



Respiratory update 21st June 2023

Dr Michelle Redford



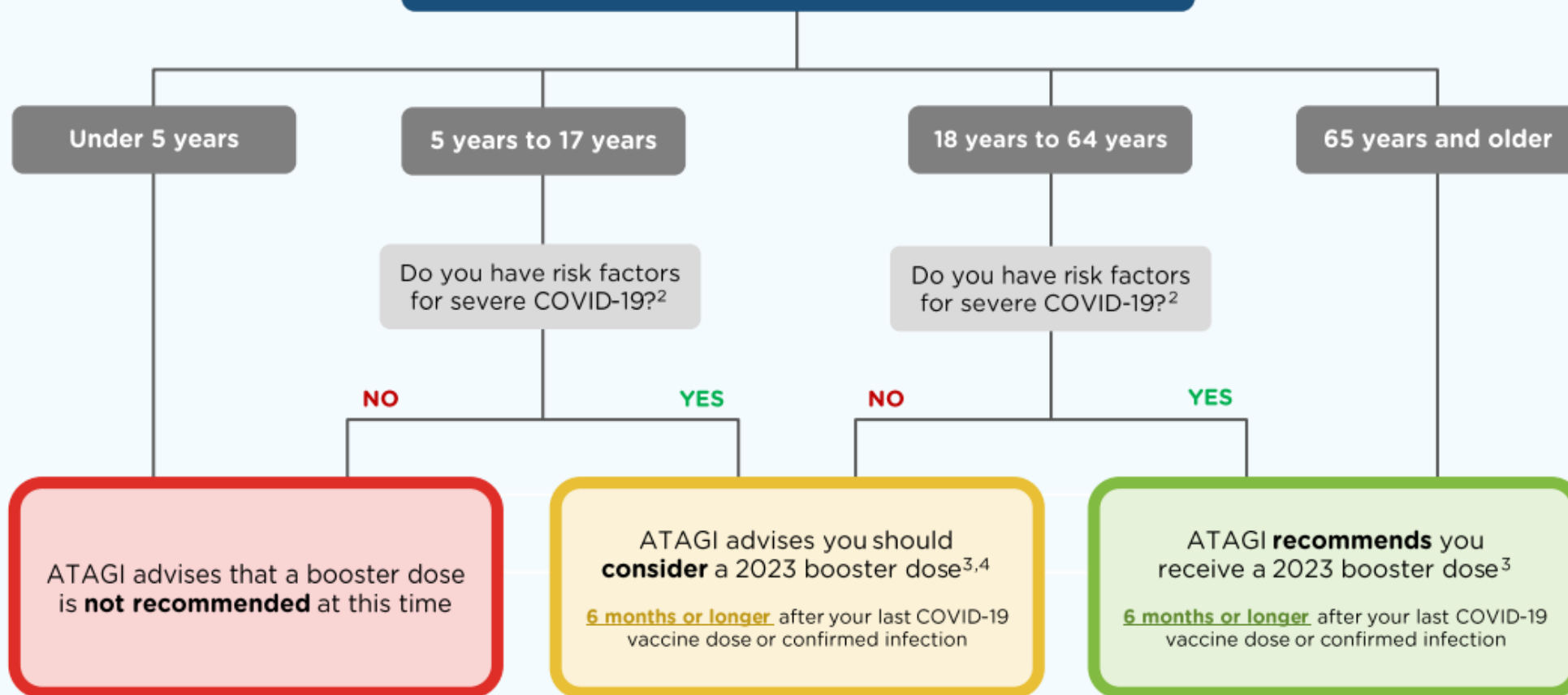
Learning outcomes

- Describe current COVID-19 immunisation booster recommendations
- Outline use of bivalent vaccines for primary courses
- Give examples of indications for Moderna bivalent BA.4-5 single dose vaccine
- Identify Medicare rebates for giving COVID-19 vaccines or assessing people with COVID-19
- Define pathways to access PCR for appropriate patients
- Discuss indications for COVID-19 antivirals and oseltamivir



ATAGI 2023 booster advice

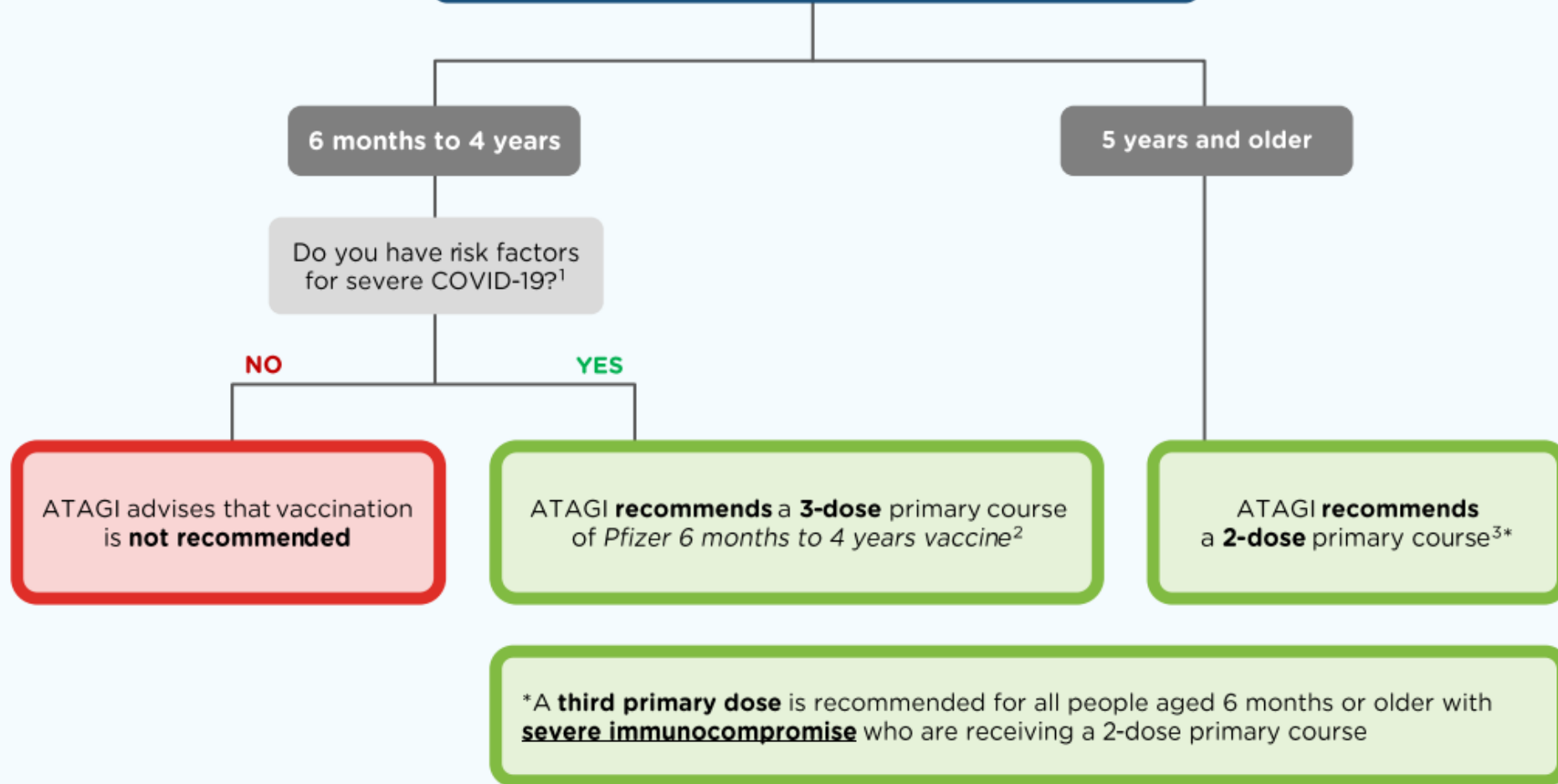
For people who have completed a primary course¹



Notes

- For most people, a primary vaccination course consists of 2 doses. A third primary dose is recommended for people aged 6 months or older with severe immunocompromise. See [considerations for special populations: people who are immunocompromised](#).
- Includes those with a medical condition that increases the risk of severe COVID-19 illness (refer to [ATAGI clinical guidance](#)) or those with disability with significant or complex health needs or multiple comorbidities which increase the risk of poor outcomes from COVID-19.
- For people aged 12 years and older, mRNA bivalent vaccines are preferred. For ages in which a bivalent mRNA vaccine is not approved (children aged 5 to 11 years), Pfizer (COMIRNATY) 5-11 years (orange cap) can be used.
- Consider a 2023 booster dose based on an individual risk benefit assessment with their immunisation provider.

ATAGI primary course advice



Notes

1. Includes those with severe immunocompromise, disability, and those who have complex and/or multiple health conditions that increase the risk of severe COVID-19.
2. Severely immunocompromised children who receive the 3-dose primary schedule of the Pfizer (COMIRNATY) 6 months to 4 years (maroon cap) vaccine do not require a fourth primary dose.
3. For people aged 12 years and older, a bivalent mRNA COVID-19 vaccine is preferred over original (ancestral) vaccines for primary vaccination, see [ATAGI advice on the preferential use of bivalent COVID-19 vaccines for primary vaccination of people aged 12 years or older](#). There is currently no bivalent mRNA COVID-19 vaccine available for children aged 6 months – 11 years, and existing original (ancestral) vaccines should continue to be used for this age group.

HealthPathways login details

Hunter New England



Hunter New England

<https://hne.communityhealthpathways.org/>

Username: hnehealth

Password: p1thw1ys



<http://patientinfo.org.au/>

No password required

Central Coast

Central Coast NSW

HealthPathways

<https://centralcoast.healthpathways.org.au>

Username: centralcoast

Password: 1connect



<https://www.ccpatientinfo.org.au/>

No password required

Central Coast - Relevant Pathways

- COVID-19 section:
 - COVID-19 Infection Control and Staff Exposure or Infection
 - COVID-19 Assessment and Management section:
 - Respiratory Presentations During COVID-19
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 - COVID-19 Medications
 - COVID-19 Assessment and Management in Residential Aged Care
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Hunter New England

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COVID-19 Vaccination

Last reviewed: 7 April 2023

What's changed? Read about new and important changes.

This pathway is about preparing the practice to be a COVID-19 vaccination site, preparing patients for COVID-19 vaccination including answering queries, the clinical management processes involved in delivering COVID-19 vaccination, and COVID-19 vaccine-related resources for health professionals and patients.

Clinical editor's note

See COVID-19 Vaccination Referrals, Reporting, and Advice for local referral options, clinical advice and adverse event reporting.

Delay COVID-19 vaccination until 90 days after administration of an anti-SARS-CoV-2 monoclonal antibody (e.g., sotrovimab) or convalescent plasma to avoid potential interference with the immune response to the COVID-19 vaccination.

Background

About COVID-19 vaccination in NSW

Quick reference information

For list of vaccines available in Australia, see ATAGI:

- COVID-19 vaccines [comparison poster](#)
- Recommended Doses and Vaccines [poster format]**

Pfizer (Comirnaty)

Moderna (Spikevax)



ATAGI - bivalent vaccines for primary course

Aged ≥ 12 bivalent COVID-19 vaccine is now preferred over original vaccines for primary course

Detailed recommendations

- 12-17 years - BA.4/5 bivalent vaccine for primary course and booster doses
- ≥ 18 years - either a BA.1 bivalent vaccine or a BA.4/5 bivalent vaccine for primary course and booster doses
- Evidence that both types of bivalent vaccines provide similarly high levels of protection against serious illness and death from Omicron subvariants
- ≥ 12 who have commenced their primary course with an original vaccine should complete the course with a bivalent vaccine
- No bivalent vaccine available for children aged 6 months – 11 years, use original vaccines

<https://www.health.gov.au/news/atagi-advice-on-the-preferential-use-of-bivalent-covid-19-vaccines-for-primary-vaccination-of-people-aged-12-years-or-older>

COVID-19 VACCINES: Ancestral virus (original formulations)




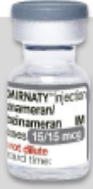


CVAS naming convention	Pfizer 6 months-4 years (Maroon)	Pfizer 5-11 years (Orange)	Pfizer 12 years+ (Purple)	Novavax
Vaccine type	mRNA (nucleic acid)	mRNA (nucleic acid)	mRNA (nucleic acid)	Protein-based
Approved age	6 months to 4 years ¹	5 to 11 years	12 years and older	12 years and older
Dose volume	0.20 mL primary dose	0.20 mL primary dose and booster dose	0.30 mL primary dose and booster dose ²	0.50 mL primary dose and booster dose ²
Doses per vial	10	10	6	10
Dilution required	Yes (2.2 mL)	Yes (1.3 mL)	Yes (1.8 mL)	No
Recommended primary course interval ³	8 weeks (second dose) and 8 weeks (third dose)	8 weeks	8 weeks ⁴	8 weeks ⁴
Minimum primary course interval ⁵	3 weeks (second dose) and 8 weeks (third dose)	3 weeks	3 weeks ⁴	3 weeks ⁴
Third primary dose ⁶	Yes ⁷	Yes	Yes ⁴	Yes ^{4,8}
Booster dose interval ²	NA	6 months or more following last COVID-19 vaccine dose or confirmed infection	6 months or more following last COVID-19 vaccine dose or confirmed infection	6 months or more following last COVID-19 vaccine dose or confirmed infection
ULT freezer storage time ⁹	18 months (shelf life) at -90°C to -60°C	18 months (shelf life) at -90°C to -60°C	18 months (shelf life) at -90°C to -60°C	DO NOT STORE
Freezer storage time (unopened vials) ⁹	DO NOT STORE at -25°C to -15°C	DO NOT STORE at -25°C to -15°C	2 weeks at -25°C to -15°C within the 18-month shelf life	DO NOT STORE
Refrigeration storage time (unopened vials) ⁹	70 days (2°C to 8°C) within the 18-month shelf life	70 days (2°C to 8°C) within the 18-month shelf life	31 days (2°C to 8°C) within the 18-month shelf life	9 months (2°C to 8°C)
Room temperature storage time (unopened vials) ⁹	24 hours, pre- and post-dilution (up to 30°C)	24 hours, pre- and post-dilution (up to 30°C)	2 hours pre-dilution, 6 hours post-dilution (up to 30°C)	12 hours (up to 25°C)
ATAGI recommendations for storing opened vials	6 hours (up to 30°C)	6 hours (up to 30°C)	6 hours (up to 30°C)	6 hours (up to 25°C)
ATAGI recommendations for pre-drawn doses	1 hour (up to 30°C) or 6 hours (2°C to 8°C)	1 hour (up to 30°C) or 6 hours (2°C to 8°C)	1 hour (up to 30°C) or 6 hours (2°C to 8°C)	Storing pre-drawn doses in syringes is not preferred ¹⁰
Transport limitations	80 hours thawed	80 hours thawed	48 hours thawed	Nil

Notes:

1. 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.
2. All currently available COVID-19 vaccines are anticipated to provide benefit as a booster dose, however bivalent mRNA vaccines are preferred over other vaccines for people aged 12 years and older. For ages in which a bivalent mRNA vaccine is not approved (children aged 5 to 11 years), Pfizer (COMIRNATY) 5-11 years (orange cap) can be used.
3. All people are recommended to defer COVID-19 vaccination for 6 months after a confirmed COVID-19 infection. The next scheduled dose should then be given as soon as possible.
4. For people aged 12 years and older, a bivalent mRNA vaccine is now preferred over original (ancestral) vaccines for primary vaccination, see [ATAGI advice on the preferential use of bivalent COVID-19 vaccines for primary vaccination of people aged 12 years or older](#). People aged 12 years and older who have commenced their primary course with an original (ancestral) vaccine are recommended to complete the course with a bivalent mRNA vaccine.
5. Dosing intervals can be shortened in specific circumstances for higher risk groups (such as older people or those with medical risk factors for severe illness), or before international travel. The benefits of earlier protection should be weighed against the benefits of the longer dose interval, such as a slightly lower risk of adverse events and a longer duration of protection.
6. A third primary dose of COVID-19 vaccine is recommended for all people aged 6 months or older with severe immunocompromise, 2 months after a 2-dose primary course, see [ATAGI clinical recommendations for COVID-19 vaccines](#).
7. Children with severe immunocompromise who receive the 3-dose primary schedule of the Pfizer (COMIRNATY) 6 months to 4 years (maroon cap) vaccine do not require a fourth primary dose.
8. There is limited data on the immunogenicity or efficacy of Novavax (NUVAXOVID) in people with immunocompromise, see [ATAGI recommendations](#).
9. If vaccines are stored or handled outside the conditions listed, complete the [Cold Chain Breach \(CCB\) reporting form](#) and email it to the Vaccine Operations Centre (VOC) COVID19VaccineOperationsCentre@health.gov.au
10. If pre-drawn doses are used, ATAGI recommends that (where possible) pre-drawn doses in syringes should be used within 1 hour if kept at room temperature, and within 6 hours if kept at 2°C to 8°C. This is to minimise the risk of infection.

COVID-19 VACCINES: Bivalent mRNA vaccines

	 <p>Moderna (SPIKEVAX) Bivalent BA.4-5 0.10 mg/mL suspension for injection pre-filled syringe</p>	 <p>Pfizer (COMIRNATY) Bivalent BA.4-5 15/15 mcg/0.3 mL suspension for injection multi-dose vial</p>	 <p>Moderna (SPIKEVAX) Bivalent BA.1 0.10 mg/mL suspension for injection multi-dose vial</p>	 <p>Pfizer (COMIRNATY) Bivalent BA.1 15/15 mcg/0.3 mL suspension for injection multi-dose vial</p>
CVAS naming convention	Moderna Bivalent (BA.4-5) 12 years+ (PFS)	Pfizer Bivalent (BA.4-5) 12 years+ (Grey)	Moderna Bivalent (BA.1) 18 years+ (Blue/Green)	Pfizer Bivalent (BA.1) 18 years+ (Grey)
Vaccine type	mRNA (nucleic acid)	mRNA (nucleic acid)	mRNA (nucleic acid)	mRNA (nucleic acid)
Approved age	12 years and older	12 years and older	18 years and older	18 years and older
Dose volume	0.50 mL primary dose and booster dose	0.30 mL primary dose and booster dose	0.50 mL primary dose and booster dose	0.30 mL primary dose and booster dose
Doses per vial/syringe	1	6	5	6
Dilution required	No	No	No	No
Recommended primary course interval ^{1,2}	8 weeks	8 weeks	8 weeks	8 weeks
Minimum primary course interval ³	4 weeks	3 weeks	4 weeks	3 weeks
Third primary dose ⁴	Yes	Yes	Yes	Yes
Booster dose interval ^{5,6}	6 months or more following last COVID-19 vaccine dose or confirmed infection	6 months or more following last COVID-19 vaccine dose or confirmed infection	6 months or more following last COVID-19 vaccine dose or confirmed infection	6 months or more following last COVID-19 vaccine dose or confirmed infection
ULT freezer storage time ⁷	DO NOT STORE below -50°C	18 months (shelf life) at -90°C to -60°C	DO NOT STORE below -50°C	18 months (shelf life) at -90°C to -60°C
Freezer storage time ⁷	9 months (shelf life) at -50°C to -15°C	DO NOT STORE at -25°C to -15°C	9 months (shelf life) at -50°C to -15°C	DO NOT STORE at -25°C to -15°C
Refrigeration storage time (unopened) ⁷	30 days (2°C to 8°C) within the 9-month shelf life	70 days (2°C to 8°C) within the 18-month shelf life	30 days (2°C to 8°C) within the 9-month shelf life	70 days (2°C to 8°C) within the 18-month shelf life
Room temperature storage time (unopened) ⁷	24 hours (up to 25°C)	24 hours pre- and post-initial puncture (up to 30°C)	24 hours (up to 25°C)	24 hours pre- and post-initial puncture (up to 30°C)
ATAGI recommendations for storing opened vials	NA	6 hours (up to 30°C)	6 hours (up to 25°C)	6 hours (up to 30°C)
ATAGI recommendations for pre-drawn doses	NA	1 hour (up to 30°C) or 6 hours (2°C to 8°C)	1 hour (up to 25°C) or 6 hours (2°C to 8°C)	1 hour (up to 30°C) or 6 hours (2°C to 8°C)
Transport limitations	Nil	80 hours thawed	12 hours thawed	80 hours thawed

Notes:

- For people aged 12 years and older, a bivalent mRNA vaccine is now preferred over original (ancestral) vaccines for primary vaccination, see [ATAGI advice on the preferential use of bivalent COVID-19 vaccines for primary vaccination of people aged 12 years or older](#). People aged 12 years and older who have commenced their primary course with an original (ancestral) vaccine are recommended to complete the course with a bivalent mRNA vaccine.
- All people are recommended to defer COVID-19 vaccination for 6 months after a confirmed COVID-19 infection. The next scheduled dose should then be given as soon as possible.
- Dosing intervals can be shortened in specific circumstances for higher risk groups (such as older people or those with medical risk factors for severe illness), or before international travel. The benefits of earlier protection should be weighed against the benefits of the longer dose interval, such as a slightly lower risk of adverse events and a longer duration of protection.
- A third primary dose of COVID-19 vaccine is recommended for all people aged 6 months or older with severe immunocompromise, 2 months after a 2-dose primary course, see [ATAGI clinical recommendations for COVID-19 vaccines](#).
- ATAGI recommends a 2023 COVID-19 vaccine booster dose for all adults aged 65 years and over and adults aged 18-64 years who have medical comorbidities that increase their risk of severe COVID-19, or disability with significant or complex health needs, regardless of the number of prior doses received. ATAGI advises that all adults aged 18-64 years without risk factors for severe COVID-19 and children and adolescents aged 5-17 years who have medical comorbidities that increase their risk of severe COVID-19, or disability with significant or complex health needs, should consider a 2023 booster dose regardless of the number of prior doses received, based on an individual risk-benefit assessment with their immunisation provider. See [ATAGI 2023 booster advice](#) for more information.
- All currently available COVID-19 vaccines are anticipated to provide benefit as a booster dose, however bivalent mRNA vaccines are preferred over other vaccines for people aged 12 years and older. For ages in which a bivalent mRNA vaccine is not approved (children aged 5 to 11 years), Pfizer (COMIRNATY) 5-11 years (orange cap) can be used.
- If vaccines are stored or handled outside the conditions listed, complete the [Cold Chain Breach \(CCB\) reporting form](#) and email it to the Vaccine Operations Centre (VOC) COVID19VaccineOperationsCentre@health.gov.au

Images © 2023 Moderna Inc, Novavax Inc & Pfizer Inc. All rights reserved. Information current as of 30 May 2023.

<https://www.health.gov.au/sites/default/files/2023-06/covid-19-vaccines-in-australia-a3-poster.pdf>

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COVID-19 Vaccination

Last reviewed: 7 April 2023

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

This pathway is about preparing the practice to be a COVID-19 vaccination site, preparing patients for COVID-19 vaccination including answering queries, the clinical management processes involved in delivering COVID-19 vaccination, and COVID-19 vaccine-related resources for health professionals and patients.

Clinical editor's note

See [COVID-19 Vaccination Referrals, Reporting, and Advice](#) for local referral options, clinical advice and adverse event reporting.

Delay COVID-19 vaccination until 90 days after administration of an anti-SARS-CoV-2 monoclonal antibody (e.g., sotrovimab) or convalescent plasma to avoid potential interference with the immune response to the COVID-19 vaccination.

Background

[About COVID-19 vaccination in NSW](#) ▼

Quick reference information

For list of vaccines available in Australia, see ATAGI:

[COVID-19 vaccines comparison poster](#) 🔗

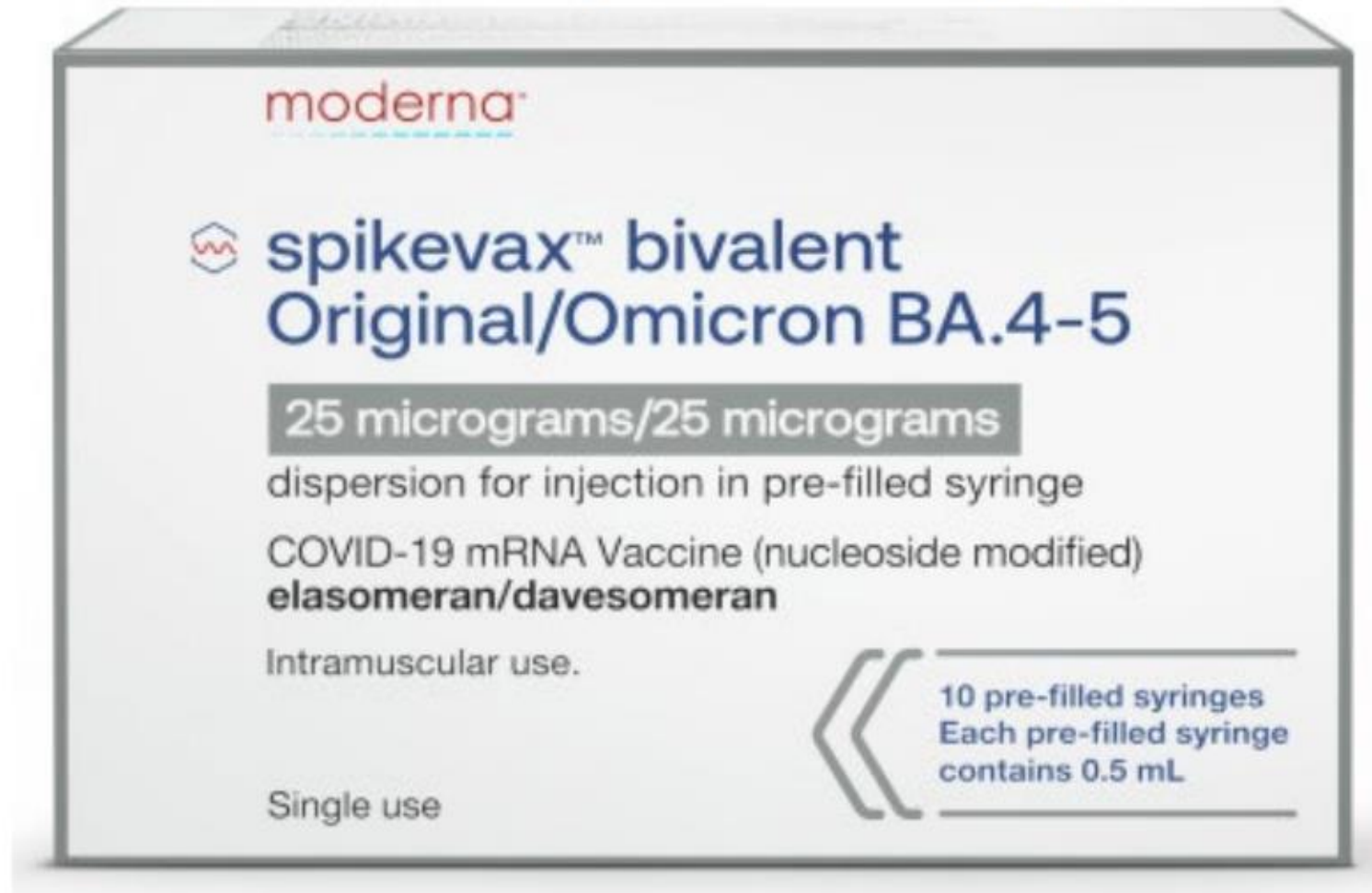
- [Recommended Doses and Vaccines](#) 🔗 [poster format 🔗]

[Pfizer \(Comirnaty\)](#) ▼

[Moderna \(Spikevax\)](#) ▼



Each box contains **10 x pre-filled single dose (0.50mL) syringes.**



Moderna Spikevax bivalent BA.4-5


Each single dose, pre-filled syringe contains 0.5 mL suspension in a pre-filled syringe with plunger stopper and a tip cap (without a needle).





- Receive thawed vaccine in cartons
- Store at +2° to +8°C for maximum 30 days
- Unopened, thawed pre-filled syringes may be stored at +8°C to +25°C up to 24 hours after removal from fridge
- Standard needle

<https://covid19vaccinationtraining.org.au/login/index.php>
















COVID-19 Vaccination Pathway

 Hunter New England

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 Community HealthPathways


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COVID-19 Vaccination

Vaccination

[Practice set-up and vaccine storage ^](#)

1. Check site and training requirements:
 - See [Site Requirements for COVID-19 Vaccine Clinics](#).
 - Ensure all staff involved in the COVID-19 vaccination clinic have completed [COVID-19 vaccine training](#) and provided evidence of training completion prior to the clinic receiving vaccine stock.
2. Assess practice [accessibility and cultural safety](#) 
3. Ensure the [anaphylaxis kit](#) is stocked and appropriate emergency equipment is easily accessible. Display a laminated copy of the [Recognition and Treatment of Anaphylaxis Table](#). Consider [refresher training](#) on management of anaphylaxis for clinical staff.
4. **Check cold chain management, and related storage requirements:**
 - [Comirnaty storage – adult/adolescent formulation](#)
 - [Pfizer Bivalent Original/ Omicron BA.1/BA4-5 storage](#)
 - [Comirnaty storage – paediatric formulation](#)
 - [Spikevax storage](#)

Spikevax storage

- Frozen vials cannot be stored on dry ice and can be thawed at 2°C to 8°C in a refrigerator in 2.5 hours, or at room temperature (15°C to 25°C) in one hour. Vaccines should not be refrozen.
- Once thawed, the shelf-life of an unpunctured vial is 30 days in a refrigerator (2°C to 8°C preferred) which is protected from light. Thawed vials can be handled in room light conditions.
- The cumulative storage time of opened vials at 2°C to 25°C should not exceed 6 hours. Additionally, pre-drawn doses kept at room temperature should be used within an hour to minimise any potential risk of infection.

Spikevax Moderna BA4/5 pre-filled syringes:

- A carton contains 5 clear blister packs, with each blister containing 2 pre-filled syringes (total 10 syringes).
- Pre-filled syringes may be stored refrigerated at 2°C to 8°C, protected from light, for a maximum of 30 days. Once thawed, do not re-freeze.
- After taking out of the refrigerator, pre-filled syringes may be stored at 8°C to 25°C up to 24 hours.

Medicare bulk billed COVID-19 vaccine items

Flag fall for COVID-19 vaccination 90005 (\$118.15)

First service provided during a single attendance at RACF, residential disability facility setting or patient's home

Must be co-claimed with a vaccine suitability assessment service e.g., 93644 (\$35.10)

COVID-19 vaccine suitability assessment item numbers have been simplified

- MBS Items 93644, 93645, 93646 and 93647 apply in business hours to assess suitability to receive a COVID-19 vaccine
- MBS Items 93653, 93654, 93655 and 93656 apply after-hours to assess suitability to receive a COVID-19 vaccine

Doctor in depth assessment for COVID-19 vaccination MBS items 10660 and 10661 can only be claimed once per patient during their lifetime

<http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&qt=NoteID&q=AN.44.1>

Other Medicare item numbers

Long phone item number (20 min+)

93716 (\$76.95) to assess suitability for antivirals within 5 days of symptom onset. Exempt from 12-month F2F rule
Complex requirements – see note AN.46.1

Other 12-month F2F rule exemptions

- PBS eligible for antivirals and has suspected COVID-19 and requesting PCR testing
Or patient tested positive for COVID-19 in past 7 days
- Nicotine and smoking cessation item numbers
- Non-directive pregnancy counselling, sexual health and reproductive services items
- Mental health and eating disorder item numbers
- Under the age of 12 months
- People who are homeless
- People receiving an urgent after-hours (unsociable hours) service
- Patients of medical practitioners at an AMS or ACCHS
- People living in an area declared as a natural disaster area or flood-affected area

More detailed Medicare information

<http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.46.1>

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Telehealth-Updates-April%202023>

<https://www.servicesaustralia.gov.au/changes-to-mbs-items-during-coronavirus-covid-19-response?context=20>



PCR swabs

Most pathology providers now need request form

Or private fee around \$90

Can give patient request in advance

DHM self-collect swabs – need referral

Central Coast

<https://peoplebank.hnecpnh.com.au/covid-testing-cc>

Hunter New England

See Clinical Editors notes on relevant COVID-19 pages



- To organise PCR testing if required for patients at [higher risk of severe illness](#), give the patient a pathology referral form for COVID-19 PCR with or without respiratory virus screen and advise to go to a pathology collection centre that is doing COVID-19 swabs:

- [Douglas Hanley Moir Pathology](#)
- [Histopath](#)
- [Lavery Pathology](#)
- [NSW Health Pathology](#)
- [4-cyte Pathology](#) (appointment required)

See also [COVID PCR Testing in NSW](#).

COVID-19 antiviral PBS eligibility

ALL of confirmed COVID-19 infection, symptomatic (unless older than 70 years), not requiring hospitalization, start within 5 d of symptom onset

AND meet ONE of the PBS criteria for eligibility for oral antivirals:

- Age 18 + and previous hospitalisation due to COVID-19 infection
- Age 70 +
- Age 60-69 with at least one risk factor to receive Paxlovid or at least two risk factors to receive Lagevrio
- Age 50-59 with at least two risk factors
- Age 30 plus and identify as Aboriginal and/or Torres Strait Islander and at least one risk factor
- Age 18+ and moderate to severe immunocompromise or other very high-risk conditions including Down syndrome, cerebral palsy, congenital heart disease, thalassaemia, sickle cell disease and other haemoglobinopathies, or people with disability with multiple co-morbidities and/or frailty

Risk factor = risk factor for severe disease e.g., RACF, disability with multimorbidity or frailty, BMI 30+, T1 or T2 DM on glucose lowering medication, CAD, heart failure, MMM5+, CKD3 or worse, cirrhosis, asthma requiring inhaled steroids, COPD, stroke, dementia, etc

<https://www.pbs.gov.au/publication/factsheets/covid-19-treatments/Factsheet-paxlovid-nirmatrelvir-and-ritonavir-21-April-2023.pdf>

Antivirals for COVID-19

Pre-assessment in RACF remains important- flu and COVID-19

<https://www.health.nsw.gov.au/Infectious/covid-19/Documents/gp-antiviral-pre-assessment-form-aged-care.pdf>

Paxlovid (nirmatrelvir plus ritonavir) is first line

Renal function and Paxlovid

- eGFR > 60 - nirmatrelvir 2 x 150 mg + ritonavir 100 mg every 12 hours for 5 d
- eGFR 30-59 -nirmatrelvir 1 x 150 mg + ritonavir 100 mg every 12 hours for 5 d – discard the tablets
- eGFR < 30 - contraindicated

Liverpool interaction checker

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

\$30 or \$7.30 (concession)



COVID-19 Medications Pathway

COVID-19 Medications for Adults

For guidance on which medication to select, see:

- National Clinical Evidence Taskforce – [Drug Treatments for at Risk Adults With COVID-19 Who Do Not Require Oxygen](#)
- NSW Health ACI – [Guidance for the Use of Anti-SARS-CoV-2 Monoclonal Antibodies and Antiviral Agents](#) (page 6 for recommended treatment pathway)
- University of Liverpool – [Drug Interaction Checker](#)

Antivirals

These medications may be suitable for patients at [higher risk of severe disease](#).

Consider pre-assessment:

- [Community – NSW Health Antiviral Pre-Assessment Form](#) (community).
- [Residential Aged Care Facility \(RACF\) – NSW Health Antiviral Pre-assessment](#) (RACF). For more information see [NSW Health Guidance on use of Antivirals in RACF](#).

When completing clinical software COVID notes, consider using the autofill shortcut ([RTF](#), [Word](#), [PDF](#)).

1. Assess eligibility for antivirals. The patient must:

- have a [symptomatic](#) (if younger than 70 years) and [confirmed](#) COVID-19 infection, and
- not require hospitalisation at the time of prescribing, and
- the treatment must be initiated within 5 days of symptom onset, and
- meet one of the [PBS criteria for eligibility for oral antivirals](#):
 - [Aged ≥ 70 years](#).
 - [Aged 60 to 69 years with at least one risk factor for severe disease](#) (Paxlovid only) – note that this PBS indication relates to eligibility for nirmatrelvir plus ritonavir (Paxlovid) only. Patients in this age group must have two risk factors to access Molnupiravir (Lagevrio).
 - [Aged ≥ 50 years with at least two risk factors for severe illness](#).
 - [Aged ≥ 30 years and identify as Aboriginal and Torres Strait Islander and at high risk](#).
 - [Aged ≥ 18 years and moderately or severely immunocompromised](#).
 - [Aged ≥ 18 years and has experienced past COVID-19 infection resulting in hospitalisation.](#)

For PBS codes see [Molnupiravir \(Lagevrio\)](#) or [Nirmatrelvir Plus Ritonavir \(Paxlovid\)](#).

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COVID-19 Medications for Adults

2. Choose the appropriate agent:

- Nirmatrelvir plus ritonavir (Paxlovid) – COVID-19 antiviral with the most promising results in clinical trials, but has significant [contraindications and precautions](#) ▼.
- Molnupiravir (Lagevrio) – lower efficacy in clinical trials compared to Paxlovid, however, significantly fewer [contraindications and precautions](#) ▼. The PBAC recommended that molnupiravir (Lagevrio) should be considered for use only if nirmatrelvir and ritonavir (Paxlovid) is contraindicated or otherwise unsuitable.

See also National Clinical Evidence Taskforce – [Decision Tool for Drug Treatments for At Risk Adults With COVID-19](#) ☑.

3. Ensure [informed verbal consent](#) ▼.

4. Consider:

- [antiviral dose](#) ▲.

Antiviral dose

- Paxlovid:

- Nirmatrelvir 300 mg + ritonavir 100 mg every 12 hours for 5 days (10 doses) – for patients with eGFR > 60 mL/min
- Nirmatrelvir 150 mg + ritonavir 100 mg every 12 hours for 5 days (10 doses) – for patients with eGFR 30 to 60 mL/min
- Contraindicated if eGFR < 30 mL/min

Note: Paxlovid comes in a pack of 30 tablets (20 x 150 mg ritonavir and 10 x 100 mg ritonavir) with instructions to take 3 tablets twice daily (2 x nirmatrelvir and 1 x ritonavir). Ensure patients with eGFR 30 to 60 mL/min are aware that they only take 1 nirmatrelvir tablet twice daily and discard the remaining tablets if not already done by their local pharmacy.

- Molnupiravir (Lagevrio) – 800 mg (four 200 mg capsules) orally every twelve hours for 5 days, with or without food.

- [administration options](#) ☑ for molnupiravir (Lagevrio) for patients with swallowing difficulties or enteral feeding tubes.

5. Arrange supply.

- Nirmatrelvir plus ritonavir (Paxlovid) or molnupiravir (Lagevrio) access via:
 - a [community pharmacy](#) ▼ using a PBS streamlined authority prescription
 - [prescribers bag supply](#) ▼ when the patient meets PBS criteria.
 - non-PBS supply from HNELHD pharmacy departments using the [NSW Health model of care](#) ▼.

Oseltamivir (Tamiflu)- treatment of influenza

Consider if higher risk of severe disease – see Therapeutic guideline – start ASAP and within 48 h

- adults aged 65+
- pregnancy
- people with heart disease, Down syndrome, obesity, chronic respiratory conditions, severe neurological conditions, immune compromise
- Aboriginal people
- children aged under 5 years
- residents of long-term residential facilities
- homeless people

Age 13+ and CrCl > 60 mL/min dose is 75mg 12 hourly for 5 days , see eTG for child doses

Reduce dose in renal impairment

CrCl 31 – 60 mL/min reduce dose to 30 mg twice daily for 5 day

If CrCl 10 – 30 mL/min reduce to 30 mg once daily for 5 days

Non-PBS approx. \$40

<https://www.health.nsw.gov.au/Infectious/factsheets/Pages/racf-antiviral-treatments-and-prophylaxis.aspx>

Prophylaxis of influenza e.g., in RACF

Age 13+ and CrCl > 60mL/min oseltamivir 75mg once daily for 10 d

CrCl 31 – 60 mL/min reduce to 30mg once daily for 10d

CrCl 10- 30 mL/min reduce to 30 mg alternate days for 10 d (5 doses)

Private script or may be provided through PHU in outbreak

<https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2012-PI-02051-3&d=20230618172310101>

Masks/ PPE in general practice

NSW Health “Masks are required to visit hospitals and strongly recommended in general practices and medical centres.”

RACGP (31/3/23)

- Strongly encourages practices to continue mask use for the practice team, patients, and visitors
- Can make it a condition of entry to wear a mask
- [RACGP developed posters](#) available. Should also note this on your practice website, online booking system and phone holding message
- Ideally outline any requirements in your practice’s infection prevention and control policy and COVID Safety Plan
- Processes must be in place to facilitate access to care for patients who are not able to wear a mask or who are deaf or hard of hearing and who cannot communicate with clinicians who are wearing a mask

<https://www.racgp.org.au/coronavirus>

<https://www.nsw.gov.au/covid-19/stay-safe/guidance-on-wearing-face-masks>

PATIENT ALERT

Please read before entering

You must be wearing a mask or face covering to enter this practice, unless you have a legitimate reason for not wearing one.

Wearing a mask protects the health and wellbeing of yourself and others.



If you are not wearing a mask, please do not enter



If you have any questions or concerns, please call reception on

Thank you for your cooperation

BLACKBUTT DOCTORS COVID19 RISK MATRIX VERSION 9 – 2ND MAY 2023 DR MICHELLE REDFORD AND DR WENDY BRIDGES

Risk matrix	Low transmission risk Green alert No BLUE CLINIC	Low to moderate transmission risk Yellow alert +/- BLUE CLINIC	Moderate to high transmission risk Amber alert With BLUE CLINIC	High transmission risk Red alert With BLUE CLINIC	Standard precautions always apply
Door screener	Surgical mask Eye protection	Surgical mask Eye protection	P2/ N95 respirator Eye protection	P2/N95 respirator Eye protection	Ventilation, cleaning, and disinfection
Admin staff on reception	Standard precautions	Surgical mask	Surgical mask Eye protection	Surgical mask Eye protection	Staff immunisation up to date, unwell workers stay home
Admin staff back office	Standard precautions	Surgical mask in public areas or if distancing cannot be maintained	Surgical mask	Work from home if possible Surgical mask	Screening for COVID-19 symptoms and ER – phone, online and on arrival
Clinical staff if patient has no IS	Surgical mask	Surgical mask	Surgical mask Eye protection	Telehealth preferred P2/N95 respirator Eye protection	Separate respiratory presentations, no coughing in waiting room Physical distancing 1.5m including breaks/ tearoom
Clinical staff if patient has IS	P2/N95 respirator Eye protection	P2/N95 respirator Eye protection Plus in IS (blue) clinic Scrubs Gown or apron Gloves	P2/N95 respirator Eye protection Scrubs Gown or apron Gloves	P2/N95 respirator Eye protection Scrubs Gown Gloves	Hand hygiene, respiratory hygiene, and cough etiquette. Hand sanitiser available for patients/ visitors Gloves single use, no double gloving
Patients	IS = Surgical mask	Surgical mask	Surgical mask	Surgical mask	All patient contact – clinical and non-clinical staff -Long hair tied back -Bare below the elbows -Easy to clean closed shoes
Visitors	Standard precautions	Surgical mask	Surgical mask	Visitors by exception only Surgical mask	Surgical masks last up to 4 hours No masks with valves P2/ N95 respirators – fit testing before first use. Fit check every time. Wear for up to 4 hours

IS= Infectious Symptoms or acute respiratory infection or suspected or confirmed COVID-19 or close contact of a COVID-19 case

Kahoot!

Game PIN: **02149317**

<https://kahoot.it/challenge/02149317>



Moderna bivalent BA.4-5 COVID-19 vaccine comes as a single use syringe

23



True

▲ False

Don't forget to log your CPD!

Questions

