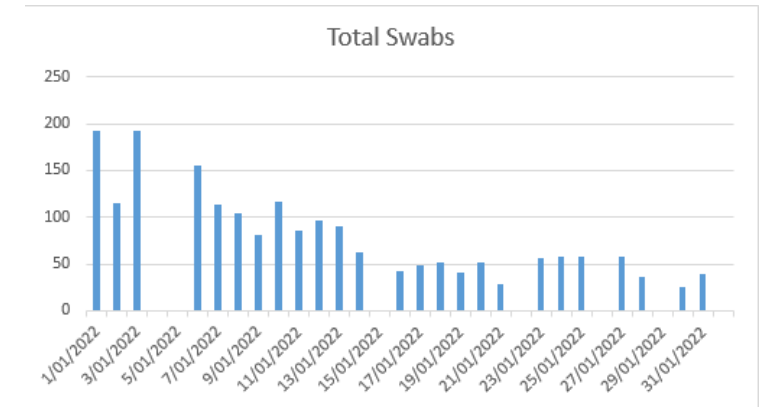
- Close to 500 home swabs
- Sunday the 5.12.2021 -234 positive COVID cases
- De-isolated 204 cases
- 2 transfers to TRRH
- No intubations
- No deaths

# Where to now in acute/ NP Room



# Where to Now continued

- Swabbing clinic remains open
- Community support for pulse oximeters continues for high risk persons
- Sotrovimab infusions continue
- We have received a supply of Oral antivirals- Nirmatelvir and Ritonavir (Paxlovid)
- These may be considered for persons who have difficulty accessing Hospital for infusion eg. Aged care facility resident, remote location, poor mobility



# Email compliment - Moree Health Service

## Staff response to COVID

- I had a conversation with Dr Jennie Broughton from the COVID Team in Newcastle earlier today and wanted to pass on the praise she (and all of the team in Newcastle) had for us in Moree.
- She said that Moree is the district's 'golden child' with regards to the COVID response we have offered. She commented on our thoroughness, commitment to people in the community and was very clear that the reason nobody has been very seriously ill or passed away is due to our efforts in tracking people down, getting people infusions, and doing our best to ensure COVID+ and close contacts are looked after. She actually became a little bit teary (and was happy for me to mention it!) when reflecting on the quality of response we have offered. She tells me that everyone in Newcastle thinks of us very highly and wish that Moree would show other sectors how to manage a COVID outbreak!
- She was very eager for me to pass this info on and added that we should always feel welcome to get in touch if we ever need guidance or assistance with the work we are doing.



# Thanks and assistance

- Paul Craven – Covid Medical lead HNELHD
- PH Doctors
- Hospital in the home and Covid doctors
- Staff from Tamworth and JHH who came to assist
- Moree Hospital Community Health who set up a truly amazing service for our community during this COVID 19 outbreak

# References

- NSW Health (2022) *Use of COVID 19 Disease Modifying Medications PD2013\_043 PCP 53*. Retrieved from [PD2013\\_043 PCP 53 Use of COVID-19 Disease Modifying Medications.pdf \(nsw.gov.au\)](#)