
To:	General Practices, Pharmacists, After-Hours Centres and Emergency Departments in the greater Wellington and Wairarapa regions
From:	Medical Officer of Health
Date:	25/03/2020
Title:	COVID-19 update

Please distribute the following information to relevant staff in your organisation.

All public health alerts are available at www.rph.org.nz/publichealthalerts

COVID-19 update: information for primary care

ADVISORY SUMMARY:

This public health alert contains COVID-19 updates on:

- Case overview nationwide and greater Wellington region
- Frequently asked questions and advice for primary care

A letter from the National Health Coordination Centre on the COVID-19 community response is also attached; this letter contains details of [financial support packages](#) to support general practice and community pharmacy, CBACs and designated practices, PPE, influenza vaccine and the COVID-19 Community Response Framework.

Case overview – nationwide and greater Wellington region

As at 2pm on 25 March there have been 205 probable and confirmed cases of COVID-19 reported in New Zealand. The majority of these cases are either linked to international travel or are close contacts of known cases. Four cases, three in Auckland and one in the Wairarapa, are suspected due to community transmission. New Zealand has moved to Level 3 in the National Alert system and will move to Level 4 at 11.59pm on Wednesday the 25th of March. More information on this can be found at the New Zealand Government COVID-19 website: <https://covid19.govt.nz/>

A total of 45 probable or confirmed cases of COVID-19 have been notified in the greater Wellington region, as at 2pm on 25 March. 16 cases are female and 29 are male, with an age range of 16-80 years and median age 57 years. Over half of cases (n=26) are aged between 50 and 80 years of age. Three cases have been hospitalised. Five cases reside in Wairarapa DHB, five in the Hutt Valley DHB and 35 in Capital and Coast DHB.

Primary care advice

Testing for COVID-19

Generally testing is indicated from those with symptoms of a respiratory illness and/or fever, who have history of overseas travel or contact with a confirmed case of COVID-19. It should also be

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considered in health care workers presenting with pneumonia. As per Ministry of Health guidance, GPs can use their clinical judgement to decide to test individuals who may not meet the case definition but where there are other factors of concern.

Testing should be guided by the Ministry of Health case definitions, available here:

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals/case-definition-covid-19-infection>

A single nasopharyngeal swab should be used for testing. Requests MUST include clinical details to help the laboratory prioritise testing.

I have tested a patient for COVID-19 and the test has come back negative, what do I do now?

The test requestor has the responsibility to advise patients of negative test results for COVID-19. RPH does not need to be advised of negative tests. It is important that practices identify a system for identifying and advising their patients of negative test results. RPH will advise patients who have positive test results.

Advise the patient on whether self-isolation requirements will need to continue. MoH guidance on self-quarantine is available in the Updated Advice for Health Professionals (see link below).

Follow-up testing is not required except in the situation where there is a strong clinical suspicion and the initial test has come back negative. These cases should be discussed with the on-call Clinical Microbiologist. A decision making matrix to guide clinicians on interpretation of lab results is available in the Updated Advice for Health Professionals available at:

<https://www.health.govt.nz/system/files/documents/pages/updated-advice-for-health-professionals-novel-coronavirus-covid-19-23march2020.pdf>

The test result has confirmed COVID-19, what do I do now?

The care and disposition of patients should be guided by your clinical judgement - patients should be assessed as to whether they require hospitalisation or can be managed in the community. Guidance for health staff implementing home care of people not requiring hospitalization for coronavirus can be found at: <https://www.health.govt.nz/system/files/documents/pages/interim-guidance-health-staff-implementing-home-care-people-not-requiring-hospitalisation-covid-19-23march2020.pdf>

Advise confirmed COVID-19 patients on their need to stay isolated.

In order to facilitate the assessment and treatment of patients with suspected or confirmed COVID-19 in primary care the MoH has developed guidance on Infection Prevention and Control for Primary Care available at:

<https://www.health.govt.nz/system/files/documents/pages/managing-suspected-confirmed-cases-covid-19-primary-care-21mar20.pdf>

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Notification to RPH

Cases of COVID-19 are notifiable to RPH on suspicion.

Notifications are to be made using the Health Practitioner Notice of COVID-19 form, available here: <http://www.rph.org.nz/health-professionals/coronavirus-covid-19/health-practitioner-notice-of-covid-19-fillable.pdf>

Please fax the form to (04) 570-9373 email to RESEntdisreptla@huttvalleydhb.org.nz.

To assist triage of suspect case notifications, please clearly state whether the patient is in a high risk group, as follows:

- Workers in a high risk occupation: health care workers, aged care facility workers or teachers;
- Persons in high risk living situations including long term or aged care facilities, prisons, congregate living arrangements (such as university halls of residence), or those with no fixed abode;
- Cases that appear to be part of a cluster;
- Cases that have known contact with confirmed COVID-19 cases (in this situation, clearly document the nature of contact and the name of the COVID-19 case, if known)
- Cases that are suspicious of community transmission (a confirmed case with no obvious epidemiological link to another case or overseas travel); or

It is important to notify confirmed cases or cases where there is a strong epidemiological links, such as close contact with a confirmed case of COVID-19, even if there is a negative test. Criteria for “close contact” are available in the MoH case definition available at:

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals/case-definition-covid-19-infection>

RPH relies on the information provided in the case notification form to guide our prioritization and assessment of cases. It is important that information is as complete as possible. We particularly require information on the likely source of exposure, whether it be travel overseas, or contact with a confirmed case. Please provide as much detail as possible on the type and duration of contact.

General Practitioners and the primary care team are a critical part of the community response to COVID-19. Thank you for the work you are doing to implement testing, notify cases and provide care for cases of COVID-19.

25.03.2020

Kia ora e te whanau,

COVID-19 community response

Thank you for all the work you and your teams are doing in response to the COVID-19 outbreak; you are an essential part of front-line healthcare delivery and will continue to be so as the country moves to Alert Level 4. Community health services including primary care and community pharmacy will remain operational for the public, but we also need to do as much as possible to protect and sustain this critical workforce. We have heard your concerns that you need to be supported to work differently and sustainably. This support package will go some way towards your immediate needs.

Financial support

Financial support packages have been developed to support general practice and community pharmacy up to 30 June 2020. The payment is to recognise additional workload, and how your work will change as we move into Alert Level 4.

The primary care funding package consists of a \$15 million primary care response payment aimed to support general practices with additional workload from testing patients and the costs incurred moving to virtual consultations.

Further, there will be an additional payment to District Health Boards (DHBs) to support the setup, implementation and running costs of Community Based Assessment Centres (CBACs). Funding will be available to general practices who have agreed with DHBs to form part of the CBACs network.

The community pharmacy funding package totalling \$15 million is a support payment for all community pharmacy service providers to recognise the increased workload currently being experienced and moving into a virtual working environment alongside general practice.

The detailed summary of the funding packages to primary care and community pharmacy will be available by Friday 27 March 2020. We can assure you we are taking into account high need populations and the size of practices/ pharmacies with both a minimum and a per patient/ volume-based payment. We will also regularly review what other support may be required and clearly this will depend on the length and severity of the impact of COVID19 on New Zealanders. We aim to get this money into your accounts from next week.

Support

We recognise the challenges in needing to work differently and at pace. We are working to unlock systems and processes to make this as easy as possible for you, with minimal disruption and red tape. You will appreciate we need to work through a range of issues urgently and will communicate with you as we do this.

CBACs/Designated practices

As you activate your CBACs/designated practices, please provide NHCC Operations NHCC_Operations@health.govt.nz with the following information:

- Physical address
- Telephone number (for patients to call ahead)
- Specify if walk in/drive through/appointment or walk in or mixed model

NHCC will notify Healthline of these changes on a twice daily basis. Please **do not** call Healthline with this information. Due to the excessive volume of call Healthline is receiving they can no longer refer patients to primary care facilities, instead they will provide the patient a telephone number to call ahead. Direct referrals from Healthline will only be made to emergency departments where appropriate.

PPE

As a health system, it is important that we manage our PPE stocks appropriately, and **ONLY** use PPE when needed. There are different levels of PPE required from hospital-level care to community-level care, reflecting the severity of patients and the procedures involved in their clinical care. PPE will be made available to frontline staff, who are, or may be, providing frontline close contact patient care.

We recognize there is further guidance regarding when and what PPE is required. We also recognize that every provider needs a single point of contact to access appropriate PPE. We will be providing urgent guidance on both of these issues.

Influenza vaccine

Influenza vaccinations remain an essential service. Please ensure patients are contacted prior to the appointment and social distancing processes are in place and that you are able to stream flu vaccination patients separately. Over the next few weeks, as per previous guidance, only high-risk patients should be vaccinated.

COVID-19 Community Response Framework

A community response framework for COVID-19 that enables regions to escalate local response as required, is currently being finalised. We have created specific hospital and community frameworks that provide some guidance as to the activities and interventions that may be required by regions to manage demand and are working with the sector on this. We will share these with you as soon as possible. In the interim, you may receive communications directly from central organisations (such as the National Screening Unit) that provide specific direction.

Dr. Nick Chamberlain

Chief Executive Northland District Health Board

Keriana Brooking

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