
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:	24 April 2020
Title:	COVID-19 update – Advice for primary care services

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 – Advice for primary care services

ADVISORY SUMMARY:

This public health advisory contains COVID-19 updates on:

- Recent cases in the greater Wellington region;
- Process for notifying suspected COVID-19 cases;
- Reporting of suspect cases in Aged Residential Care facilities; and
- Clinical monitoring of persons diagnosed with COVID-19

Overview and cases in the greater Wellington region

As at 0900 on 24 April there been 123 confirmed or probable cases of COVID-19 reported in the greater Wellington region. In the last seven days (from 17-23 April inclusive) there were three probable cases identified; in each of these cases infection was considered to have been acquired within the case's household. There is no evidence of community transmission currently in the greater Wellington region.

Notifying suspect COVID-19: Continue high risk, otherwise NHIs acceptable

The current COVID-19 case definition is available at <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-health-professionals/case-definition-covid-19-infection>.

The following high risk patients should continue to be notified either by faxing a copy of the Health Practitioner Notice of COVID-19 form (available at: <http://www.rph.org.nz/health-professionals/coronavirus-covid-19/health-practitioner-notice-of-covid-19-fillable.pdf>) or by phoning (04) 570-9267 or (04) 570-9002:

High risk suspect COVID-19 cases:

- Individuals working in a high risk occupation: Health Care Worker, workers in aged care or other residential facilities;

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- High risk living situations including long term or aged residential care facility or institutional living such as prisons and university halls of residence or those with no fixed abode;
- Cases that appear to be part of a cluster;
- Cases that are suspicious of community transmission (a confirmed case with no obvious epidemiological link to another case or overseas travel); or
- Death of a person who was a suspected, probable or confirmed case of COVID-19.

For other suspect cases, it is acceptable for general practitioners and COVID testing centres to just send a daily table of NHI numbers for patients who have been tested, if this improves the efficiency of the reporting process. This table can be faxed to (04) 570-9373 or emailed to RESEntdisreptla@huttvalleydhb.org.nz.

Aged Residential Care notifications: Phone RPH

The occurrence of outbreaks in aged residential care (ARC) facilities elsewhere in New Zealand has emphasised the vulnerability of older adults to COVID-19 infection. An information sheet has been prepared for ARCs by Hutt Valley and Capital & Coast DHBs to advise on reporting, testing, access to PPE and infection control.

Please ensure that all suspect COVID-19 cases in residents or staff at ARCs are reported to Regional Public Health: phone (04) 570-9267 or (04) 570 9002.

Primary care role with monitoring COVID-19 patients in the community: note biphasic course

After notification of one of your patients testing positive for COVID-19 infection, RPH will oversee the isolation requirements for the person in the community (i.e., ensuring they are staying at home, not having new visitors, etc.). This involves daily phone calls, and as part of this call we assess the person's symptoms, primarily to inform our decisions regarding the date that the person can come out of isolation. This daily call is not intended to substitute for the clinical management of the person's illness, although if our staff have concerns about a person's symptoms we will advise the patient to contact their primary care provider, or if severely ill facilitate ambulance transfer to hospital.

The clinical course of COVID-19 often demonstrates a biphasic pattern which can include a significant deterioration around day 7-10. It is therefore important that primary care remain actively involved in the patient's care throughout their illness, with particular attention to the patient's status at the initial diagnosis and again at around day 7-10. RPH will usually use an electronic note to GP to advise primary care when a person with COVID-19 or their contacts are being monitored by our service.

A coordinated approach between primary health care and RPH will help ensure that these individuals are not missing out on important clinical care throughout their illness.

Primary care is an important part of our community response to COVID-19. Thank you for the work you are doing to implement testing, notify and provide care for cases of COVID-19.