

## Clarification of primary care management of people with acute respiratory symptoms/suspected COVID-19

In order for the public to remain confident that it is safe to visit their family doctor, it is imperative that people with potential COVID-19 infection are kept separate from others within general practice settings.

The recommendations sent out in the Medinz Wed 22 April communications, were intended to be only for practices that are not able to safely and reliably separate suspected COVID-19 patients from others seeking in-person care.

Patients should be encouraged to contact their primary care provider in the first instance and reassured that they can be managed by their primary care provider **where it is safe to do so**.

Practices that do have robust processes and systems in place can and should continue with these in managing in-person care for people with acute respiratory symptoms or suspected COVID-19 infection.

Practices without processes to separate should refer to a Community-Based Assessment Centre (CBAC), Designated Practice or UCC for in-person care including swabbing - but they should continue to provide any virtual care required by the patient.

### Private Radiology Providers – Opening Hours

Some private radiology providers have not yet returned to their normal operating hours; please encourage your patients to check they are open before travelling to the facility.

[CBACs and Mobile clinics Final 29 April 2020.pdf](#) [414.2 KB]

[Designated Practices - Metro Auckland 29 April.pdf](#) [304.1 KB]

## Prevention of Rheumatic Fever During the COVID-19 Pandemic

**Primary care has an important role in managing sore throat in populations at higher risk of rheumatic fever (RF).**

Sore throat management in a Covid19 environment requires more empiric treatment. Group A Strep sore throats in Maori and Pacific young people are a known risk for developing Acute Rheumatic Fever.

Please see Dr Christine McIntosh's ARHP Clinical Editor's note below, which advises best practice of sore throat management during the time of Covid-19. For further information please see attached and <https://aucklandregion.healthpathways.org.nz> (Tonsillitis and Sore throat management pathway)

All patients presenting with sore throat require COVID swabbing. Do not examine sore throat or perform COVID-19 swab if you do not have the correct PPE. Instead, refer the patient to a [community-based assessment clinic \(CBAC\)](#). Provide the patient or their caregiver with COVID-19 testing [patient information](#).

If lab capacity permits, a GAS throat swab can be done as long as it can be followed up.

Start [empiric antibiotics](#) for those with sore throat at high risk for rheumatic fever i.e., Māori and Pacific patients aged 3 to 35 years, particularly children and youth aged 4 to 19 years. See CBAC Standing Order – [Empiric Antibiotic Management of Sore Throat During the COVID-19 Pandemic](#).

### Empiric antibiotics

Follow the National Sore Throat management guideline.

Best Guess Formula children aged 1 to 8 years: Weight (kg) = (2 x age) + 10

- Amoxicillin (maximum daily dose 1000 mg; daily dose for GAS 50 mg/kg) Oral suspension 250 mg/5 mL or 500 mg capsule
- Weight 30 kg: 750 mg once daily for 10 days
- Weight ≥30kg: 1000 mg once daily for 10 days
- If allergy to penicillin, give erythromycin ethyl succinate oral suspension 400 mg/5 ml or 400 mg tablet, 40 mg/kg/day in 2 divided doses (maximum daily dose 1600 mg) for 10 days.
- Clearly explain that rheumatic fever prevention treatment is different from COVID-19 treatment and the patient needs to complete 10 days of antibiotics regardless of the COVID-19 swab result, unless advised that their GAS swab is negative.
- See [Empiric Sore Throat Management for Preventing Rheumatic Fever During the COVID-19 Emergency](#) (attached)
- Discuss basic hygiene practices, including cough and sneeze etiquette and the importance of washing and drying hands regularly.

## Update to Restrictions on Laboratory Testing with Alert Level 3

There has been a relaxation of some laboratory test restrictions as of 28th April 2020. Please see [attachment](#) for full details.

## The Ministry of Health National has a Close Contact Service that refers symptomatic close contacts to CBACs for testing. The following is the process undertaken:

- Close contacts are called by the National Close Contact Service (NCCS) who advise re quarantine and then Healthline complete daily checks up until 14 days after exposure event.
- Dr Caroline McElroy, Director of Public Health, has instructed that close contacts of a positive or probable Covid-19 case who are symptomatic, are immediately referred to the local Public Health Unit and for Covid-19 testing.
- The NCCS will advise these Close Contacts of their nearest CBAC/GP for testing and ask them to call the CBAC stating "The Ministry of Health call centre" advised me to get tested as I am a Close Contact with symptoms"
- The NCCS will provide details of these referrals to the appropriate PHU, who will then manage the case.
- During daily checks, if Healthline determine that a Close Contact is symptomatic they will follow the same process as NCCS i.e. advise Close Contact to get tested and refer to the appropriate Public Health Unit.

Please email the NCCS Manager if you have any queries; [nhcc\\_nccs\\_manager@health.govt.nz](mailto:nhcc_nccs_manager@health.govt.nz)

### Information if a patient's COVID-19 test is negative

The advice to patients who have negative results is:

- they still need to complete the full 14-day quarantine period if they have returned from overseas or have had close contact with someone with the virus
- if they are still sick with the same illness at the end of the 14-day isolation period, they will need to stay in isolation until they have been symptom-free for 48 hours
- if they are well, and have been for 48 hours, they can return to normal daily activity.

If their current symptoms get worse and they feel more unwell, they should be advised to get in touch with their GP or phone Healthline for advice [0800 358 5453](tel:08003585453).

If they feel fully recovered, but then develop a new illness while in self-isolation, they should call Healthline on [0800 358 5453](tel:08003585453).

### Completion of Lab forms for CBACs

When completing the Lab forms, please ensure that all the information is completed - the labs require the name and practice of the persons GP to ensure that the information does get to the correct GP at the right place in a timely manner. This is not only related to the tests results but it also allows that GP to be aware that the person was unwell and was concerned enough that they went for a swab. Having this information the GP may wish to follow up on some patients.

## Webinar: An Introduction to Telehealth In NZ

Date: Thursday, 30<sup>th</sup> April 2020

Time: 7.00pm – 8.00pm

Moderated by **Dr Ruth Large** – Emergency Physician & Rural Hospitalist, Chair of NZ Telehealth Leadership Group

Panellists: **Dr Samantha Murton** - GP, President at Royal New Zealand College of General Practitioners

**Dr Janine Bycroft** - GP, Executive Director at Health Navigator Charitable Trust

**Dr Jon Bonning** – Emergency Physician, Chair of the Council of Medical Colleges in NZ

**Rebecca George** – Occupational Therapist, Clinical Lead, Allied Health Informatics at Canterbury DHB

**Dr Samantha King** – Medical Adviser at Medical Protection Society

**Amio Ikihele** – PhD candidate, Department of Epidemiology and Biostatistics at The University of Auckland

General Information: [www.telehealth.org.nz/webinars](http://www.telehealth.org.nz/webinars)

Register here: [www.telehealth.org.nz/webinar1](http://www.telehealth.org.nz/webinar1)