A round-up of the news for primary care

New Zealand interactive case map

This graphic shows a daily update of cases around the country, with an interactive feature showing details of cases in each DHB region.

World data including interactive graphs to compare countries is available here.

The case definition for testing is due to be updated: check the Ministry of Health website. We will cover this in the next Bulletin.

High-risk patients

Patients who meet any of these criteria are regarded as being at a higher risk of complications from COVID-19:

- **Aged 70 years or over; or**
- **Aged under 70 years with any of the following:**
- Established cardiovascular or renal disease. Expert opinion is that well-controlled hypertension is not considered to be a risk factor alone for people aged under 70 years.
- Chronic respiratory disease, e.g. moderate to severe asthma*, COPD, bronchiectasis
- Chronic kidney disease
- Diabetes; type one or two
- Chronic liver disease e.g. hepatitis
- Chronic neurological disease e.g. Parkinson's disease, MND, MS, cerebral palsy
- Under active treatment or within four weeks of completing treatment for cancer
- Leukaemia, lymphoma, myeloma at any stage of treatment
- Immunocompromised due to organ/bone marrow/stem cell transplant, conditions such as HIV or medicines such as steroids or biologicals, e.g. for rheumatoid arthritis, inflammatory bowel disease, psoriasis

- Severe obesity (BMI > 40)
- Pregnancy – increased risk from severe viral illness although no data to date suggests increased risk from COVID 19

N.B. People in close contact/living with those that meet the above criteria should take additional precautions to avoid virus transmission, i.e. minimise all contact with others.

* Asthma severity is subjectively determined by the level of treatment required to maintain good control. For example, mild asthma is well controlled with infrequent use of a SABA or with a standard daily ICS dose. Moderate asthma requires a "step up" in treatment to achieve good control, e.g. replacing an ICS with a combination ICS/LABA. Severe asthma is when symptoms are uncontrolled despite the patient being adherent to optimal treatment, taken correctly.

Medicines information

The Christchurch Medicines Information Service has put together a web page containing regularly updated information about medicines reported to worsen COVID-19 and medicines reported as treatment for COVID-19. The bottom-line is that there are currently no clinical studies demonstrating increased harm from any medicine use in relation to COVID-19 and patients should not be advised to stop any regular medicine for this reason. Treatment for COVID-19 is supportive; there are no medicines which should be prescribed for the direct treatment of COVID-19 outside of a clinical trial.

The Medicines Information web page is available here

ACE/ARBs in people with COVID-19

A consensus statement from the Specialist Hypertension Research Network of the North Island of Aotearoa, supported by the Heart Foundation of New Zealand, states that patients currently taking ACE inhibitors or angiotensin receptor blockers (ARBs) should continue to do so unless a change in treatment is clinically indicated. The evidence that has been reported to date about worse outcomes in patients with COVID-19 who have hypertension and are taking ACE inhibitors or ARBs is considered to be inadequately adjusted for confounding factors, and therefore inconclusive. This viewpoint is consistent with international advice.

Read more about the consensus statement here

Asthma management during COVID-19 pandemic

Advice from GINA (Global Initiative for Asthma) is summarised in a one-page document. In general, patients should continue on their usual treatment, i.e. inhaled corticosteroid should

not be stopped. In the event of an acute asthma attack, short course oral corticosteroids can be prescribed if required. Patients with severe asthma who are on longer-term oral corticosteroids should continue these but ideally at the lowest possible dose. Biological treatments should also be continued as they may reduce the need for additional oral corticosteroids.

The Asthma and Respiratory Foundation of New Zealand states that: "*Our advice to those with severe asthma, COPD, bronchiectasis, or other respiratory conditions is that they should self-isolate and seek to minimise contact with others as much as possible.*"

COPD management during COVID-19 pandemic

Brief advice from GOLD (Global Initiative for Chronic Obstructive Lung Disease) is available on their website. They recognise that people with COPD are among the worst affected by COVID-19 and strongly encourage them to isolate to minimise the chance of becoming infected and to continue on their regular medicines. They state that they are "not aware of any scientific evidence to support that inhaled (or oral) corticosteroids should be avoided in patients with COPD during the COVID-19 epidemic".

Ten tips for assessing patients for COVID-19 during a telephone consultation

PPE

There is clear advice for PPE (i.e. hand hygiene, surgical mask, eye protection, gloves and gown) when caring for people with suspected or confirmed COVID-19, however, there is a lack of pragmatic guidance on the use of PPE in a community setting for other scenarios, e.g. patients without respiratory symptoms. The current Ministry of Health advice for community health professionals providing face-to-face care for people who are presumed "non-COVID" is "standard precautions" i.e. hand hygiene. A gown or apron and gloves should also be worn if there is a risk of contact with bodily fluids. The majority of front-line health care workers feel that this level of PPE is now insufficient to reduce the risk of infection and that all direct patient contact poses some risk. We are monitoring this issue and will keep you up to date as any new information becomes available.

Link for MoH guidance

View bulletin on website