

# Primary care COVID-19 update

13<sup>th</sup> Sep 2022

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# What's new?

Review of current epidemiology

Paediatric Moderna for Age 6 m to 5 y at high risk of severe disease

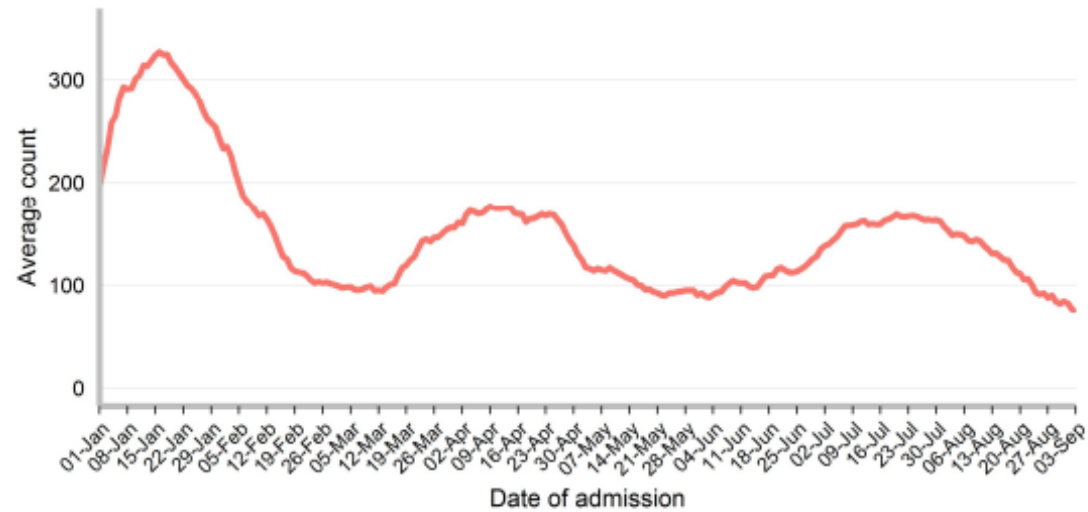
Novavax as primary course option for teens (age 12+)

Considerations for people with severe immunocompromise

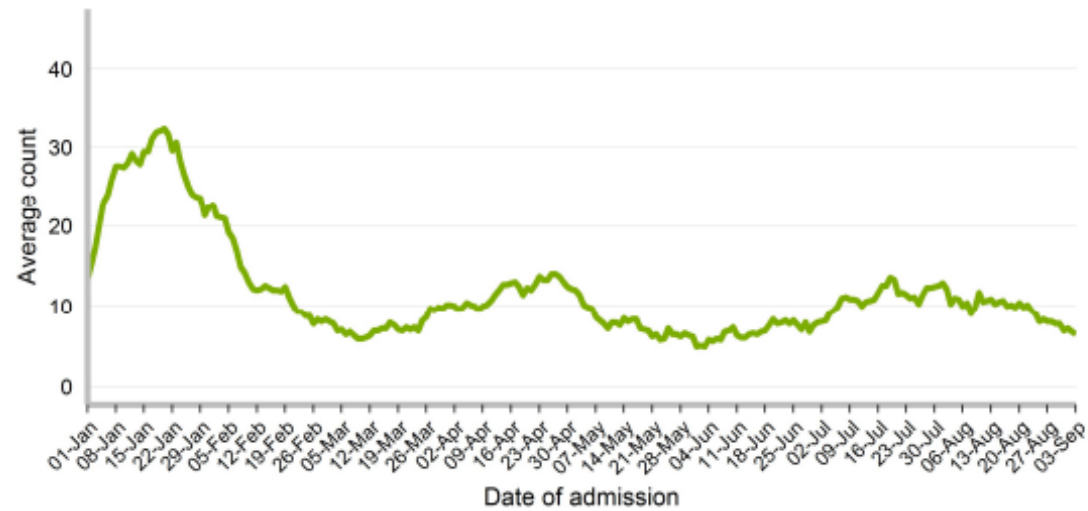
Ongoing PHN support for COVID-19 vaccination of vulnerable groups

Oral antiviral prescribing - practicalities

**Figure 1. Daily seven-day rolling average of people with COVID-19 admitted to hospital within 14 days of their diagnosis, NSW, 1 January to 03 September 2022**



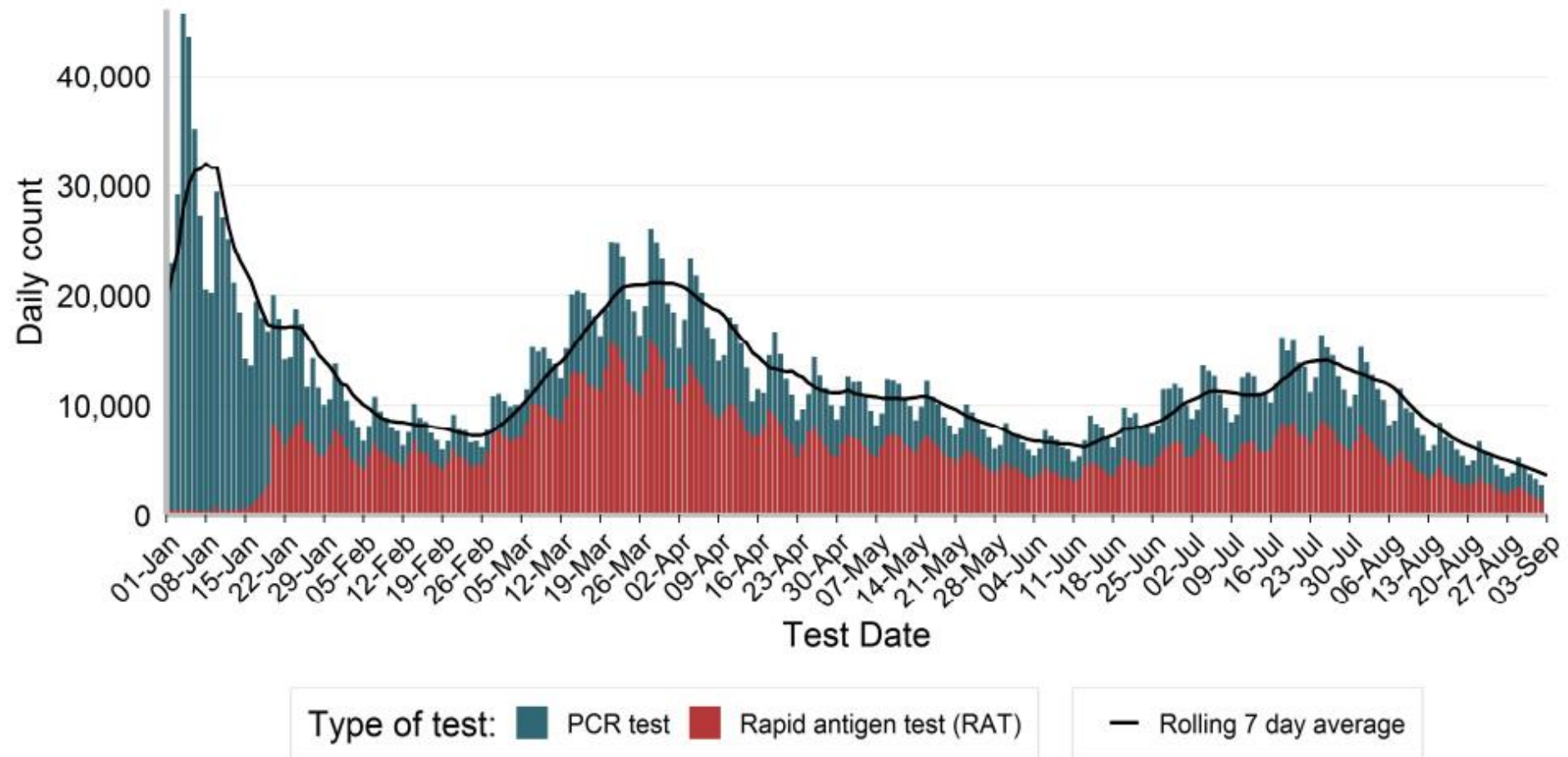
**Figure 2. Daily seven-day rolling average of people with COVID-19 admitted to intensive care units, NSW, 1 January to 03 September 2022**



<https://www.health.nsw.gov.au/Infectious/covid-19/Pages/weekly-reports.aspx>

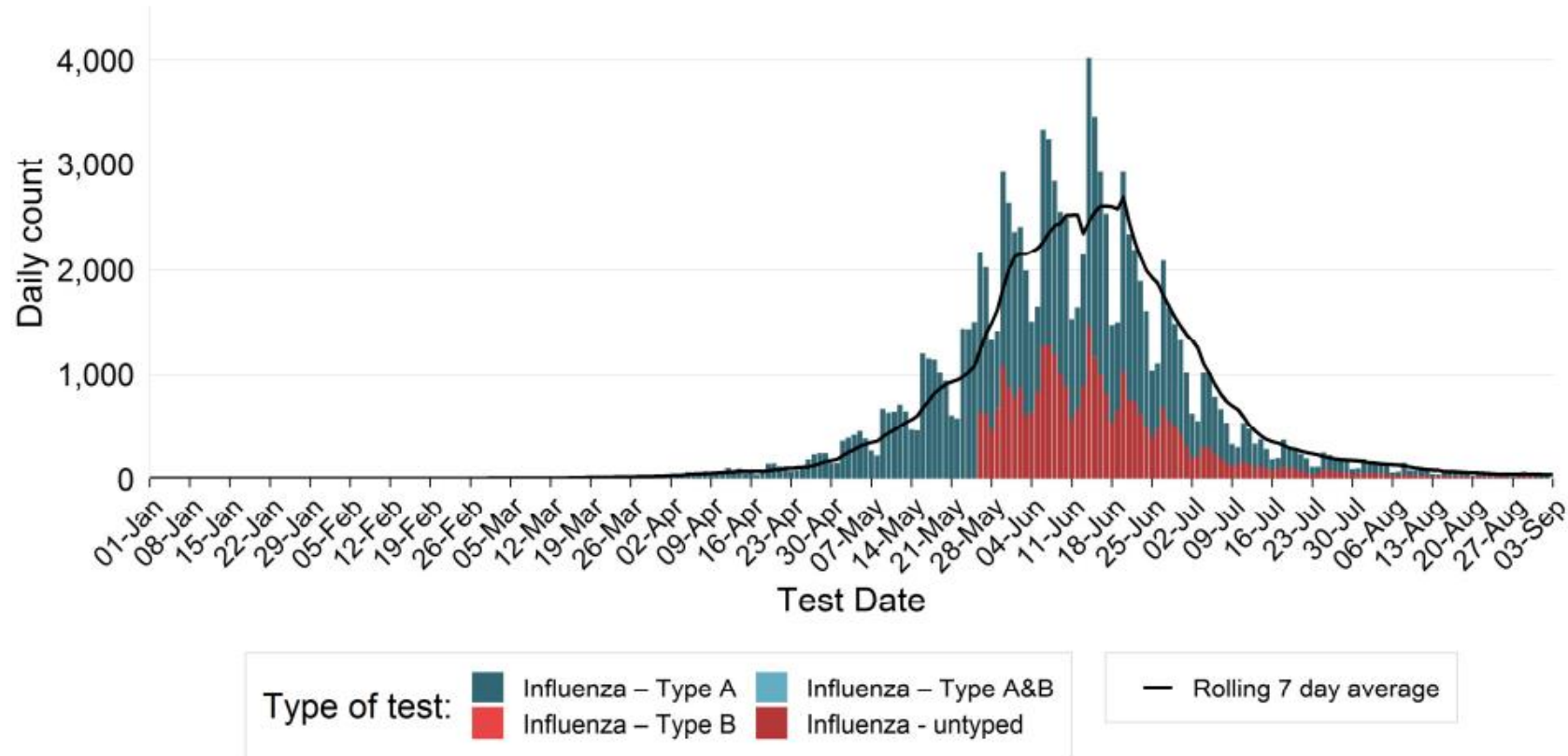
# COVID-19 currently 91.4% Omicron BA.5

Figure 4. People notified with COVID-19, by date of test and type of test performed, NSW, 1 January to 03 September 2022



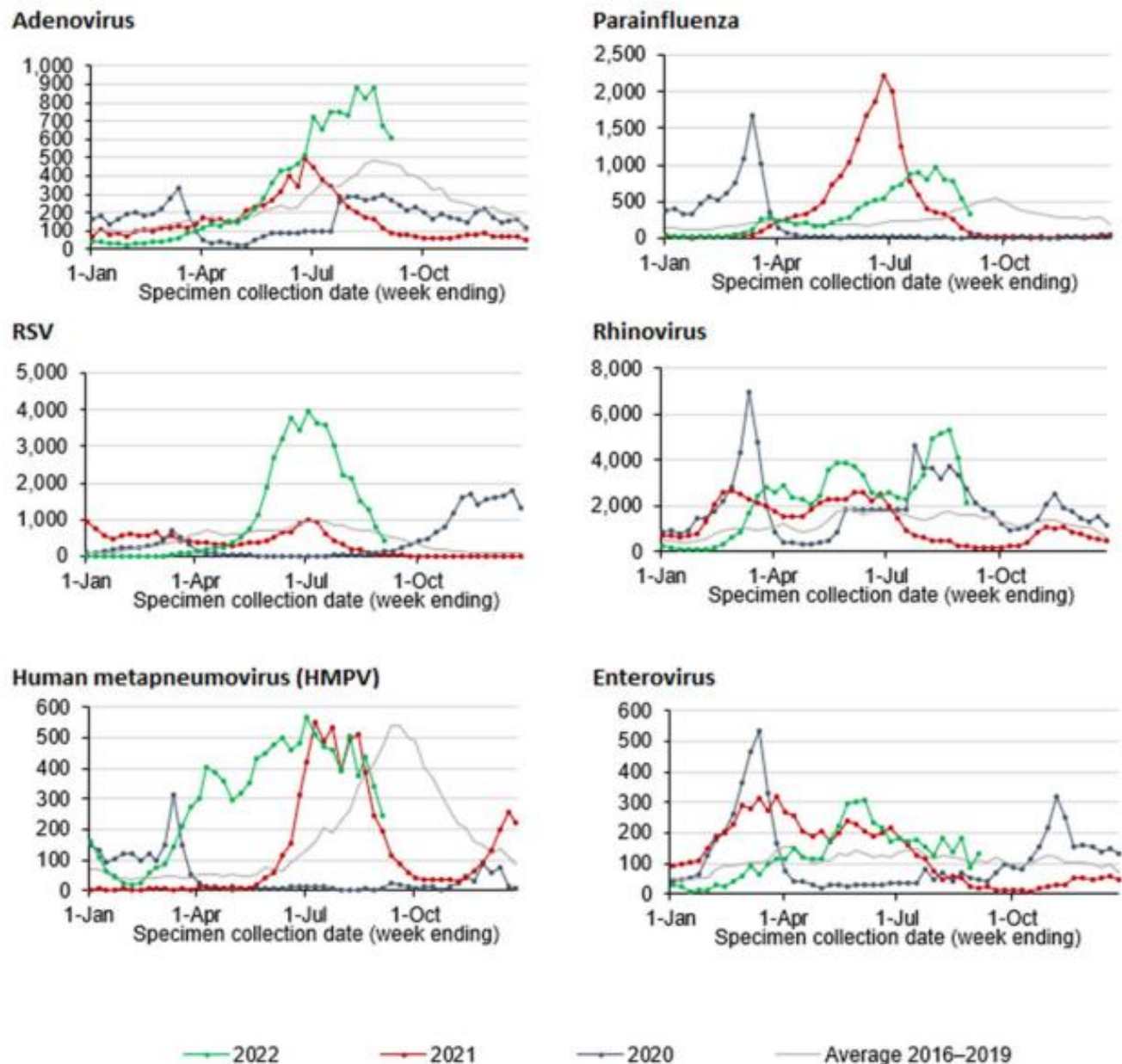
# Influenza

Figure 5. People notified with influenza, by date of test and virus type, NSW, 1 January to 03 September 2022







- There were 25,372 people diagnosed with COVID-19 this week, a decrease of 27.4% since the previous week.
- There were 250 people diagnosed with influenza this week, a decrease of 11% since the previous week.

**Figure 19. Number of positive PCR test results for other respiratory viruses at sentinel NSW laboratories, 1 January to 3 September 2022.**



# COVID-19 Vaccines in Australia

The table below provides key differences between each COVID-19 vaccine approved for use in Australia as per the Australian Technical Advisory Group on Immunisation (ATAGI) Guidelines. Please refer to the Department of Health and Aged Care website ([here](#)) for the most up to date advice.

	PRIMARY COURSE						
	Comirnaty (Pfizer) 5 to 11 years <sup>1</sup> Primary Course	Comirnaty (Pfizer) 12 years and older <sup>1</sup> Primary Course	Spikevax (Moderna) Primary Course (6 months – 5 years)	Spikevax (Moderna) Primary Course (6-11 years) <sup>2</sup>	Spikevax (Moderna) Primary Course (12 years and older) <sup>2</sup>	Nuvaxovid (Novavax) Primary Course	Vaxzevria (AstraZeneca) Primary Course
Vaccine type	mRNA (nucleic acid)	mRNA (nucleic acid)	mRNA (nucleic acid)	mRNA (nucleic acid)	mRNA (nucleic acid)	Protein-based	Viral vector
Approved age	5 to 11 years <sup>4</sup>	12 years and older	6 months to 5 years	6 to 11 years <sup>4</sup>	12 years and older	12 years and older	18 years and older
Cap colour	 Orange	 Purple	 Blue <sup>10</sup>	 Red	 Red	 Blue	 Red
Dose volume	0.2mL	0.3mL	0.25ml	0.25mL	0.5mL	0.5mL	0.5mL
Doses per vial	10	6	10	20	10	10	10
Dilution required	Yes (1.3mL)	Yes (1.8mL)	No	No	No	No	No
Recommended dose interval	8 weeks	8 weeks	8 weeks	8 weeks	8 weeks	8 weeks	12 weeks
Approved minimum primary course dose interval <sup>7</sup>	3 weeks	3 weeks	4 weeks	4 weeks	4 weeks	3 weeks	4 weeks
Third dose (as part of primary course for individuals who are severely immunocompromised) <sup>9</sup>	Yes	Yes	Yes	Yes	Yes	Yes <sup>9</sup>	Yes, but not preferred <sup>6</sup>

<https://www.health.gov.au/resources/publications/covid-19-vaccines-in-australia-a3-poster>

## Australian Technical Advisory Group on Immunisation (ATAGI) recommended COVID-19 vaccines and doses

The table below summarises the Australian Technical Advisory Group on Immunisation (ATAGI) recommendations relating to COVID-19 vaccines and required doses for the general population.

GROUP	VACCINES	PRIMARY COURSE	BOOSTER	FOURTH DOSE
<b>GENERAL POPULATION</b>				
5 years	Pfizer (COMIRNATY) (For Ages 5 to <12)	FIRST DOSE → SECOND DOSE	Not approved or recommended.	Not approved or recommended.
6 – 11 years	Pfizer (COMIRNATY) (For Ages 5 to <12) Moderna (SPIKEVAX) <sup>a</sup>	FIRST DOSE → SECOND DOSE	Not approved or recommended.	Not approved or recommended.
12 – 15 years	Pfizer (COMIRNATY) Moderna (SPIKEVAX)	FIRST DOSE → SECOND DOSE	Pfizer (COMIRNATY): approved but not recommended. Moderna (SPIKEVAX): not approved or recommended	Not approved or recommended.
16 – 17 years	Pfizer (COMIRNATY) <sup>*</sup> Moderna (SPIKEVAX)	FIRST DOSE → SECOND DOSE	<b>BOOSTER</b> ONLY PFIZER APPROVED 3 months after Primary Course	Not approved or recommended.
18 – 29 years	Pfizer (COMIRNATY) Moderna (SPIKEVAX) Novavax (NUVAXOVID) <sup>**</sup> AstraZeneca (VAXZEVRIA)	FIRST DOSE → SECOND DOSE	<b>BOOSTER</b> 3 months after Primary Course	Not approved or recommended.
30- 49 years	Pfizer (COMIRNATY) Moderna (SPIKEVAX) Novavax (NUVAXOVID) <sup>**</sup> AstraZeneca (VAXZEVRIA)	FIRST DOSE → SECOND DOSE	<b>BOOSTER</b> 3 months after Primary Course	<b>FOURTH DOSE</b> From 3 months after Booster
50+ years	Pfizer (COMIRNATY) Moderna (SPIKEVAX) Novavax (NUVAXOVID) <sup>**</sup> AstraZeneca (VAXZEVRIA)	FIRST DOSE → SECOND DOSE	<b>BOOSTER</b> 3 months after Primary Course	<b>FOURTH DOSE</b> From 3 months after Booster

### Notes

<sup>a</sup> There is no separate paediatric formulation of the Moderna vaccine – children aged 6 to 11 years receive half the adult dose (50µg in 0.25 mL). ATAGI recommends that providers are vigilant about the potential for dosing errors, including overdosing, with the Moderna vaccine in children.

<sup>\*</sup> For people aged 12 to 17 years, Pfizer COVID-19 vaccine is the only vaccine registered for use as a booster.

<sup>\*\*</sup> Novavax can only be used as a booster if no other COVID-19 vaccine is suitable.

Information current as of 7 July 2022. Detailed information on ATAGI clinical guidelines for administration of COVID-19 vaccines is available at: [www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/clinical-guidance/clinical-recommendations](http://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/clinical-guidance/clinical-recommendations)

<https://www.health.gov.au/sites/default/files/documents/2022/07/atagi-recommended-covid-19-doses-and-vaccines-poster-atagi-recommended-covid-19-doses-and-vaccines.pdf>



## Moderna paediatric vaccine

ATAGI recommends COVID-19 vaccination for **children aged 6 months to <5 years** with severe immunocompromise, disability, and those who have complex and/or multiple health conditions which increase the risk of severe COVID-19. These include children with the following or similar conditions:

- Severe primary or secondary immunodeficiency, including those undergoing treatment for cancer, or on immunosuppressive treatments as listed in the [ATAGI advice](#) on 3rd primary doses of COVID-19 vaccine in individuals who are severely immunocompromised
- Bone marrow or stem cell transplant, or chimeric antigen T-cell (CAR-T) therapy
- Complex congenital cardiac disease
- Structural airway anomalies or chronic lung disease
- Type 1 diabetes mellitus
- Chronic neurological or neuromuscular conditions
- A disability that requires frequent assistance with activities of daily living, such as severe cerebral palsy or Down Syndrome (Trisomy 21)

The recommendation is for 2 primary doses, except for those with severe immunocompromise who require 3 primary doses. The recommended interval between each dose is 8 weeks

# Novavax

Primary course now age 12+ (previously 18+)

2 doses 8 weeks apart

3 dose primary course in people with severe immunocompromise – 3<sup>rd</sup> doses are given 8 weeks after 2<sup>nd</sup> dose

Novavax is not registered by the TGA for use as a booster dose in adolescents aged 12-17 years, however ATAGI have advised that Novavax can be used as a booster in this age group if no other COVID-19 vaccine brand is suitable for that person

Severe  
immunocompromise  
age 6 months+

Primary course is 3 doses with 8 weeks between doses

Paediatric Moderna now available for children aged 6 months to 5 years

Age 12-15 single Pfizer booster (dose 4) 3 months after dose 3

Age 16-17 Pfizer booster 3 months after dose 3 AND winter booster (dose 5) 3 months after dose 4

Age 18 + Pfizer or Moderna for booster and winter booster

Eligible for oral antivirals if test positive for COVID-19

May be eligible for Evusheld

PHN support  
for  
immunisation  
of vulnerable  
groups

First Nations

Non Medicare card holders - reimburse  
Medicare rebate equivalent, email  
[vaccine@thephn.com.au](mailto:vaccine@thephn.com.au)

Housebound – taxi vouchers

Flag fall Medicare item 90005 is still available  
(\$58.15)

# COVID-19 Winter booster eligibility

No fourth doses for under 16s

Delay for 3 months after most recent COVID-19 infection and booster

Age 50+

Age 16+ and a resident of an aged care or disability care facility

Age 16+ and severely immunocompromised

Age 16+ with a disability or with a medical condition that increases the risk of severe COVID-19 illness

Includes diabetes, BMI 40+ or < 16.5, chronic lung, neurological, liver or cardiac disease, CKD 4 or 5

Age 30 -49 can receive a winter booster dose of a COVID-19 vaccine, however the benefit for people in this age group is less certain

Oral antiviral  
PBS eligibility  
from 11<sup>th</sup>  
July

Age 70+ with or without symptoms within 5 days of symptom onset or positive test

Age 50+ within 5 days of symptom onset and with 2 additional risk factors

Age 30+ within 5 days of symptom onset and Aboriginal and/ or Torres Strait Islander and 2 additional risk factors

Age 18+ within 5 days of symptom onset and moderate to severe immunocompromise

# Risk factors for severe disease

1. Lives in residential aged care
2. Has disability with multiple comorbidities and/or frailty
3. Neurological conditions, including stroke and dementia and demyelinating conditions
4. Respiratory compromise, including COPD, moderate or severe asthma (required inhaled steroids), and bronchiectasis, or caused by neurological or musculoskeletal disease
5. Heart failure, coronary artery disease, cardiomyopathies
6. Obesity (BMI greater than 30 kg/m<sup>2</sup>)
7. Diabetes type I or II, requiring medication for glycaemic control
8. Renal impairment (eGFR less than 60mL/min)
9. Cirrhosis
10. Lives in MMM5 or above
11. Immunocompromised as per ATAGI definition for 3 dose primary course
12. Others with very high-risk conditions including Down Syndrome, cerebral palsy, congenital heart disease, thalassemia, sickle cell disease and other haemoglobinopathies

## Considerations for oral antiviral prescribing

No oral antivirals during pregnancy

Breastfeeding – avoid on Lagevrio during treatment and for 4 days after. Paxlovid contraindicated

Paxlovid and conception – avoid during and for 7 days after – may interfere with OCP

Lagevrio and conception – males during and for **3 months** after, females during and for 4 days after

Paxlovid contraindicated if eGFR is < 30, eGFR 30-60 reduce dose (discard one 150mg nirmatrelvir for each dose)

Paxlovid contraindicated in liver failure Child Pugh C

Check interactions <https://www.covid19-druginteractions.org/checker>

RACGP guide <https://www.racgp.org.au/getmedia/d7534dba-62c1-4cbb-9326-2ea27c9f107f/Oral-treatments-for-COVID-19-Prescribing-workflow-for-GPs.pdf.aspx>



Care of COVID-19 Positive Adult Patients in the Community

Under the new [NSW model of care](#), Healthdirect will be undertaking the secondary survey of high-risk patients and referring them to general practitioner surgeries for assessment for oral antiviral suitability and ongoing advice regarding management. See also [Healthdirect COVID Care Pathways](#).

Initial assessment

Medication – Antivirals, inhaled corticosteroids, and monoclonal antibodies

Antivirals

Antivirals

These medications may be suitable for patients at [higher risk of severe disease](#). Consider completing the [COVID Antiviral Pre-assessment and Plan template](#). When completing clinical software COVID notes, consider using the [autofill shortcut](#).

1. Consider using the National COVID-19 Clinical Evidence Taskforce – [Decision Tool for Drug Treatments for At-risk Adults with COVID-19](#).
2. [Assess eligibility](#).
3. Choose the appropriate agent, considering efficacy, precautions, and contraindications:
  - [Nirmatrelvir plus ritonavir \(Paxlovid\)](#)
  - [Molnupiravir \(Lagevrio\)](#)
  - [Remdesivir \(Veklury\)](#)
4. Ensure [informed verbal consent](#).
5. Arrange prescription or supply:
  - [Nirmatrelvir plus ritonavir \(Paxlovid\)](#)
  - [Molnupiravir \(Lagevrio\)](#). Consider [administration options for patients with swallowing difficulties](#) or

SEND FEEDBACK



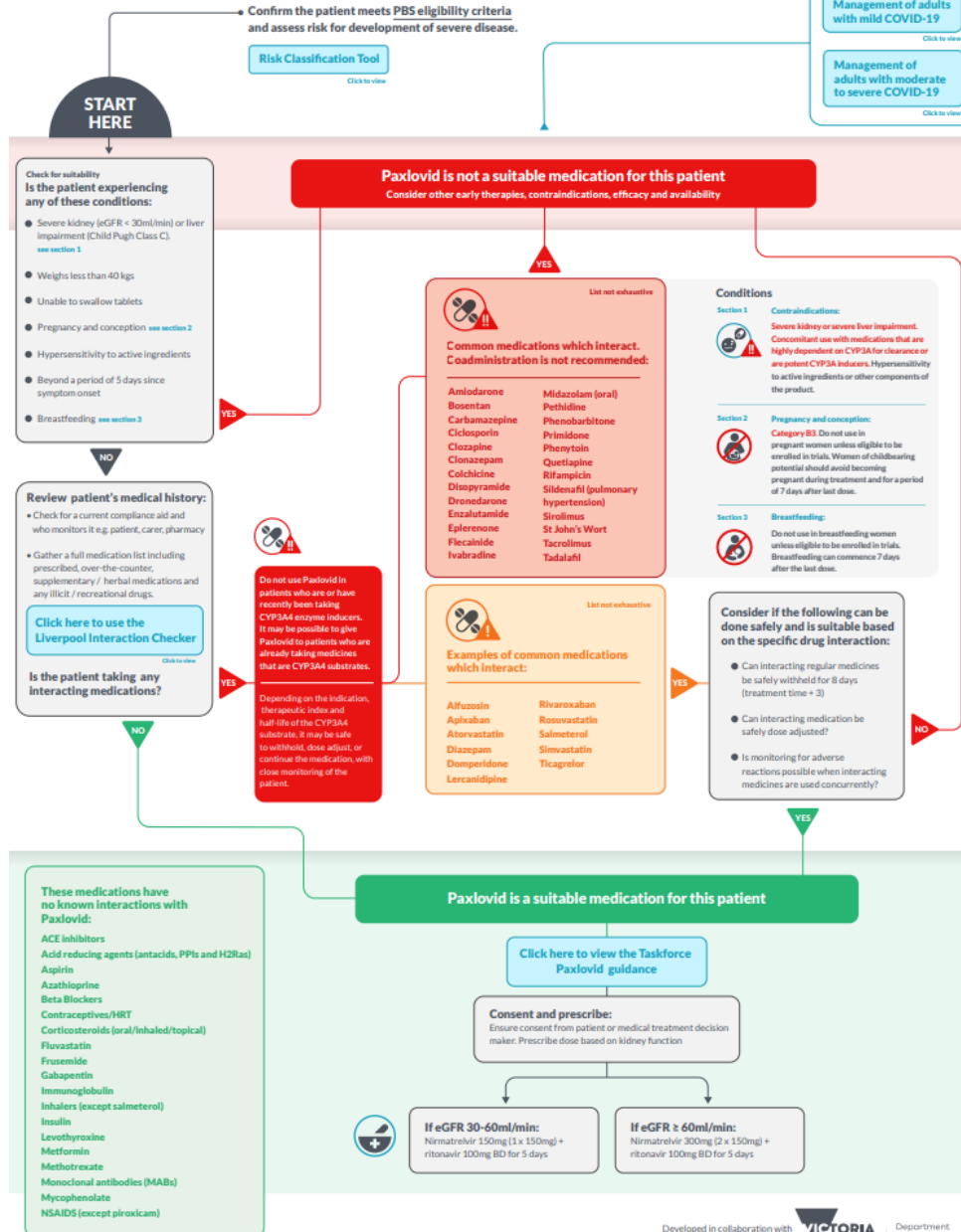
We are aware of an issue with the COVID app affecting Apple devices. We think this may be related to recent iOS updates and are working on a fix for this.

**If a drug is not listed below it cannot automatically be assumed it is safe to coadminister.**

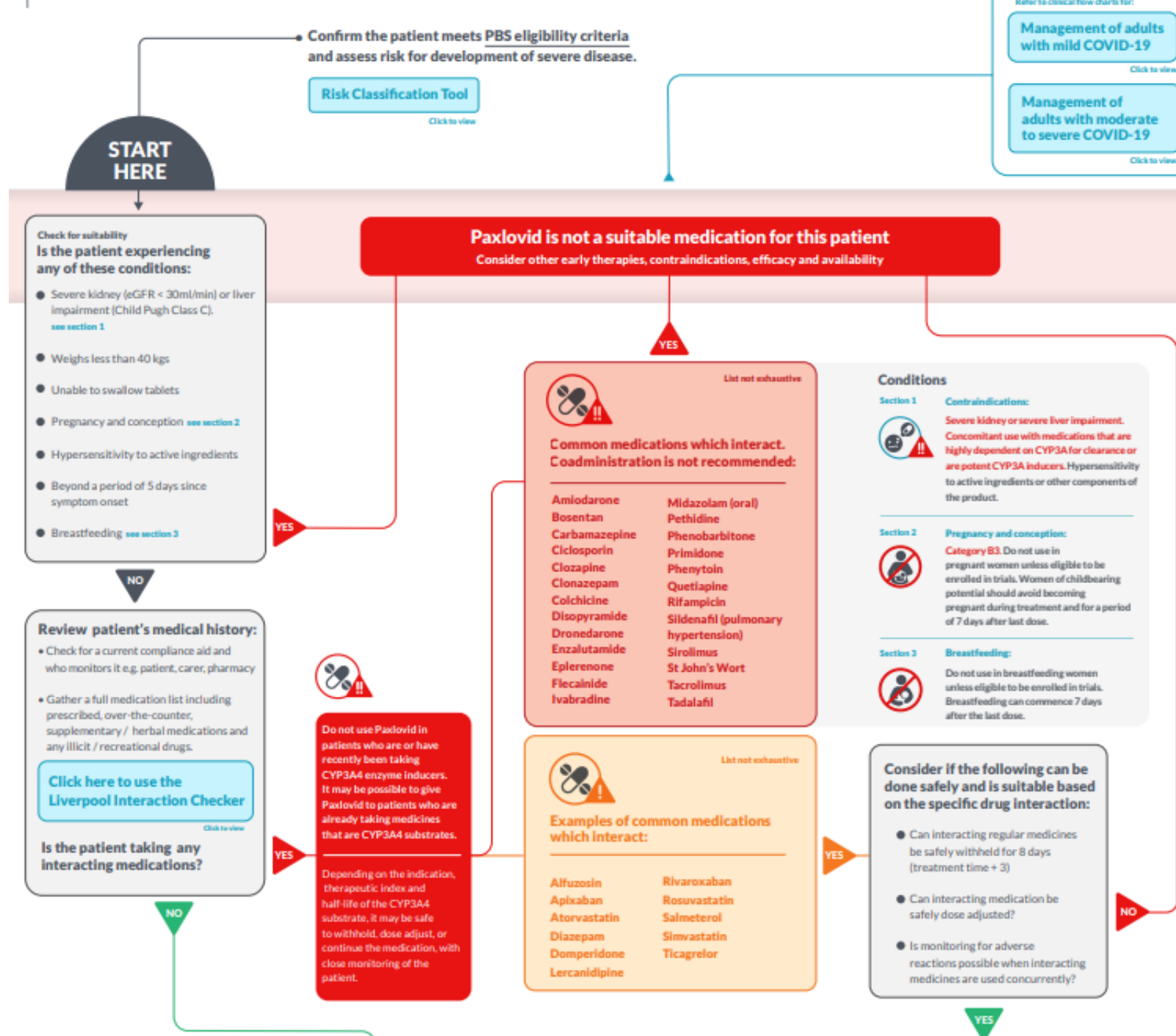
COVID Drugs	Co-medications	Drug Interactions
<input type="text" value="paxlov"/>	<input type="text" value="lercan"/>	<input type="checkbox"/> Check COVID/COVID drug interactions
		<a href="#">Reset Checker</a>
<input checked="" type="radio"/> A-Z <input type="radio"/> Class <input type="radio"/> Trade	<input checked="" type="radio"/> A-Z <input type="radio"/> Class	<a href="#">Switch to table view</a> <a href="#">Results Key</a>
<input checked="" type="checkbox"/> Nirmatrelvir/ritonavir (5 days) [Please read the interaction details as management of these interactions may be complex.] <span>(i)</span>	<input checked="" type="checkbox"/> Lercanidipine <span>(i)</span>	<div style="background-color: #e91e63; color: white; text-align: center; padding: 5px;"><b><a href="#">Do Not Coadminister</a></b></div> <p>Nirmatrelvir/ritonavir (5 days) [Please read the interaction details as management of these interactions may be complex.]</p> <p>Lercanidipine</p> <p>More Info <span>▼</span></p>
<input checked="" type="checkbox"/> Nirmatrelvir/ritonavir (5 days) [Please read the interaction details as management of these interactions may be complex.] <span>(i)</span>	<input checked="" type="checkbox"/> Lercanidipine <span>(i)</span>	



Refer to clinical flow charts for:  
[Management of adults with mild COVID-19](#)  
[Management of adults with moderate to severe COVID-19](#)



<https://covid19evidence.net.au/wp-content/uploads/PAXLOVID-PRESCRIBING-GUIDE.pdf?e=220817-62118>



## Higher risk patients

Consider a COVID-19 action plan

RAT negative -> PCR

Mechanism to contact practice

Pre checking interactions