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| To: | General Practices, Pharmacists, After-Hours Centres and Emergency Departments in the greater Wellington and Wairarapa regions |
| From: | Dr Craig Thornley, Medical Officer of Health |
| Date: | 09/03/2020 |
| Title: | National Health Advisory: Update on COVID-19 response 11 |

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

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

National Health Advisory: Update on COVID-19 response 11

The Ministry of Health published an updated case definition of COVID-19 infection on 8 March 2020. The updated case definition is available [here](#), or navigate as follows:

www.health.govt.nz ► COVID-19 novel coronavirus ► Information for Health Professionals ► Current case definition

Due to the ongoing changing global and domestic situation, clinical judgement should apply as to whether someone who doesn't quite meet the current case definition should be tested or not.

Note that the case definition includes a category for severe acute respiratory illness (SARI), defined as any hospitalised patient with fever and at least one other respiratory symptom or sign, and no other aetiology that fully explains the clinical presentation. This category is intended for hospital surveillance purposes only at the present time.

The current version of the regional *Update for Primary Care: Testing for suspected COVID-19* is appended.

Update for Primary Care: Testing for suspected COVID-19

The number of cases of COVID-19 reported globally is rising and there have now been cases identified in New Zealand, including some limited household transmission. **The situation is being monitored closely and information is being updated on a regular basis.**

Any patient who is suspected of having COVID-19 and being considered for testing should be discussed with and approved by the Medical Officer of Health and/or Clinical Microbiologist on call.

The key reasons to discuss testing with Medical Officer or Health or Clinical Microbiologist is to assist with the risk assessment, to expedite testing and to ensure that RPH is aware of possible cases for follow up and contact tracing. At present the only known transmission of COVID-19 within New Zealand is in households, so it is likely that a person with COVID-19 infection will have been overseas in the past 14 days or have had close (household) contact with someone who has returned from a country with community transmission. This situation is evolving and may change soon so it is important to discuss any potential cases with an expert who is keeping up with these changes.

Current recommendations are to test anyone who:

- Presents with fever or history of fever and one of: cough, shortness of breath, sore throat AND
- Travel to or via a country or area where transmission is occurring OR close contact with a person who has known COVID-19 infection within the last 14 days

Other cases can be discussed with Medical Officer of Health or Clinical Microbiologist even if case definition is not quite met but there is reasonable concern of COVID-19 infection.

Further information on case definition from Ministry of Health (last updated 8/03/20) can be found 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>

Each frontline healthcare facility should now have in place a process for safe assessment of patients with possible COVID-19. If you need assistance with developing one, contact your PHO or the DHB Infection Prevention and Control team. It is expected that alternative assessment centres for COVID-19 patients will soon be established to ease the burden on primary care practices and Emergency departments but practices will still need to be ready to deal with cases if needed.

Please note:

WSCL will NOT be collecting the nasopharyngeal/oropharyngeal swabs required for COVID-19 testing. This is to reduce risk of possible exposure to other patients at collection rooms.

There is **NO patient request testing** available. If a patient is asymptomatic and concerned about COVID-19, then they should be referred to Healthline (COVID-19 Healthline number 0800 358 5453).

Currently there are three laboratories with testing capability for COVID-19 in NZ. Tests in the greater Wellington region are presently being run at ESR, Wallaceville. There should be capability to test at WSCL within the next two weeks.

Specimen collection:

- Staff taking sample should wear appropriate PPE and should perform hand hygiene appropriately:
 - Eye protection (visor/goggles)
 - Surgical mask
 - Gloves
 - Apron or long sleeve impermeable gown
- **1 x nasopharyngeal swab** for influenza/RSV and/or extended respiratory virus panel
- **1x nasopharyngeal swab plus 1x oropharyngeal swab in the same viral transport media tube** for COVID-19 testing



- Sputum sample if possible, for coronavirus testing (most patients do not produce sputum, but when they do this is a very good sample)
- Clinical details **MUST** be recorded on the request form. This is required by ESR. Patient identification information, physicians name and contact information, date and time of sample collection, specimen type and tests requested, clinical symptoms/date of onset/travel or contact history, name of Public Health physician or Clinical Microbiologist approving test

Please check details on the Primary Care COVID-19 flowchart available from your PHO, RPH website, WSCL website, and HealthPathways. The flowchart has been updated on 07/03/20.

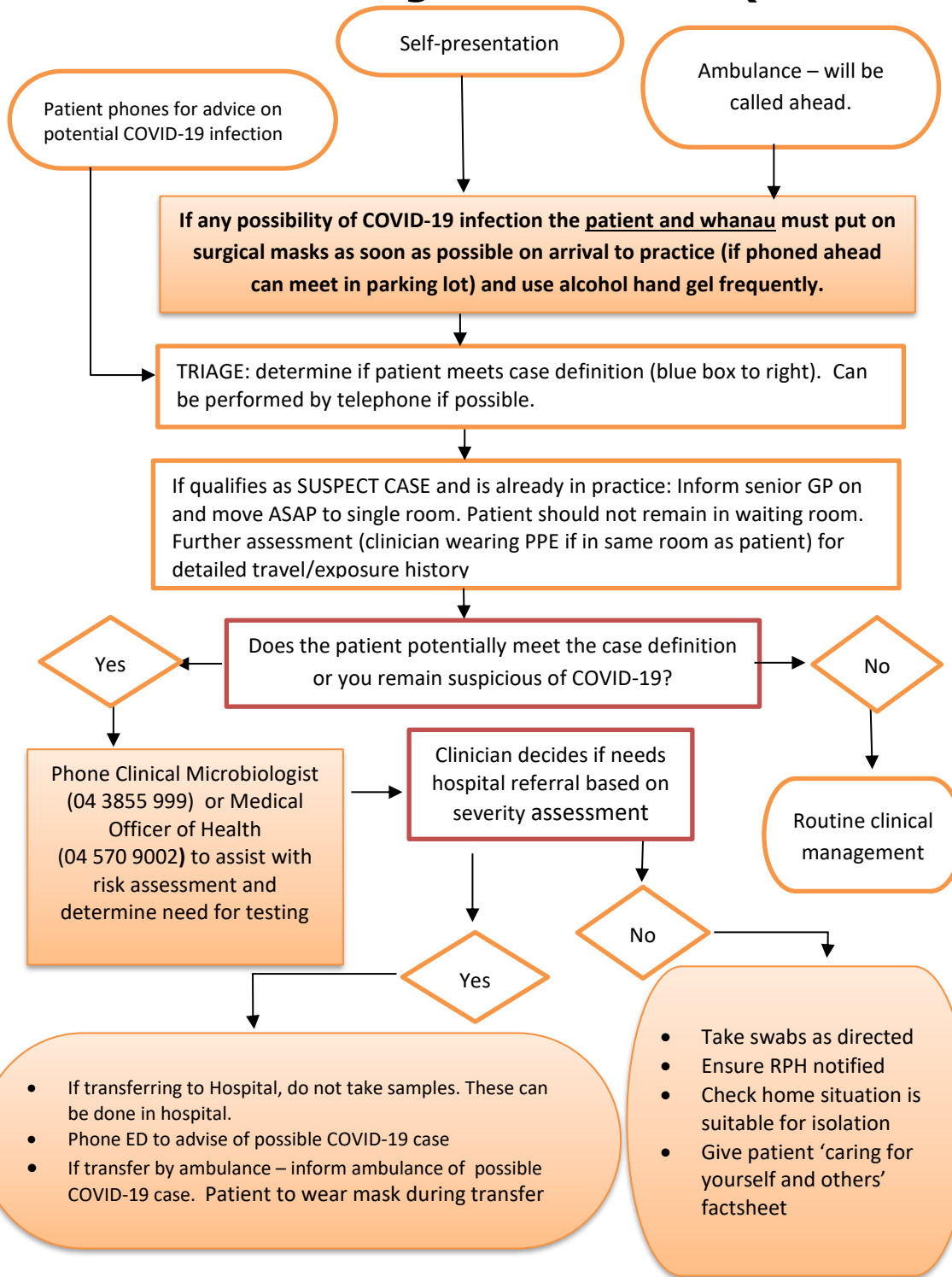
Further information on COVID-19 pertaining to primary care, PPE, self-isolation, travel advisories, information for clinicians and for general public is available on the Ministry of Health website: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus>

Further information on evolving international situation is available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

Further updates will be provided regularly.

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Infectious Diseases physician – Capital & Coast District Health Board

Guideline for Triage of COVID-19 (Coronavirus) in primary care



Case Definition

Due to the changing global and domestic situation, clinical judgment is required when risk assessing the need to test. Cases meeting the case definition should be tested. Others may be tested depending on clinical or travel/contact history. It is advised to discuss **any** potential case with Medical Officer of Health or Clinical Microbiologist.

Epidemiological criteria

Travel from or via **countries or areas of concern*** within 14 days before onset of illness **OR** Close contact (refer close contact section) in 14 days before onset of illness with a confirmed case of COVID-19 infection

Clinical criteria

Fever ($\geq 38^{\circ}\text{C}$) or history of fever and acute respiratory infection with at least one of the following symptoms: shortness of breath, cough or sore throat.

*Further information: <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>

Infection control precautions:

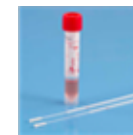
Personalised protective equipment (PPE): CONTACT + DROPLET

- Single room with door closed at all times
- Surgical Mask
- Apron or Gown
- Gloves
- Hand hygiene
- Eye protection (goggles or visor) if going within 1m of patient or taking nasopharyngeal swab

Do NOT give patient nebulisers in primary care setting – due to risk of aerosolisation

Cleaning:

- Wipe down all surfaces with disinfectant wipes as for influenza
- Dispose of PPE and cleaning wipes in biohazard bin
- Perform hand hygiene after cleaning.



Laboratory Testing

- discuss with on-call Microbiologist **before** testing – no tests will be processed unless
- Red viral swabs in UTM: ONE nasopharyngeal and ONE oropharyngeal swab placed in same UTM tube plus ONE nasopharyngeal swab in separate UTM
- When collecting swabs, PPE is required.