

UPDATED COVID-19 CASE DEFINITION 22 MAY 2020

The Ministry of Health have updated the COVID-19 case definition document. The suspect case definition has not changed.

A suspect case satisfies the following clinical criteria:

Any acute respiratory infection with at least one of the following symptoms: cough, sore throat, shortness of breath, coryza, anosmia with or without fever.

The changes to the case definitions document are highlighted in **bold italics** below.

The full document will be published on the Ministry website: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-health-professionals/case-definition-covid-19-infection>

Please read the full document for the context.

1. Managing suspected cases.

The key principle is to reduce transmission from person-to-person. That means reducing the contact that people who may have the virus have with others while they are infectious.

If a person has symptoms consistent with the case definition for COVID-19, and other diagnoses that require urgent assessment and management are excluded, and for whatever reason **the health professional decides** they are not tested, they should be considered a suspect case and isolate at home (if mild symptoms) till 48 hours after symptoms resolve and at least 10 days after symptom onset.

2. Close contacts of cases under investigation

Household contacts of a case under investigation do not need to self-isolate unless there is a high degree of suspicion that the case under investigation is likely to be a case (e.g. they are a symptomatic close contact of a confirmed or probable case).

3. Close contacts of a confirmed or probable case

Household and other close contacts of confirmed or probable cases should self-quarantine **for 14 days since last exposure with the case** and be managed at home with monitoring for symptoms. If they develop symptoms they should be tested and stay in isolation until results are available.

4. Managing relapsing cases

Some cases that met the requirements and were released from isolation have re-presented with mild respiratory symptoms up to three weeks later. The following is recommended:

- **there is little value in retesting for COVID-19 as a positive PCR does not mean they are infectious**
- **testing is only recommended if their condition deteriorates and they are hospitalised – it may be because of another condition such as bacterial pneumonia rather than COVID-19**
- **if they are retested and are PCR positive, they do not need to be isolated**
- **close contacts have no additional quarantine requirements beyond their existing ones, and any new close contacts do not need to be quarantined**
- **consider testing for other pathogens**
- **cases should be advised to stay at home until 48 hours of being symptom-free.**

REMEMBER: Where the clinician has a high degree of suspicion

Some people may not meet the suspect case definition but may present with symptoms such as only: fever, diarrhoea, headache, myalgia, nausea/vomiting, or confusion/irritability. If there is not another likely diagnosis, **and they have a link to a recent traveller, a confirmed or probable case, consider testing.**

NZ COVID-19 TRACER POSTERS

Businesses including General Practices have been encouraged to take up the NZ COVID Tracer App where there is a requirement to print the QR Code poster. The MoH have listened to feedback, mainly around the process to print the official poster via NZBN and Business Connect is difficult to navigate, causing delays in displaying the official posters.

There has been work done to offer a service to **create** the posters needed. Auckland PHO are working through the requirements and steps to follow the Specifications, after which we will come back to you about the number each of you require for each doorway and location. In addition, we will provide posters about how to get the app if required.

A large number of people around NZ have already downloaded the app, and they are expecting Primary Care to support this, and expect to see these posters around general practice and already patients are asking why they can't see them.

Having the posters also increases the likelihood that people will download and use the app as it provides a visual reminder to check in.

We hope to have the posters pertinent to each practice by next Tuesday at the latest. If you have any queries about this, Wayde is the key contact – wayde@aucklandpho.co.nz

INFLUENZA VACCINE UPDATE

A reminder that Afluria Quad is to be used for funded patients only from now on. Influvac Tetra Saison is now available to order for unfunded patients.

Continue to recall eligible 0-4 year old children for influenza.

If you require additional stock of Afluria Quad Junior, contact Louise@aucklandpho.co.nz. This vaccine is available only for funded patients. There is no private market influenza vaccine for those children under 3 years.

FREE TRAINING IN CONTRACEPTION AND LARC INSERTION - REGISTER YOUR INTEREST

Free training is becoming available to become a LARC inserter. The Ministry of Health have contracted the New Zealand Family Planning Association (NZFPA) to develop a standard and provide a training package for the insertion and removal of Long Acting Reversible Contraception (LARCs). They require a list from DHBs of those interested in being trained to this standard or who are interested in becoming trainers. This training will be delivered over the next three years at no cost to participants.

Interested trainees, please complete the attached survey which includes information requested by MOH and NZ Family Planning Association. Places are limited. The NZFPA will then develop a schedule of training for the next three years.

This expression of interest applies to those providing services in Auckland and Waitematā DHB areas. Note that CMH have already circulated a similar request.

[Click here to complete survey](#)

Questions may be directed to Jesse Solomon:

Jesse.Solomon@waitematadhb.govt.nz

LABTEST'S EORDERS SIMPLE AND ONLY A BRIEF SET-UP REQUIRED

To support paperless lab testing we would encourage all practices to utilise Labtest's eOrders.

The eOrders process is simple. After a brief set-up is completed the practice can initiate an eOrder which is then sent directly into the laboratory system. Patients can then present at any Labtests collection centre, state their name and the phlebotomists locate their eOrder directly.

The core benefits of eOrders are as follows:

- The patient does not need to collect a lab form from the practice
- Patient results can be accessed while doing an order directly from the order screen
- Improved patient experience at the collection point
- Improved quality of laboratory orders
- Smart features to assist with best practice testing intervals
- Ability to follow the life cycle of a request
- Request additional test post collection

Each Practice will soon receive a monthly update from the eOrders team detailing the percentage of eOrders vs manual orders placed.

For practices requiring more information or would like to speak to the Labtests eOrders team, below are the contact details:

Website: www.eorder.co.nz

email: helpdesk@eorder.co.nz

REDUCTION IN REFERRAL STATUS MESSAGES

Health Alliance has been working to reduce the number of duplicate or unhelpful electronic messages sent to Primary Care. As a result, you will notice a reduction in the number of "Referral Status" messages that you receive from Counties Manukau DHB and Waitematā DHB. Please note these messages have not been sent out by Auckland DHB as they use a different patient management system. Messages from the eReferrals system will not change and you will continue to be notified about the status of your referrals and your patient's upcoming appointments.

If you feel that there are important messages that you have missed, please contact CareConnect on 0800268626.

TEMPORARY REMOVAL OF SPIROMETRY REQUIREMENT FOR FUNDING OF SOME COPD INHALERS

From 1 June 2020, COPD diagnosis by spirometry will no longer be necessary for the following medicines to be funded: glycopyrronium (Seebri-Breezhaler), tiotropium bromide (Spiriva and Spiriva Respimat) and umeclidinium (Incruse Ellipta). Once the risk of exposure to COVID-19 is clinically negligible, the spirometry requirement will be reinstated, i.e. the COPD diagnosis must include spirometry and the prescription be endorsed accordingly.

Further information on the change for each product can be found on the PHARMAC website:

- [Glycopyrronium-seebri-breezhaler \(powder for inhalation 50 mcg per dose\)](#)
- [Tiotropium-bromide-Spiriva \(powder for inhalation, 18 mcg per dose\) and Spiriva Respimat \(soln for inhalation 2.5 mcg per dose\)](#)
- [Umeclidinium Incruse Ellipta \(powder for inhalation 62.5 mcg per dose\)](#)

WEBINAR - CARING FOR COMPLEX OLDER PEOPLE: TIPS, TRICKS AND TALES FROM THE TRENCHES

Please watch this wonderful Webinar (link via Youtube) from Dr Michal Boyd, an Associate Professor with the School of Nursing and the Department of Geriatric Medicine at the University of Auckland. Michal is a nurse practitioner in long term care, and is co-director of Equinox Health Ltd. Her main research and practice interests are the proactive assessment and care coordination for frail older adults and advanced nursing practice.

She discusses:

- Recognising and treating acute deterioration in older people using a team approach
- How best to help residents in distress: either behaviourally or physically or both
- Practical tips and tricks to improve communication with residents and families

https://www.youtube.com/embed/-Xsk_gLZcXU

DISRUPTION OF ORAL CONTRACEPTIVE SUPPLY

Please see a link to Pharmac's website regarding the disruption of supply for certain oral contraceptives –

<https://www.pharmac.govt.nz/information-for/enquiries/oral-contraceptives-supply-updates/>.

CPR SESSIONS

CPR sessions that were postponed because of lockdown are being re-scheduled.

A notice with new dates will be sent to Practices when confirmed.

If you have any queries please contact carol@aucklandpho.co.nz



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