

Primary Care COVID-19 Quick Reference Guide

13 March 2023

Overview

A summary of information for community healthcare providers involved in:

- assessing and managing COVID-19
- queries regarding COVID-19 risk and need for testing (including general practice, community pharmacy, Hauora Māori, and urgent care providers).
- vaccination for COVID-19

This guide aims to help primary care providers to develop their policies and procedures.

See also: [Case definition and clinical testing guidelines for COVID-19.](#)

Latest changes:

- testing updates
- new model of care and funding updates
- COVID-19 vaccination update
- oral anti-viral medication update

Contents

- clinical criteria
- testing
- case management
- contact management
- infection prevention and control
- clinical Care in the community
- COVID-19 Vaccination update
- Long COVID

Clinical criteria for COVID-19

The clinical criteria supports health professionals to identify those with a higher risk of having COVID-19.

[Common symptoms of COVID-19](#) infection are similar to other viral illnesses such as colds and influenza. COVID-19 positive people usually present with at least one of the following symptoms:

- new or worsening cough
- sneezing or runny nose
- fever
- temporary loss of smell or altered sense of taste
- sore throat
- shortness of breath
- fatigue/feeling of tiredness
- less common symptoms may include diarrhoea, headache, muscle aches, nausea, vomiting, malaise, chest pain, abdominal pain, joint pain or confusion/irritability

Symptoms tend to arise around two to five days after a person has been infected but can take up to 14 days to show. After infection with the Omicron variant of COVID-19, about half of the people who get symptoms develop them within three days, and almost all of them will within eight days. The virus can be passed to others before they know they have it from up to two days before symptoms develop.

Other conditions that require urgent assessment and management should always be considered as possible diagnoses alongside COVID-19.

The transition from PCR to RATs as a primary mode of testing requires the clinical criteria to be applied thoughtfully and practically alongside the Case Definition. The case definitions were based upon PCR tests being the primary mode of diagnosis and the focus has now changed to clinical decision making based on a RAT result in the majority of cases. Clinical discretion should be applied to household contacts who test negative by RAT but are presenting with symptoms typical of COVID-19 infection. Although this population is not defined by the Case Definition, clinical discretion may support recognition as a likely case and initiation of treatment, where indicated.

Symptomatic people

COVID-19 vaccination status of the person and their household members does not change the need or decision to test for COVID-19. It remains important to encourage everyone to self-test who is symptomatic to help slow the spread of COVID-19.

See [COVID-19 Testing Plan and Testing Guidance](#) for detailed guidance and the most up-to-date information.

Testing

Symptomatic people

COVID-19 vaccination status of the person and their household members does not change the need or decision to test for COVID-19. It remains important to encourage everyone to self-test who is symptomatic to help slow the spread of COVID-19.

Asymptomatic testing

Asymptomatic testing of the general population is not recommended.

Asymptomatic screening may be undertaken to support early diagnosis and prevent asymptomatic transmission – but only in certain circumstance.

For more information on ***symptomatic people and asymptomatic testing and screening***, please refer to the [COVID-19 Testing Plan and Testing Guidance](#).

When to consider an assisted RAT and/or PCR test

The criteria for testing was updated in the latest iterations of the [COVID-19 Testing Plan and Testing Guidance](#) in December 2022.

Testing information is also contained in the “Guidance for Primary Care Model of Care for COVID-19”, which was released on 13 February 2023, along with an FAQ document to help support it. Further information can be found on [HealthPathways](#).

Self-test RATs

The emphasis is now on encouraging symptomatic patients to carry out a **self-test RAT** and upload the results to MyCovidRecord prior to seeking medical advice and this result should be used to guide further management.

Assisted RATs (previously known as supervised)

An assisted RAT is recommended to be done only on patients with COVID-19 compatible symptoms, who are unable to do a RAT themselves.

PCR Testing

PCR testing is recommended for:

- patients with COVID-19 compatible symptoms, within the priority and vulnerable population groups, that have had a negative RAT result or those that are clinically at high-risk **OR**
- international travellers arriving to New Zealand that have tested RAT positive

For more detailed information on RAT and PCR testing please refer to the [COVID-19 Testing Plan and Testing Guidance](#), or a copy can also be found in Appendix C of the “Guidance for Primary Care Model of Care for COVID-19”, (which can be found on [HealthPathways](#)) and this link for [Travelling to New Zealand](#).

Reinfection with COVID-19

At 28 days or less after a previous infection (day 0 is the day of symptom onset or positive test), testing for reinfection is discouraged as reinfection within this period is uncommon and difficult to confirm without specialist input. Those who are higher risk or becoming more unwell should seek advice from their healthcare provider or Healthline.

At 29 days or more after a previous infection, individuals with symptoms consistent with COVID-19 will be recommended to test with a RAT and upload a positive or negative result to MyCovidRecord. Isolation guidelines are the same as for the first COVID-19 infection.

For patients with potential COVID-19 reinfection, healthcare providers are recommended to assess the context of possible reinfection. Further RAT or PCR testing

may be indicated. Consultation with a microbiologist may be required for higher risk or very unwell patients.

For more detailed information on reinfection [COVID-19 Testing Plan and Testing Guidance](#).

Māori and Pacific people are amongst our highest risk populations and their clinical management should continue to be prioritised because of this.

Also see [Catching COVID-19 again](#) and [After you have had Covid-19](#).

Post-test advice and isolation information

Advice regarding COVID-19 isolation continues to evolve. For the most up-to-date information, please visit [Guidance on managing community cases and contacts](#).

All people who test positive for COVID-19 (including those who have been vaccinated) need to isolate for 7 days since onset of symptoms or positive test (whichever came first) and until they have no new or worsening symptoms.

Healthcare workers who are cases should refer to: [Guidance for return to work for healthcare workers](#).

Patients should be reminded that staying at home when symptomatic will reduce spread of all acute infectious respiratory illnesses and significantly reduce the burden on the health system. See [Protecting yourself and others](#).

It will be important to provide supportive information for people in their own language. See:

- [Unite Against COVID 19-Translations](#)
- Vaka Tautua is a free call service: 0800 652 353 (Samoan, Tongan, Cook Island, Māori, English) www.vakatautua.co.nz.

Post-test advice for health professionals: Recording COVID-19 in a patient's health record

Clinicians should use the SNOMED CT codes for case classification, following the [case definition and testing guidance for COVID-19](#). These SNOMED concepts and terms are included in the [SNOMED CT New Zealand Edition](#). If your software does not yet support SNOMED, you will have to use the equivalent Z codes, PMS codes or ICD-10-AM codes. Supervised RAT tests need to be uploaded by the clinician through the Healthlink page in the GP PMS (see [HealthPathways](#) for more information). Find more information on this here: [Recording COVID-19](#).

Case management

Follow the latest guidelines for positive test results here: [If you have COVID-19](#).

COVID-19 Therapeutics

COVID-19 therapeutics can be prescribed to eligible people to reduce the severity of illness and help reduce the risk of hospitalisation for those most vulnerable to COVID-

19. It is important that they are offered to all the people that are eligible: patient who has confirmed (or probable) symptomatic COVID-19 or has symptoms consistent with COVID-19 and is a household contact of a positive case, and developed symptoms within the last 5 days, and not requiring supplemental oxygen. And meet at least one of the criteria below:

- Māori or Pacific people aged 50 or over
- everyone aged 65 or over
- anyone aged 50 or over with fewer than 2 COVID-19 vaccinations
- anyone with a severely weakened immune system
- anyone with Down syndrome
- anyone with sickle cell disease
- anyone who has previously been in critical or high dependency hospital care from COVID-19
- anyone with 3 or more high-risk medical conditions.

For further information see [pharmac COVID-19 antivirals access criteria](#).

Clinicians can refer to [HealthPathways](#) for prescribing support around eligibility criteria.

Paxlovid (oral, 1st line agent) and remdesivir (IV, 2nd line agent) are antivirals used to treat COVID-19 in the viral replication phase of the infection.

Evidence suggests that Paxlovid is effective against the Omicron variant in reducing the development of serious illness and hospitalisation in those who are most at risk. However, recent evidence suggests that molnupiravir is unlikely to be of benefit and Remdesivir is, instead, the recommended 2nd line treatment, in regions where this service is available (for non-hospitalised patients).

Further information, see [Oral therapeutics for the treatment of COVID-19 update](#)

Contact management

Advise close contacts to:

- test with a RAT each day for five (5) days, from the day that the first case in the household tests positive.
- Wear a mask outside home for duration of testing, particularly around vulnerable people (e.g., elderly, or immunocompromised), on public transport or in crowded indoor places
- Continue with daily life provided no symptoms and a negative RAT result each day for 5 days
- If symptomatic, continue with daily tests up to 5 days and if all tests negative no need for further tests; stay at home until 24 hours after symptoms resolve. (If symptomatic they would be eligible for COVID-19 antiviral medication if they meet the criteria - see section on COVID-19 therapeutics above).
- If unable or unwilling to test, stay at home for 5 days

- Avoid or minimise contact with the case(s) in the household as much as possible while they are isolating

For detailed information and contact categories, see [guidance on managing community cases and contacts](#)

Direct anyone with concerns regarding their contact risk to **Healthline 0800 358 5453** to register and for up-to-date advice. Reassure those with concerns that Healthline can provide advice if required about their [category and specific need for self-isolation and testing](#).

Infection, prevention, and control

To prevent infection from and transmission of respiratory infections, including COVID-19, adhere to Standard and Transmission-Based Precautions at all times. For detailed information see [infection-prevention-and-control](#).

Consider completing a risk assessment before **every** interaction or session with patient/s. For the latest guidance see [IPC risk assessment](#).

Wear the appropriate PPE. See the latest [guidance](#).

It is recommended that staff be up to date with vaccinations for COVID-19, other respiratory infections such as influenza and pertussis and all other vaccine preventable diseases.

Clinical care in the community

For detailed information of the Community Framework explaining the integration of care of cases in the community see [Caring for People with COVID in the Community](#).

A new guidance document for Primary Care Model of Care for COVID-19 and testing was released on 13 February 2023, along with an FAQ document to help support it. Further information can be found on [HealthPathways](#).

If providing care for positive cases in the community, use your local [HealthPathways](#). COVID-19 Case Management pathways for up-to-date guidance.

Any patients in the community with red flags who need urgent clinical review then consider referral for secondary care assessment.

Discuss patients with the on-call medical team and arrange urgent transfer to hospital. Liaise with ambulance service and admitting team to ensure infection prevention measures are in place for a safe transit and admission to hospital.

Omicron

Find updates to Omicron Guidance and Care in the Community Guidance here: [Caring for people with COVID-19 in the Community](#), which covers the following key topic updates:

- Care Coordination Hub contact information
- updates in testing and contact tracing
- care management pathways: online self-service management, assisted self-management, and active clinical management

- assisted channels for those without digital access
- housing and accommodation updates

Travel and Travellers

For advice regarding patients who are travelling overseas, please visit [Safe Travel](#).

COVID-19 vaccination update.

A summary of information related to COVID-19 vaccination can be found [here](#).

There have been some recent updates to COVID-19 Vaccinations. These include:

- Vaccination released for [children aged 6 months to 4 years old for certain eligible children](#).
- From 1 March 2023 the [Pfizer BA.4/5 COVID-19 bivalent vaccine](#) will replace the existing Pfizer booster.
- From 1 April 2023 eligibility will be expanded for additional boosters for anyone aged 30yrs and over, and people at higher risk of severe illness from COVID-19. Those eligible can receive an additional booster, if it has been at least 6 months since their last COVID-19 booster or positive test.

For further details refer to the [COVID-19 immunisation policy statement V4.0](#).

Long COVID

The longer-term physiological and psychological effects of COVID-19 are now better understood, and studies are still evolving in this complex area. For the most up-to-date information and advice on the management of long COVID use the Te Whatu Ora | Health NZ website: [long covid information for health professionals](#)

Information on how to record long COVID on a patient's record can be found here: [Recording COVID-19](#).

Funding for long COVID

There is currently no additional funding for the investigation and treatment of long COVID – it will be funded in the same way as other medical conditions and emergencies.

Once the acute phase of the COVID-19 infection is over, any longer-term symptoms should be managed in the same way as other long-term conditions.

Normal co-payments for general practice appointments will apply, as well as part charges for emergency ambulance callouts, and prescription co-payments at community pharmacies. Specialist level treatment will be funded by regional districts of Te Whatu Ora, or self-funded if accessed privately.

Follow the guidance on the Te Whatu Ora website for the most up-to-date information: [Long COVID funding arrangements](#).