

COVID-19 FAST FACTS 2 MARCH 2021



Primary Care Alert Response Framework

Primary Care Response Framework

- Auckland is currently in Yellow.
- This response level is specific to Primary Care in metro Auckland and may be different from the current hospital alert/response level and the national or regional Alert Level, which have different triggers and features.
- Always refer to the Auckland Regional HealthPathways for updates
<https://aucklandregion.communityhealthpathways.org/748770.htm>

Medinz Update

Responding to an unexpected Positive COVID-19 in Primary Care

This information was circulated by Medinz and included in the COVID-19 Fast Facts on 6th February, and it is timely to be reminded of what to do if you find yourself faced with a positive COVID-19 case.

Health Professional Advisory for Primary Health Care: Evolving COVID-19 contact identification and management approach

See [Health Professional Advisory for Primary Health Care: Evolving COVID-19 contact identification and management approach](#) on [COVID-19 Information](#) under Local Guidance > Contact Identification and Management.

Other Clinical Updates

Auckland PHO Network Zoom Summary


Thanks to those in our network who were able to meet by zoom yesterday. We appreciate it is a busy week for everyone and some of you were unable to join us at such short notice. GPs who joined the Zoom will be credited with one MoPs point and nurses who would like a certificate of attendance for their portfolio can email priscilla@aucklandpho.co.nz

Here is a summary of the main points:

N95 masks

At the moment there are more questions than answers regarding wearing N95 masks in general practice. Dr Charlotte Harris and others from the Northern Region Coordination Centre for Covid Response (NRHCC i.e PHOs, DHB and ARPHS) are working with the MoH to gain clarity for general practices in Auckland.

- Practices are now being sent N95 masks via OneLink- Practices do not need to order the initial supply.
- Since the meeting last night, new advice is being sought regarding what was posted in Medinz on 28th February on the sole use of googles when wearing a N95. Eye protection guidance is going to be clarified as it does depend on the make of respirator whether indeed a face shield can be worn and doesn't disrupting the seal.
- The MoH are working on better/clearer communications regarding their use, but in the interim NRHCC are putting together some high level guidance points on how they should be used.
- There are a small number of competent fit testers across NZ

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- Fit test training is not easy to achieve and is being worked through between the MoH, NRHCC and 3M. As per the Medinz communications the MoH have provided an exemption for this for one week from 28th February.
 - Fit checking however (or “user seal checking”) each time the respirator is donned is important. Click [here](#) for instructions.
 - As soon as we have clarity we will push communications to our practices.

A reminder about the need for ongoing vigilance

A reminder about the need for ongoing vigilance due to the new variants that have circulated into NZ was also discussed at the Zoom meeting. It was stressed that all swabbing is carried out in a suitable ventilated environment whether that is in a designated “red streamed room/isolation room” or in a safe/suitable place outside the practice, following the recommended IPC/PPE guidelines.

This has been highlighted again by a communications to PHOs sent today, by Dr Caroline McElnay; Director of Public Health MoH.

“Recent community acquired cases of COVID-19 in Auckland have been the B1.1.7 variant first identified in the United Kingdom, as confirmed by whole genome sequencing. These recent cases have been presenting with the more atypical symptoms of COVID-19. We also saw this presentation with the recent community case in Northland who was infected with the variant of SARS-CoV-2 first identified in South Africa.

Please be aware of these less typical symptoms, which may include muscle aches and pains and fatigue (which individuals may attribute to causes such as exercise), or only; fever, diarrhoea, headache, nausea/vomiting, or confusion/irritability. See the Ministry of Health website for details.

It is still important to test for COVID-19 if a patient presents with any acute respiratory infection with at least one of the following symptoms (with or without fever):

- new or worsening cough
- sore throat
- shortness of breath
- coryza – head cold (eg, runny nose, sneezing, post-nasal drip)
- anosmia – loss of sense of smell”

Staff Surveillance Testing and SURV codes


Practice staff can continue to undertake surveillance testing (as required or if your practice/organisation wishes to-(you are not instructed or obliged to currently by the NRHCC) following the same instructions outlined when you were originally asked to do as part of a surveillance plan, by NRHCC in 2020, i.e. following strict PPE/IPC guidance and noting this is surveillance of asymptomatic staff only. Any staff who are unwell are not tested under this surveillance process.


General Practice Staff may wish to use; SURV-GP/UCC or SURV-PHC

Enter the SURV code on the lab form **and** in the notes field on the e-Notification form.

Some practices due to their vulnerable populations were provided with their own Surveillance (SURV) codes by Auckland Regional Public Health for their surveillance of patients.

A full list of SURV codes can be found on [Auckland Regional Healthpathways](#) and are updated regularly on Medinz and Auckland Regional Healthpathways, depending on cluster outbreaks for close, casual and casual – plus contacts.





Use SURV-GEN for all asymptomatic people who are not covered by one of the specific SURV Codes.

Telehealth

Updated telehealth guidance

With telehealth becoming increasingly common practice during the COVID-19 pandemic, new and updated advice around how to best deliver telehealth has been published by the Medical Council of New Zealand. The primary changes are:

- recommending doctors have a clear understanding of a patient's medical history and health care needs before prescribing via telehealth;
- prohibiting the prescribing of controlled drugs for the first time to patients who have not been appropriately assessed, or do not have a regular doctor;
- more clarity about when physical examinations are recommended before prescribing via telehealth.

Find out more at the link below

[Find out more](#)

COVID-19 Vaccine

COVID-19 Vaccination Information

A new Pathway has been created on Auckland Regional Healthpathways providing information on the Covid-19 vaccination for clinicians and included patient resources.

<https://aucklandregionclassic.communityhealthpathways.org/835663.htm>

Unused vaccine prioritisation

MEDINZ 1/03/2021 4.17 PM


Following a week of vaccine rollout to our border workers, on Friday metro Auckland DHBs were left with a significant amount of unused vaccine that it was important to use before it expired.


We needed to respond to the situation quickly and staff from Tier 2a (a list of health workers defined by the government) including from DHBs and community were then invited at very short notice to attend.

In this instance a number of community workers at CTCs, as well as Māori and Pacific primary care partners and a number of hospital staff including attendants, cleaners, surgeons and intensivists, who are all on the COVID pathway, were able to take up the offer and we were successful in not wasting a single dose of vaccine.

It all happened quite quickly and we acknowledge that this process was not ideal and apologise for the confusion and sense of unfairness that may have resulted from this. We are in an emergency situation, working at pace and learning as we go, but we absolutely need to improve in this area and we will.

We have asked PHOs to co-ordinate reserve lists that include GPs and other primary care partners who can be individually invited to fill any remaining vaccination appointments at short notice, if we have unused vaccine available again.





One of the unique logistical challenges of the Pfizer/BioNTech vaccine is that once a dose of the vaccine reaches above -70 degrees it will expire in five days even when kept in a fridge. Once the vaccine has been removed from the fridge it must be mixed within two hours and then used within six hours.

In metro Auckland DHBs, when a batch of vaccine is a day away from expiry, the local immunisation team process is to first ask employers at MIQ and the airport and port if any of their workforce can be made available to get their vaccination in the next 24 hours in addition to the scheduled vaccinations that day.

Our plan will always be to use unexpected opportunities that come up to vaccinate people who are legitimately next in the priority order and ensure that no vaccine is wasted.

Thank you for your patience and understanding. Our team will be actively working with you to improve this process and if you have any feedback or questions please don't hesitate to contact **Matt Hannant - Community Vaccination Programme Lead, NRHCC** Matt.Hannant@middlemore.co.nz

Practice Staff Information for COVID-19 Vaccination

The demographic staff information requested yesterday is primarily for vaccination planning. We understand that there will be staff who are vaccine hesitant or have issues about the privacy of the information provided. Sharing this basic demographic information with Auckland PHO and the District Health Board does not mean anyone has consented to receiving the COVID-19 vaccination, nor will it be shared with any other party. If you have any concerns about this, please contact Suzie Whittaker at Auckland PHO, 379 4022.

