







# COVID-19 Hot Topics

Thursday 1<sup>st</sup> December 2022  
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🏠 / COVID-19

# COVID-19

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 SEND FEEDBACK

# Respiratory virus testing

Medicare rebates for pathology  
changed on 1<sup>st</sup> Oct

Can self-refer for COVID-19 testing  
till end Dec

If additional respiratory virus  
testing required, provide a referral

# Planning for high risk patients

Not a prescription

Discuss risk

Make plan for testing

Check interactions / eligibility

Upload to MHR?

<https://www.health.nsw.gov.au/Infectious/covid-19/Documents/gp-antiviral-pre-assessment-form-higher-risk.PDF>

## Antiviral Pre-Assessment form

This antiviral pre-assessment form is to support timely and safe access to antiviral medicines for vulnerable adults **who are at higher risk of severe disease**. The form should be **completed by a doctor** (preferably the person's regular GP) in consultation with the person or the person's guardian, **before** the person tests positive for influenza or COVID-19. People at higher risk of severe disease should discuss with their GP what test should be done if they get sick (this might include having a prepared pathology form). The pre-assessment form does not replace the requirement for a doctor to assess the person and prescribe the medication prior to administration.

This pre-assessment form may also be used for people at baseline or higher risk of severe disease who are **travelling interstate, internationally or on cruise vessels** to document recommended use (or non-use) of antiviral medicines for COVID-19 and/or influenza.

**Nirmatrelvir plus ritonavir** (Paxlovid™) and **molnupiravir** (Lagevrio®) can be used for treatment in people with confirmed COVID-19 with mild to moderate symptoms who are at risk of severe disease.

**Oseltamivir** (Tamiflu®) can be used for treatment and prophylaxis in people with confirmed influenza.

## Patient details

Patients full name:

DOB:  /  /  (dd/mm/yyyy) Gender:  Male  Female  Prefer not to say

Medicare No:  Ref No:  Expiry:

## Pre-assessment for eligibility for antiviral medicines (To be completed by a doctor)

## COVID-19

COVID-19 vaccine:  COVID-19 vaccination declined

Last dose received:  /  /  DOSE NUMBER:  
 /  /  Primary course:  dose 1/  dose 2/  dose 3 (if required) Booster:  
 dose 1/  dose 2

## Suitability for oral treatments:

Patients with confirmed COVID-19 who do not require hospitalisation for COVID-19 infection at the time of prescribing and within 5 days of symptom onset (OR within 5 days of positive result if asymptomatic AND at least 70 years of age) may be eligible for antivirals.

## Would the patient meet PBS population criteria for antiviral if they became COVID positive?

**Yes.** Patient meets current PBS criteria (refer to PBS website <https://www.pbs.gov.au/> for eligibility details)

- Aged 70 years and older
- Aged 50 years and older with at least TWO risk factors for severe disease
- Aboriginal or Torres Strait Islander people aged 30 years and older with at least ONE risk factor for severe disease
- Aged 18 years and older with moderate to severe immunocompromise

**No.** Patient does not meet current PBS criteria

## Antiviral Pre-Assessment form

## Pre-assessment for eligibility for antiviral medicines (To be completed by a doctor) cont.

**Note:** Patients who do not meet PBS criteria but meet the National COVID-19 Clinical Evidence Taskforce Criteria (<https://clinicalevidence.net.au/covid-19/>) for oral treatment may be able to access antivirals through NSW Health Pharmacy Departments with a [Prescription and Declaration form - oral antiviral medicines for COVID-19](#). People travelling interstate, internationally or on cruise vessels may be able to access COVID-19 antiviral medications through other mechanisms.

## Specify risk factors for severe disease (if applicable):


## Nirmatrelvir/ritonavir (Paxlovid™):

Eligibility (after reviewing Drug Interaction Checker - <https://www.covid19-druginteractions.org/checker/> - and noting contraindications and precautions below)

**Yes.** eGFR:  Date:  /  /  (dd/mm/yyyy)

## Recommended dosing based on eGFR

Adequate renal function (eGFR > 60mL/min)	<input type="checkbox"/> Nirmatrelvir 300 mg + ritonavir 100 mg every 12 hours for 5 days
Moderate renal impairment (eGFR 30-60 mL/min)	<input type="checkbox"/> Nirmatrelvir 150 mg + ritonavir 100 mg every 12 hours for 5 days
Severe renal impairment (eGFR < 30 mL/min)	<b>USE IS CONTRAINDICATED</b>

**No.**

CONTRAINDICATIONS: Known allergy to nirmatrelvir/ritonavir (Paxlovid™), severe renal impairment (eGFR < 30mL/min/1.73m<sup>2</sup>), severe hepatic impairment (Child-Pugh Class C), or those **at risk of drug interaction**. Co-administration with medications that are highly dependent on CYP3A for clearance and medications that are potent CYP3A inducers. Safety and efficacy not established in people under the age of 18 years and therefore not currently recommended. Note that the tablet cannot be chewed, broken or crushed therefore cannot be used in people with swallowing difficulties or on enteral feeds.

PRECAUTIONS: Not recommended in pregnancy (TGA pregnancy category B3), breastfeeding and women of childbearing potential not using adequate contraception. Caution with risk of HIV-1 resistance development (in uncontrolled or undiagnosed HIV infections) and hepatotoxicity.

See [CEC drug guideline](#) and product information: <https://www.tga.gov.au/sites/default/files/paxlovid-pi.pdf>

## Antiviral Pre-Assessment form

## Pre-assessment for eligibility for antiviral medicines (To be completed by a doctor) cont.

## Molnupiravir (Lagevrio®):

Eligibility (after noting contraindications and precautions below)

**Yes.** Recommended dosing: Molnupiravir 800 mg (4 x 200 mg capsules) every 12 hours for five days.

**No.**

CONTRAINDICATIONS: Known allergy to molnupiravir (Lagevrio). Safety and efficacy not established in people under the age of 18 years and therefore not currently recommended. Not recommended in pregnancy (TGA pregnancy category D) and breastfeeding.

PRECAUTIONS: Additional precautions for women of childbearing potential (effective contraception for the duration of treatment with molnupiravir and for four days after the last dose) and men who are sexually active with a partner of childbearing potential (adequate form of contraception during treatment with molnupiravir and for **three months** after the last dose).

See [CEC drug guideline](#) and product information: <https://www.tga.gov.au/sites/default/files/lagevrio-pi.pdf>

## INFLUENZA

Influenza vaccine:  Influenza vaccine declined Date administered:  /  /

## Oseltamivir (Tamiflu®):

Treatment of, and prophylaxis against, influenza with oseltamivir should commence as soon as possible. Treatment should commence no later than 48 hours of symptom onset. Prophylaxis should begin within 48 hours of exposure.

The Australian Therapeutic Guidelines recommend oseltamivir for influenza treatment or prophylaxis for persons at increased risk of severe disease from influenza. Persons at increased risk of disease include: persons aged 65 years and over; Aboriginal or Torres Strait Islander people of any age; pregnant women; children aged 5 years or younger; residents of long-term residential facilities; and people aged 6 months and over who have medical conditions predisposing to severe influenza. See <https://www.health.nsw.gov.au/infectious/influenza>.

## Suitable for treatment and/or prophylaxis for oseltamivir?

**Yes.**

**No.**

CONTRAINDICATIONS: Known allergy to oseltamivir.

PRECAUTIONS: End stage renal failure, pregnancy (TGA pregnancy category B1) or breastfeeding.



## Antiviral Pre-Assessment form

## Pre-assessment for eligibility for antiviral medicines (To be completed by a doctor) cont.

## Recommended dosing for oseltamivir (Tamiflu®):

**Note:** Oseltamivir dosing requires adjustment in renal impairment. If there is a concern about impaired renal function or a change in the patient's condition then creatinine and GFR should be checked prior to prescribing.

**Is renal adjustment for oseltamivir required?** See TGA Product Information for details

<input type="checkbox"/> No. Adequate renal function (i.e., CrCl > 60 mL/min)	For treatment of confirmed influenza	<input type="checkbox"/> Dose: Oseltamivir 75 mg twice daily for 5 days
	For prophylaxis after confirmed exposure	<input type="checkbox"/> Dose: Oseltamivir 75 mg once daily for 10 days

<input type="checkbox"/> Yes. Dose adjustment required (i.e., CrCl < 60 mL/min)	For treatment of confirmed influenza	<input type="checkbox"/> Adjusted dose: _____ for 5 days
	For prophylaxis after confirmed exposure	<input type="checkbox"/> Adjusted dose: _____ for 10 days

## Patient antiviral action plan

## If you get symptoms or have recently been exposed to someone with COVID-19:

1. Get a PCR test, because you are at higher risk of severe illness and they are more accurate.
2. If you can't get a PCR test result quickly, do a RAT while you wait for the PCR test result.
3. If your RAT or PCR is **positive**, stay home and contact your GP for a telehealth appointment.
4. Register your positive RAT with Service NSW.

Please visit the NSW Health website for further advice.

If you test positive to COVID-19 or influenza, it is important to be assessed by a doctor for antivirals as soon as possible and **before** 5 days have passed since onset of symptoms or positive test.

Additional clinical advice (e.g., medication changes, contraceptive advice etc):

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## Antiviral Pre-Assessment form

## Patient antiviral action plan (cont.)

- I have reviewed the patient's past medical history and medications)
- I have reviewed discussed eligibility for antiviral medication with the patient
- I have provided a copy of this pre-assessment to the patient
- I have attached a recent copy of the patient's health summary and medication list (if applicable)
- I have attached a copy of the patient's drug interaction summary for the patient (if applicable)

## Medical Officer's Signature

Doctor's Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ *Print and Sign* Date:  /  /  (dd/mm/yyyy)

Contact Number: \_\_\_\_\_

## Preference statement for antiviral medication (oseltamivir, molnupiravir and nirmatrelvir/ritonavir)

## To be completed by the patient and or patient's guardian after discussion with GP

- I have received information regarding the medications available

[CEC Factsheet Nirmatrelvir plus ritonavir \(Paxlovid\): Information for patients, family and carers](#)

[CEC Factsheet Molnupiravir \(Lagevrio\): Information for patients, family and carers](#)

## COVID-19

I would like to receive oral treatment for **COVID-19** as prescribed by a doctor if I develop COVID-19 with

- only molnupiravir** (Lagevrio®) **OR**  **only nirmatrelvir/ritonavir** (Paxlovid™) **OR**
- either **molnupiravir** (Lagevrio®) **or nirmatrelvir/ritonavir** (Paxlovid™)

## Influenza

I would like to receive **oseltamivir** (Tamiflu®) as prescribed by a doctor

- if I am **diagnosed with influenza**  if I am **exposed to influenza**

**Date Completed:**  /  /  (dd/mm/yyyy) this form should be reviewed **every 6 months**.

Persons involved in decision-making in relation to the antiviral pre-assessment

- Patient  Patient's Guardian  Other: \_\_\_\_\_

Name (Patient): \_\_\_\_\_ Signature: \_\_\_\_\_ *Print and Sign*

Name (Patient's Guardian/Other): \_\_\_\_\_ Signature: \_\_\_\_\_ *Print and Sign*

Date: 30/11/2022

Name: Mr Test TEST  
Address: 101 New Street  
Gateshead 2290

Dear Test

We have identified you are high risk of severe disease if you catch COVID-19.  
This is because you are aged over 70.

**1. Test**

If you have symptoms of COVID-19 (such as fever, cough, sore throat, difficulty breathing, runny nose, loss of sense of taste or smell) please do a RAT at home. If it is negative, take your form and get a PCR test.

**2. Assessment with GP**

If you have a positive RAT or PCR test please book a telehealth (video) or phone consultation with any of our GPs within 24 hours. This is so we can assess you and decide if you need antiviral medication or other medical care. If there is no appointment available to book online, please phone the surgery and advise the receptionist that you have COVID-19 and are high risk.

You are likely to be eligible for standard dose Paxlovid. I have checked today and it does not interfere with any of your other medication.

**3. Report**

Remember to report any positive RAT test to Service NSW and answer all the questions.

[www.nsw.gov.au/covid-19/stay-safe/testing/register-positive-rat-test-result](http://www.nsw.gov.au/covid-19/stay-safe/testing/register-positive-rat-test-result)  
[www.nsw.gov.au/covid-19/management/advice-for-confirmed-cases](http://www.nsw.gov.au/covid-19/management/advice-for-confirmed-cases) sincerely

# Antivirals for Doctor's bag

Lagevrio and Paxlovid  
available from 1<sup>st</sup> Nov

Up to 2 courses of each  
per month

Urgent supply





# COVID-19 Risk Monitoring Dashboard – Healthcare settings

Date of release:  
23 Nov 2022

This dashboard provides an assessment of transmission risk in healthcare settings – it is not an assessment of risk in the community.

## Overall status

**Amber**

Reported cases continue to increase although the rate of increase has slowed with the growth factor now at 1.03 - this represents a 3% increase in cases per day. Hospital and ICU occupancy, new admissions, PCR test positivity and the number of furloughed staff have all increased. The risk status remains at Amber (for information, see [IPAC manual](#)). The [health worker return to work risk matrix](#) must be adhered to.

## Categories

- Green
- Yellow
- Amber
- Red

## Local transmission



	Week ending 21 Nov 2022	Previous week
Number of cases (PCR + RAT)	<b>29,603</b>	24,914
7-day average daily cases	<b>4,229</b>	3,559
Average growth factor, cases	<b>1.03</b>	1.07
% of cases by age group (<12 / 12-17 / 18-59 / 60+)	<b>6 / 4 / 61 / 28</b>	6 / 4 / 58 / 32
Average % of PCR tests that were positive week ending 19 Nov	<b>15.5%</b>	14.7%
Number of LHDs with ≥ 5 average daily cases per 10 000 population	<b>6</b>	2
Number of LHDs with average growth factor > 1.10	<b>0</b>	0
Number of LHDs with PCR test positivity rate >5% Week ending 19 Nov	<b>15</b>	15

## Public health



	Week ending 20 Nov 2022	Previous week
% PCR positive cases contacted by stop and stay message within 1 day	<b>94%</b>	93%
% of cases hospitalised with		
0 dose or no information /	<b>20.1% /</b>	20.0% /
1 dose /	<b>1.6% /</b>	1.5% /
2 doses /	<b>11.3% /</b>	12.0% /
3 doses /	<b>25.2% /</b>	25.2% /
4 or more doses	<b>41.8%</b>	41.3%
vaccinated (as of 20 Nov)		
Late presentations within 2 days of positive test # (% hospitalisations)	<b>447 (61%)</b>	381 (63%)
% of population vaccinated with at least 2 doses (age 16+)	<b>95.7%</b>	95.7%
% of population vaccinated with at least 3 doses (age 16+)	<b>70.3%</b>	70.3%
New cases in neighbour jurisdictions		
VIC	<b>20,398</b>	↑23%
QLD	<b>10,106</b>	↑73%

## Healthcare setting



	As at 21 Nov 2022	Previous week
Number of cases on wards	<b>1,249</b>	1,093
Number of cases in ICU	<b>53</b>	24
Average length of stay of admissions (days / cases), discharged in the week ending 21 Nov	<b>7.8 / 891</b>	6.6 / 707
Average length of stay of ICU (days / cases), discharged in the week ending 21 Nov	<b>4.3 / 56</b>	3.9 / 53
Weekly new admissions to a ward / ICU	<b>763 / 69</b>	665 / 41
Number of cases self-managed (using 5 day rule – see notes)	<b>12,766</b>	11,280
Number of LHDs with ≥20% hospitalisation capacity used by COVID-19 positive patients	<b>0</b>	0
Healthcare workers in isolation (23 Nov)		
- Community exposure	<b>1372</b>	1057
- Potential workplace exposure	<b>31</b>	32

# Amber alert



[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)

## 3.9 Amber Alert poster

### Mask use for everyone entering a health facility

#### STANDARD PRECAUTIONS ALWAYS APPLY

#### Ensure screening and triage processes are in place to manage patients with suspected COVID-19

Patients presenting directly from the community, inter and intra hospital transfers are **required to wear a mask** if able

Children 12 years and under are not required to wear a mask

**Note:** Although these principles apply across healthcare environments when caring for vulnerable patients/residents, individual circumstances should be considered

Patients



Health workers (HW)

HWs to wear surgical mask when in healthcare facilities, this includes clinical and non-clinical areas (e.g., on entry, corridors, office spaces)

In a shared office space, HWs are required to wear a mask unless they are the only person working in the office

Eye protection when within 1.5m of a patient

Standard, Droplet and Airborne Precautions (**P2/N95 respirator**) and eye protection are required when providing direct care for:

- patients with suspected or confirmed COVID-19
- close contact of a COVID-19 case

Physical distancing, hand hygiene and regular cleaning are also important



OR

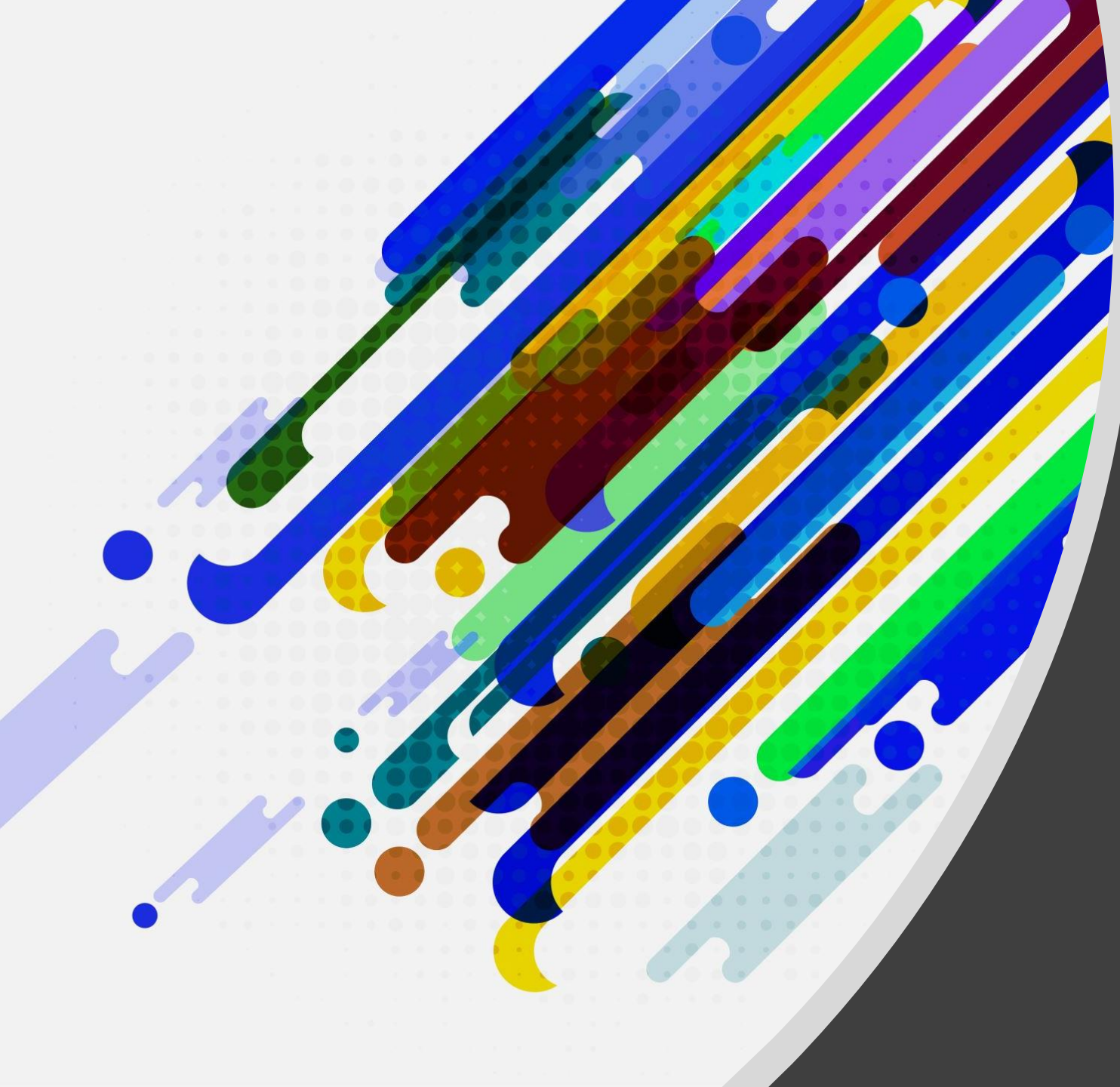


Visitors

Consider limiting number of visitors (acknowledgement of individual patient needs)

Visitors must wear a mask before entering the facility (own mask or provided by the facility)





Questions?