

Primary Care COVID-19 Quick Reference Guide

24 November 2022

Overview

A summary of information for community healthcare providers involved in:

- assessing and managing COVID-19
- queries regarding COVID-19 risk and need for testing (including general practice, community pharmacy, Hauora Māori, and urgent care providers).

This guide aims to help primary care providers to develop their policies and procedures.

See also: [Case definition and clinical testing guidelines for COVID-19.](#)

Latest changes:

- Predicted timings for symptom onset with Omicron.
- When to consider doing a PCR test.
- When to test asymptomatic people
- Long COVID update and link to access the clinical guidelines for rehabilitation.

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Clinical criteria for COVID-19

The clinical criteria support health professionals to identify those with a higher risk of having COVID-19.

[Common symptoms of COVID-19](#) infection are similar to other viral illnesses such as colds and influenza. COVID-19 positive people usually present with at least one of the following symptoms:

- new or worsening cough
- sneezing or runny nose
- fever
- temporary loss of smell or altered sense of taste

- sore throat
- shortness of breath
- fatigue/feeling of tiredness
- less common symptoms may include diarrhoea, headache, muscle aches, nausea, vomiting, malaise, chest pain, abdominal pain, joint pain or confusion/irritability

Symptoms tend to arise around two to five days after a person has been infected but can take up to 14 days to show. After infection with the Omicron variant of COVID-19, about half of the people who get symptoms develop them within three days, and almost all of them will within eight days. The virus can be passed to others before they know they have it from up to two days before symptoms develop.

Other conditions that require urgent assessment and management should always be considered as possible diagnoses alongside COVID-19.

Symptomatic people

COVID-19 vaccination status of the person and their household members does not change the need or decision to test for COVID-19. It remains important to test anyone who is symptomatic to help slow the spread of COVID-19.

See [COVID-19 Testing Plan and Testing Guidance](#) for detailed guidance and the most up-to-date information.

When to consider a PCR test

The criteria for testing are currently being reviewed and will be updated in the first half of December.

As the prevalence of COVID-19 in the community increases, a positive RAT is less likely to be a false positive but the likelihood of a false negative increases. This supported the reason to shift to using RATs as a diagnostic tool in high prevalence situations. However, as a negative RAT can still mean that someone is infected (the specificity of the test makes this number very small), therefore, if someone has worsening symptoms after a negative RAT, a clinical assessment is important, and a PCR test considered. This includes (but is not limited to):

- The patient is unable to self-administer or receive a RAT, but testing is indicated
- Symptomatic patient returns a positive RAT but there is rapid resolution of symptoms (ie. Suspicion of false positive RAT)
- When a test is warranted under clinical judgement e.g. patient may be considered high-risk and eligible for COVID therapeutics
- PCR is recommended by a Medical Officer of Health
- Scenarios where a false positive or false negative RAT would have significant impacts beyond the individual, e.g. In multi-generational households, or ARC facilities.
- The patient has arrived in New Zealand in the last 7 days and has tested positive with a RAT. Requires whole genome sequencing if PCR positive to track new variants.

Testing asymptomatic people with PCR test is not recommended. Exceptions are below:

- If recommended to by a medical officer of health

At all times after a COVID-19 infection, those who have new symptoms consistent with a COVID-19 infection should stay home. Those who are higher risk, or becoming more unwell, should seek healthcare advice.

Reinfection with COVID-19

At 28 days or less after a previous infection (day 0 is the day of symptom onset or positive test), testing for reinfection is discouraged as reinfection within this period is uncommon and difficult to confirm without specialist input. Those who are higher risk or becoming more unwell should seek advice from their healthcare provider or Healthline.

At 29 days or more after a previous infection, individuals with symptoms consistent with COVID-19 will be recommended to test with a RAT and upload a positive or negative result to MyCovidRecord. Isolation guidelines are the same as for the first COVID-19 infection.

For patients with potential COVID-19 reinfection, healthcare providers are recommended to assess the context of possible reinfection. Further RAT or PCR testing may be indicated. Consultation with a microbiologist may be required for higher risk or very unwell patients.

Asymptomatic testing, other than for household contacts or specified surveillance, is not recommended within 90 days.

Māori and Pacific people are amongst our highest risk populations and their clinical management should continue to be prioritised because of this.

Also see [Catching COVID-19 again](#) and [After you have had Covid-19](#).

Post-test advice and isolation information

Advice regarding COVID-19 isolation continues to evolve. For the most up-to-date information, please visit [Guidance on managing community cases and contacts](#)

- All people who test positive for COVID-19 (including those who have been vaccinated) need to isolate for 7 days since onset of symptoms or positive test (whichever came first) and until they have no new or worsening symptoms.
- Healthcare workers who are cases should refer to: [Guidance for return to work for healthcare workers](#).

Patients should be reminded that staying at home when symptomatic will reduce spread of all acute infectious respiratory illnesses and significantly reduce the burden on the health system. See [Protecting yourself and others](#).

It will be important to provide supportive information for people in their own language. See:

- [Unite Against COVID 19-Translations](#)
- Vaka Tautua is a free call service: 0800 652 353 (Samoan, Tongan, Cook Island, Māori, English) www.vakatautua.co.nz.

Post-test advice for health professionals: Recording COVID-19 in a patient's health record

Clinicians should use the SNOMED CT codes for case classification, following the [case definition and testing guidance for COVID-19](#). These SNOMED concepts and terms are included in the [SNOMED CT New Zealand Edition](#). If your software does not yet support SNOMED, you will have to use the equivalent Z codes, PMS codes or ICD-10-AM codes. Supervised RAT tests need to be uploaded by the clinician through the Healthlink page in the GP PMS (see HealthPathways for more information).

Find more information on this here: [Recording COVID-19](#).

Case management

Follow the latest guidelines for positive test results here: [If you have COVID-19](#).

COVID-19 Therapeutics

COVID-19 therapeutics can be prescribed to eligible people to reduce the severity of illness and help reduce the risk of hospitalisation for those most vulnerable to COVID-19. It is important that they are offered to all the people that are eligible: patient who has confirmed (or probable) symptomatic COVID-19, or has symptoms consistent with COVID-19 and is a household contact of a positive case, and developed symptoms within the last 5 days, and not requiring supplemental oxygen. And meet at least one of the criteria below:

- Māori or Pacific people aged 50 or over
- everyone aged 65 or over
- anyone aged 50 or over with fewer than 2 COVID-19 vaccinations
- anyone with a severely weakened immune system
- anyone with Down syndrome
- anyone with sickle cell disease
- anyone who has previously been in critical or high dependency hospital care from COVID-19
- anyone with 3 or more high-risk medical conditions.

For further information see [pharmac COVID-19 antivirals access criteria](#).

Clinicians can refer to HealthPathways 3D ([communityhealthpathways.org](#)) for prescribing support around eligibility criteria.

Available evidence demonstrates that nirmatrelvir with ritonavir (Paxlovid™) is more effective than molnupiravir (Lagevrio®) at reducing the risk of hospitalisation. Therefore, Paxlovid is the oral COVID-19 antiviral of choice unless it is contraindicated, otherwise unsuitable, or unavailable due to constrained stock. For further information, see [Oral therapeutics for the treatment of COVID-19 update](#)

Long COVID

The longer-term physiological and psychological effects of COVID-19 are now better understood, and studies are still evolving in this complex area. For the most up-to-date information and advice on the management of long COVID use the Te Whatu Ora | Health NZ website: [long covid information for health professionals](#)

Information on how to record long COVID on a patient's record can be found here: [Recording COVID-19](#).

Funding

There is currently no additional funding for the investigation and treatment of long COVID – it will be funded in the same way as other medical conditions and emergencies.

Once the acute phase of the COVID-19 infection is over, any longer-term symptoms which continue or develop beyond six weeks from diagnosis should be managed in the same way as other long-term conditions.

Normal co-payments for general practice appointments will apply, as well as part charges for emergency ambulance callouts, and prescription co-payments at community pharmacies. Specialist level treatment will be funded by regional districts of Te Whatu Ora, or self-funded if accessed privately.

Follow the guidance on the Te Whatu Ora website for the most up-to-date information: [Long COVID funding arrangements](#).

Contact management

Advise close contacts to:

- test with a RAT each day for five (5) days, from the day that the first case in the household tests positive.
- Wear a mask outside home for duration of testing, particularly around vulnerable people (e.g., elderly or immunocompromised), on public transport or in crowded indoor places
- Continue with daily life provided no symptoms and a negative RAT result each day for 5 days
- If symptomatic, continue with daily tests up to 5 days and if all tests negative no need for further tests; stay at home until 24 hours after symptoms resolve. (If symptomatic they would be eligible for COVID-19 antiviral medication if they meet the criteria - see section on COVID-19 therapeutics above).
- If unable or unwilling to test, stay at home for 5 days
- Avoid or minimise contact with the case(s) in the household as much as possible while they are isolating

For detailed information and contact categories, see [guidance on managing community cases and contacts](#)

Direct anyone with concerns regarding their contact risk to **Healthline 0800 358 5453** to register and for up-to-date advice. Reassure those with concerns that Healthline can provide advice if required about their [category and specific need for self-isolation and testing](#).

Infection, prevention, and control

To prevent infection from and transmission of respiratory infections, including COVID-19, adhere to Standard and Transmission-Based Precautions at all times. For detailed information see [infection-prevention-and-control](#).

Complete a risk assessment before **every** interaction or session with patient/s. For the latest guidance see [IPC risk assessment](#).

Wear the appropriate PPE. See the latest guidance [risk assessment and ppe guide covid-19 and winter](#).

It is recommended that staff be up to date with vaccinations for COVID-19, other respiratory infections such as influenza and pertussis and all other vaccine preventable diseases.

Please refer to [Te Whatu Ora IPC recommendations](#) for PPE advice.

Clinical care in the community

For detailed information of the Community Framework explaining the integration of care of cases in the community see [Caring for People with COVID in the Community](#).

If providing care for positive cases in the community, use your local HealthPathway COVID-19 Case Management pathways for up-to-date guidance [nz.portalhealthpathwayscommunity.org](#).

Any patients in the community with red flags need urgent clinical review to consider referral for secondary care assessment.

Red flags

Intensifying symptoms or any of:

- rapid deterioration
- worsening fatigue, profound exhaustion, fainting, falls
- confusion, altered mental state or becoming difficult to rouse
- persistent coughing, significant haemoptysis
- difficulty breathing at rest, talking in short sentences or single words
- worsening chest pain with tightness or pressure
- dehydration (reduced oral intake and minimal urinary output in 12 hours)
- fever > 40
- dropping oxygen saturations by 3% from baseline, or SpO₂ < 92% or blue lips or face
- respiratory Rate > 24, unexplained heart rate > 100bpm
- cold clammy mottled or pale skin.

Discuss patients with the on-call medical team and arrange urgent transfer to hospital. Liaise with ambulance service and admitting team to ensure infection prevention measures are in place for a safe transit and admission to hospital.

Omicron

Find updates to Omicron Guidance and Care in the Community Guidance here: [Caring for people with COVID-19 in the Community](#), which covers the following key topic updates:

- Care Coordination Hub contact information
- updates in testing and contact tracing
- care management pathways: online self-service management, assisted self-management, and active clinical management
- assisted channels for those without digital access
- housing and accommodation updates

Travel and Travellers

For advice regarding patients who are travelling overseas, please visit [Safe Travel](#).