

FAQs: Novel Coronavirus (COVID-19) information for Primary Care in greater Wellington region

- Consider novel coronavirus (COVID-19) infection in patients with fever or history of fever, AND cough, shortness of breath or sore throat who travelled/transited through mainland China in last 14 days
- Ensure patient and supporting whānau are given masks immediately on suspicion at your practice
- Contact the Medical Officer of Health at Regional Public Health or the Clinical Microbiologist via WSCL if the patient meets the suspect case definition or you have a high level of suspicion

Current situation

- There is an outbreak of a novel coronavirus (COVID-19) which is still largely centred in Wuhan, Hubei province, China. There is a lower level of transmission throughout mainland China. At present, there is limited transmission in other countries
- Cases have been exported, but at present there is no community transmission in most other countries
- There have been no confirmed cases of COVID-19 in New Zealand to date (20 February 2020)
- There is evidence of human-to-human transmission with an infectivity similar to influenza
- Most cases have a mild to moderate illness and can be managed at home. In China, <15% of cases are considered severe and need hospitalisation. The case-fatality rate is currently <2%
- The incubation period is currently considered to be 2-14 days from time of exposure. Most people present after 5-7 days
- Transmission occurs the same way as influenza and other respiratory viruses spread – cough, sneezes and touching surfaces that have been contaminated
- It is advised that all primary care practices have a plan for identification of possible cases, early discussion with the Medical Officer of Health, and the Clinical Microbiologist if testing is to be done. A room should be identified to move a potential patient to for further assessment (similar to management of a possible measles case)
- Updates on personal protective equipment are being developed and will be distributed soon.

Frequently Asked Questions:

What should our practice do if a patient phones in to make an appointment and they might have COVID-19?

- Patients may phone to make an appointment regarding possible COVID-19 infection. Reception staff can question the patient regarding case definition over the phone. If the patient coming in to the clinic with febrile respiratory illness following travel to China, staff can meet them in car park with mask and escort to treatment room. This

will avoid potential exposure in waiting room. There is useful information in the MoH 'Guide for primary care reception staff' accessible at <https://www.health.govt.nz/system/files/documents/pages/ministry-of-health-novel-coronavirus-primary-care-reception-4feb2020.pdf>

What if they don't let us know about their travel history when making the appointment?

- If patients self-present, signage should be visible at reception and in waiting room to inform staff if patient may meet case definition. This signage has been distributed through PHOs and is available on the RPH website.

What should we do if a patient may meet the case definition?

- If a patient may meet the case definition¹, they should be immediately provided with a surgical mask to wear and escorted to a single room away from the waiting room. The GP should be informed that the patient is there
- All suspect cases should be discussed with the Clinical Microbiologist or Medical Officer of Health to assist with risk assessment and testing advice.

What personal protective equipment is needed by staff?

- For reception staff and those staff who can remain >1m from the patient during their interaction, no PPE is required
- For staff performing a clinical assessment, droplet and contact precautions are advised:
 - Single room with door closed at all times
 - Surgical mask on patient and on staff member
 - Apron or gown
 - Gloves
 - Eye protection if examining throat or taking a nasopharyngeal or oropharyngeal swab
 - Hand hygiene

What procedures are safe to do on a patient with suspected COVID-19?

- Standard clinical assessment including examination of chest and oropharynx is safe to perform by staff who are wearing appropriate PPE. This must be in a single room with the door closed and away from other patients
- Taking a nasopharyngeal specimen does not generate significant aerosol particles in a mildly unwell person. Nasopharyngeal samples can be performed in hospital for those patients being referred in
- Avoid nebulisers as these will cause aerosolisation of respiratory droplets and will increase likelihood of transmission.

How do we clean the clinic room?

- Staff performing cleaning should wear PPE as above (mask, apron, gloves)
- Coronavirus can be killed by most available disinfectants
- Wipe down high touch surfaces with standard disinfectants or disinfectant wipes as is done for measles or influenza

¹ <https://www.health.govt.nz/our-work/diseases-and-conditions/novel-coronavirus-covid-19/case-definition-covid-19-infection>

- Dispose of PPE and cleaning wipes in biohazard bin
- Perform hand hygiene after PPE removal
- Room can be used after cleaning.

How do we take a sample for COVID-19?

- If patient is unwell enough for hospital admission, do not take samples. These can be taken in hospital
- All tests must be approved by Clinical Microbiologist or Medical Officer of Health. Samples sent in to laboratory **will not** be processed if not approved/discussed prior. We recommend phoning Clinical Microbiologist (CM) prior to taking samples as advice on method of collection, PPE required and other tests can be discussed. CM will facilitate expedited testing at ESR
- Take ONE nasopharyngeal red viral swab and if possible ONE oropharyngeal red viral swab put in the same viral transport medium, and ONE nasopharyngeal red viral swab in a separate viral transport medium. This is used by WSCL to test for other possible causes for the patient's symptoms
- Clinical details and travel history must be included on the request form
- Advise the patient the results usually take 24-48 hours. Testing is done once a day at ESR
- Advise the patient to self-isolate until the test results available.

What should we advise to family members/friends living in the same household of a person with confirmed COVID-19?

- Provide the family friends with a copy of 'Caring for yourself and other who have or may have COVID-19 at home'. It is accessible at:
<https://www.health.govt.nz/system/files/documents/pages/caring-for-yourself-and-others-who-have-or-may-have-covid-19-at-home-19-feb-2020.pdf>
This fact sheet has really useful practical advice.

What will happen at my practice if we have a positive case?

- The result will be discussed with you by the Medical Officer of Health
- If PPE precautions were followed, the risk of transmission is low. RPH staff will perform contact tracing according to their risk assessment and may follow up staff and patients
- Once the room is cleaned there is no need to stand down the room from use.

Can well patients pay for private COVID-19 lab testing for reassurance?

- No. Laboratory testing for COVID-19 can only be requested by medical staff who have assessed a patient and found they meet the specific, clinical criteria for suspected novel coronavirus. There is no value in testing patients who do not fit the clinical criteria.

What about patients who have returned from mainland China in the last 14 days and want a medical certificate for self-isolation?

- People who have returned from mainland China do not need to supply a medical certificate to their employer. If asked, they can provide a copy of their relevant travel documents detailing their travel dates and destinations to their employer to verify their need self-isolate.

What should we do if a patient’s employer has requested a ‘medical clearance’ before they will let them return to work after their 14 day self-isolation?

- Medical clearance is not required for well people to return to work. The person can show their employer their travel itinerary or tickets demonstrating that 14 days have lapsed since they returned from mainland China.

What should we do if a patient who has no family or friends in NZ is currently self-isolating because they have returned from mainland China in the last 14 days. They phoned to say they are not getting paid and have run out of food?

- Advise the person to phone the **0800 Government Helpline** on **0800 779 997** (9am–5pm, 7 days a week) as assistance may be available.

What if a person in self isolation is feeling very isolated, anxious and not coping?

- Advise them they can call or text 1737 – free, anytime, 24 hours a day, 7 days a week – to talk with a trained counsellor
- Or phone the dedicated **COVID-19 Healthline** on **0800 358 5453**.