



COVID-19 Advice for Primary Care, March 18 2020

Consider novel coronavirus (COVID-19) infection in patients with fever or history of fever, OR cough, shortness of breath or sore throat and overseas travel in the 14 days prior to symptom onset.

For severe illness, discuss with the NDHB on-call Physician (for adults) or Paediatrician (for children) and arrange admission via ambulance.

Notify all suspected cases to the Medical Officer of Health for Northland at (09 430 4100) or via eNotification – this must include rationale for testing (travel, exposures, and symptoms).

Key Changes from Previous Advice

Case definition has been updated as follows

- Countries of concern are now the whole world however the case definition wording remains the same as per the Ministry of Health website. Self-isolation after return is an expectation for all countries except the Pacific Countries (excluding French Polynesia).
- Clinical criteria is now fever OR respiratory symptoms.
- Healthcare workers with community acquired pneumonia are suspect cases with or without travel history.

Contact definitions have been updated as follows

- The distance for a close contact has been increased to within two meters.

Testing Take only ONE nasopharyngeal swab (oral swab no longer required).

Note that Northland DHB Public Health Unit will undertake testing for all contacts of probable or confirmed cases that are in quarantine. These contacts will NOT be advised to present to primary care or hospital EDs if they develop symptoms.

Return of Results Public Health will only return results for patients notified to them via phone or eNotification with the exception of positive results which are automatically notified by the lab.

NOTE for Northland **results can take up to 5 days to be available** due to specimen transport times. Please inform the patient that their results will take up to 5 days to be available.

PPE when swabbing multiple patients at once – The same set of PPE can be worn for all patients with the following exceptions

- Gloves - changed between patients, take off and perform hand hygiene. Take care not to contaminate the specimen tube or the outside of the specimen bag.
- Masks can be worn for up to two hours and only changed if they get damp or soiled.

Goggles/Facemasks/Face shields – these must be cleaned and reused, Supply is short and they may not be able to be replaced if disposed of (cleaning guidance on NDHB website)

Waste Disposal – biohazard bags are not required for waste disposal; the normal white plastic bags used in practices are suitable for COVID-19 PPE and waste. Read further for details.

This practice meets the NZS4304:2002 Standard for Management of Healthcare Waste. The only items which need to be placed in a yellow biohazard waste bag are containers of blood or body fluids expressible under compaction. The Standard is designed principally to protect the waste handlers and the truck drivers. Once the paper towels, gowns and gloves and virus laden items are placed inside the white plastic bag, they will not be a risk to people or the environment.

COVID-19

Most cases have a mild to moderate illness and can be managed at home. In China around 13% of cases are considered severe. The case-fatality rate varies by Country and is 2-3%.

The incubation period is considered to be 1-14 days from time of exposure usually 3-7 days.

A case is considered as potentially infectious 48 hours prior to developing symptoms, while symptomatic. and until symptom-free for 48 hours.

Case and Contact Definitions

A suspected case satisfies both the epidemiological and the clinical criteria for each of the following three scenarios (i.e. in the same row):

	Clinical criteria		Epidemiological criteria
1	Fever ($\geq 38^{\circ}\text{C}$) OR any acute respiratory infection with at least one of the following symptoms: shortness of breath, cough or sore throat with or without fever.	AND	Travel to or from (excluding airport transit) <u>countries or areas of concern</u> within 14 days before onset of illness
	OR		
2	Fever ($\geq 38^{\circ}\text{C}$) OR any acute respiratory illness with at least one of the following symptoms: shortness of breath, cough or sore throat with or without fever	AND	Close contact ¹ or casual contact ³ with a suspect, probable or confirmed case of SARS-CoV-2 infection in the 14 days before onset of illness
	OR		
3	Healthcare workers ² with moderate or severe community-acquired pneumonia	AND	Regardless of any international travel

1. **Close contact** Any person with the following exposure to a confirmed or probable case during the case's infectious period, without appropriate personal protective equipment (PPE):

- direct contact with the body fluids or the laboratory specimens of a case
- presence in the same room in a health care setting when an aerosol-generating procedure is undertaken on a case
- living in the same household or household-like setting (eg, shared section of in a hostel) with a case
- face-to-face contact in any setting within two metres of a case for 15 minutes or more
- having been in a closed environment (e.g. a classroom, hospital waiting room, or conveyance other than aircraft) within 2 metres of a case for 15 minutes or more
- having been seated on an aircraft within two metres of a case (for economy class this would mean 2 seats in any direction including seats across the aisle, other classes would require further assessment)
- aircraft crew exposed to a case (a risk assessment conducted by the airline is required to identify which crew should be managed as close contacts)

2. **Healthcare workers** are defined as those who may have been exposed to respiratory droplets from patients or residents for the purpose of testing.

3. **Casual contact** Any person with exposure to the case who does not meet the criteria for a close contact (e.g. at a concert, church, on a aircraft but not within 2 meters of a case)

*Case and contact definitions may change. Please see the Ministry of Health website for the latest case definition www.health.govt.nz

Countries and Areas of Concern

Advice differs depending on travel category and clinical symptoms.

If you think the patient may have an atypical presentation of COVID-19 then mask, isolate, use PPE and clinically assess as a suspected case.

Isolate means the patient should be placed in a single room and not sit in the waiting area.

If self-isolation (at home) is advised, ask patient to self-monitor at home, and to call Healthline on 0800 358 5453 or their doctor if they develop symptoms.

Travel Category	Country or Area of Concern (excludes airport transit)	Self-isolation expectation	No fever or respiratory symptoms	Has a fever or respiratory symptoms
One	Mainland China Iran Republic of Korea Rest of the World excluding the Pacific (except French Polynesian)	Yes, for 14 days after exiting the category one country	No need to isolate, mask or test the patient. Manage presenting complaint. Complete 14 days self-isolation once leaves	Mask and isolate patient and assess as per algorithm. Swab and isolate at home awaiting results. Complete 14 days self-isolation in all cases.
Two	All Pacific Islands (excluding French Polynesia) these include	No	No need to isolate, mask or test the patient. Manage presenting complaint. No need for self-isolation once leaves	Mask and isolate patient and assess as per algorithm. Swab and isolate at home awaiting results if not

Action for Laboratory Confirmed Cases who Present to Primary Care

Patients who are already laboratory confirmed cases may present for care if their condition deteriorates while they are in isolation at home or after discharge from hospital.

Note all confirmed cases are advised to call ahead before presenting to any healthcare facility.

If they have symptoms that have been ongoing since they tested positive for COVID-19 precautions should be taken as for suspected cases (see Personal Protection box above).

A single room and PPE should be used but they DO NOT need to be re-tested.

If they now require hospitalisation arrange this as for a suspected case.

Discuss the patient with the Medical Officer of Health if you have any concerns.

Anyone who becomes a close contact during this primary care visit should be discussed with the Medical Officer of Health.

Close Contact Tracing

Should a suspect case of COVID-19 be confirmed, Public Health will manage all close contact tracing, including from medical centre and ED waiting room exposure.

Cleaning the Room

- Leave room closed and vacant after patient has left until it can be cleaned.
- Wear gown and gloves and wipe down all hard surfaces with virucidal disinfectant.
- Reusable eye protection should be cleaned with virucidal disinfectant.
- Medical equipment that has touched the patient must be wiped down with a virucidal disinfectant.
- Dispose of wiping agent in clinical waste container. Perform hand hygiene.

Practice Reminders

Please display clear signage outside doors, update phone messages and practice websites. Note: Posters are available on the Northland DHB [website](#).

Please educate all frontline staff including receptionists to ask if patients making appointments have travelled overseas in the last 14 days or been exposed to a confirmed case of COVID-19.

Where to get further advice

[Ministry of Health COVID-19](#)

[Northland DHB COVID-19 Resources for Primary Care](#)

[Northern Region Resources for Cases and Contacts and the Public \(ARPHS website\)](#)

[Ministry of Education COVID-19](#)

[Advice for travellers](#)

[World Health Organisation COVID-19](#)