



Ministry of Health COVID-19 response update for primary care

Primary care education session

In association with



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa



HealthPathways
Community



Presenters

Moderator

[Bryan Betty](#), GP, RNZCGP, Medical Director

Presenters

[Marion Poore](#), Public Health Physician; Chief Clinical Advisor; Covid-19 Health System Response Directorate

[Nikki Turner](#), Medical Director, The Immunisation Advisory Centre

[Justine Lancaster](#), GP, Chief Clinical Advisor, Primary Care, Ministry of Health

[Lara Hopley](#), Specialist anaesthetist, clinical advisor digital innovations. Institute for innovation and improvement Waitemata District Health Board

[David Hughes](#), Chief Medical Officer, Pharmac

[Robert Haua](#), Clinical Advisor, COVID Care in the Community, Ministry of Health

[Pauline Horrill](#), GP, Clinical Lead, COVID-19, Care in the Community, Ministry of Health

[Janine Close](#), GP, HealthPathways Clinical Editor

Answering your questions

HealthPathways Team

Dr Rhys Parry, GP, HealthPathways Clinical Editor (Hawkes Bay)

Dr Anna Eglinton, GP, HealthPathways Clinical Editor (Whanganui & MidCentral)

Dr Jenny Maybin, GP, HealthPathways Clinical Editor (Southern)

Dr Helen Liley, GP, HealthPathways Clinical Editor (Auckland)

Dr Robyn Barnes, GP, HealthPathways Clinical Editor (Christchurch)

Dr Caroline Ansley, GP, HealthPathways Clinical Editor (Christchurch)

Immunisation

Jared Solloway, RegPharmNZ, Senior Advisor, National Immunisation Programme, Ministry of Health

Faith Woodcock, Principal Advisor, National Immunisation Programme, Ministry of Health

Answering your questions

Local COVID-19 hubs

Northland - Dr Libby Prenton

Auckland - Dr Christine McIntosh

Waikato - Dr Claire Russell

Hawkes Bay - Dr Rhys Parry & Emma Jones

Nelson Marlborough - Dr Janet Hayward

Canterbury - Dr Lucinda Whiteley & Dr Kim Burgess

Southern – Dr Jenny Maybin

Housekeeping

Asking questions

Use **Q&A** to ask questions

- Upvote questions from others
- Ask supplementary questions on an existing question

Include your **region** so that the right person can answer your question.

Chat has been disabled.

COVID-19 Response update

Dr Marion Poore
Chief Clinical Advisor
COVID-19 Health System Response
Ministry of Health

Te Kāwanatanga o Aotearoa
New Zealand Government



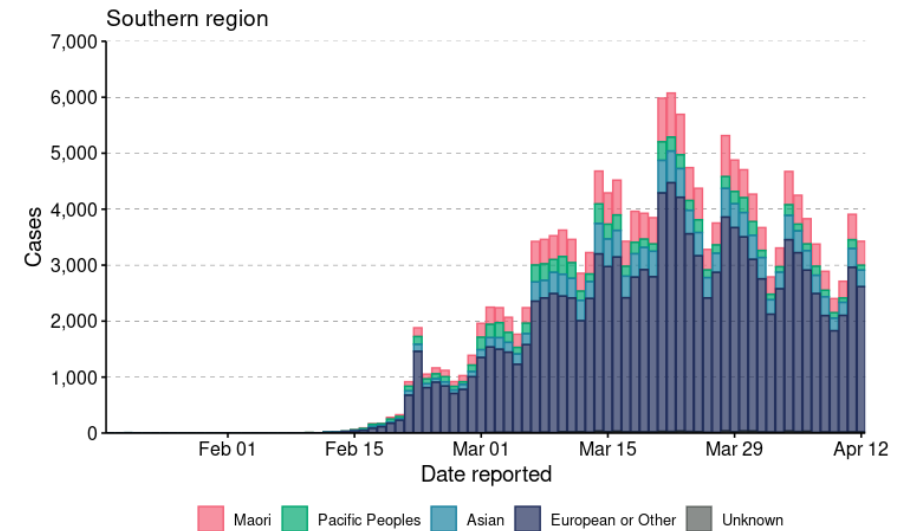
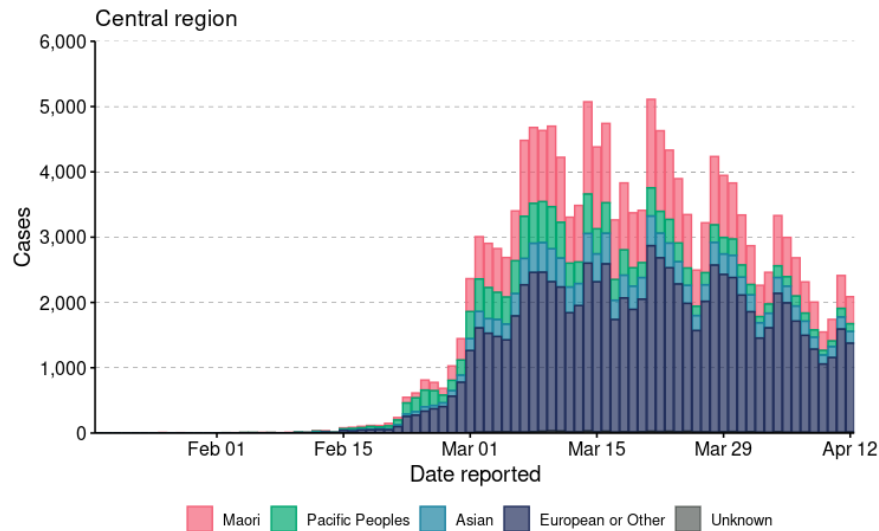
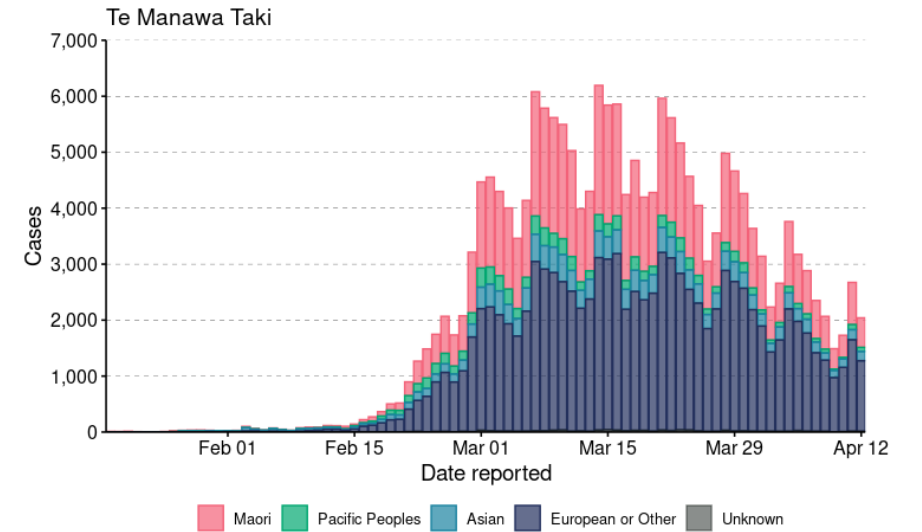
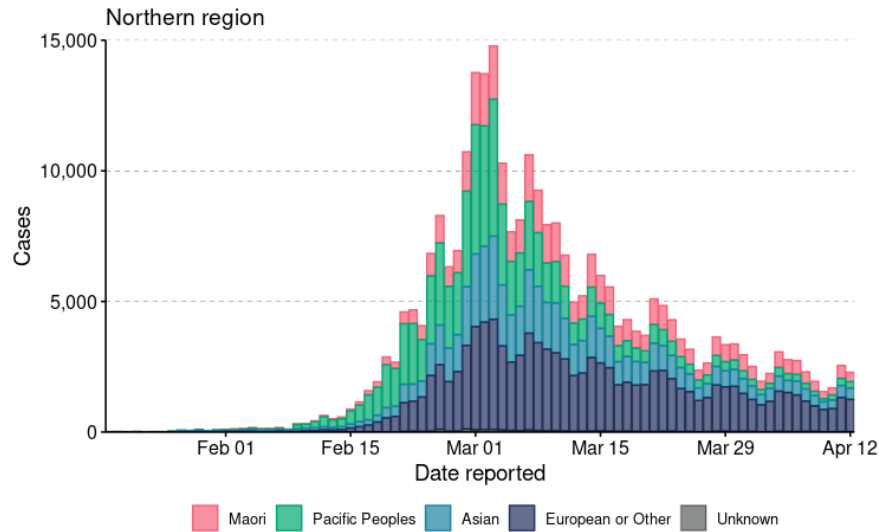
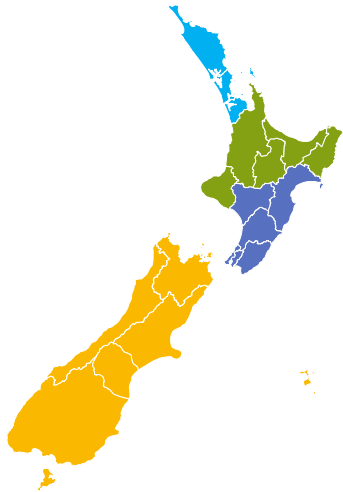
Unite
against
COVID-19

COVID-19 Response

State of the current outbreak: epicurves by region

Epicurves of COVID-19 cases by region

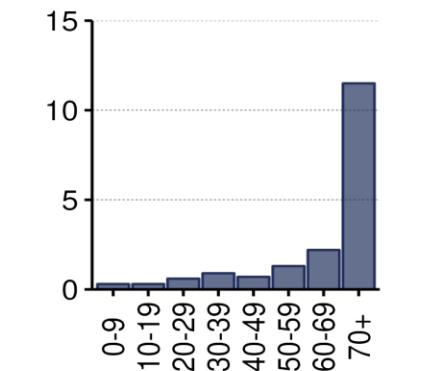
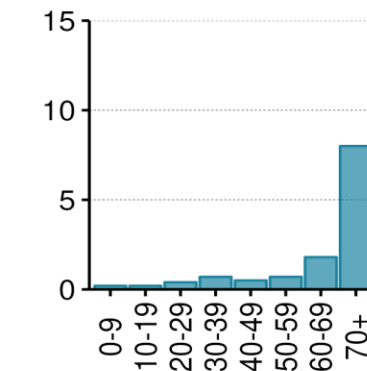
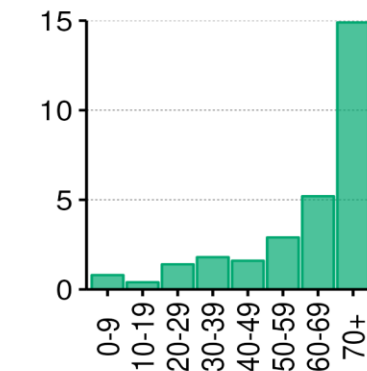
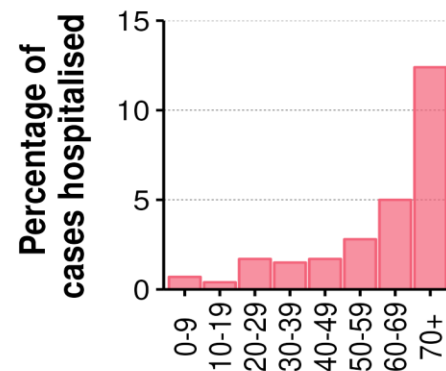
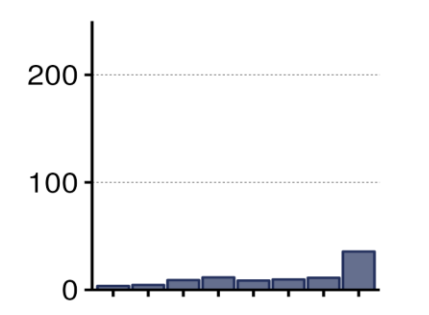
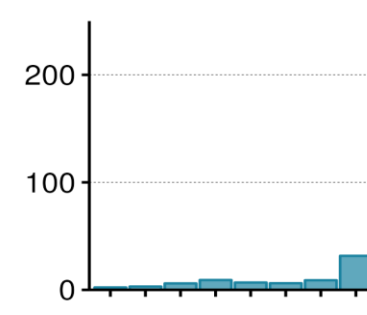
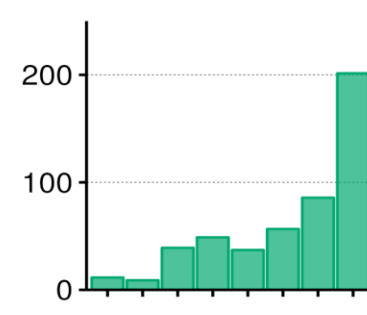
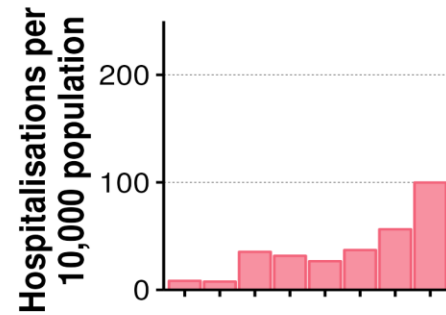
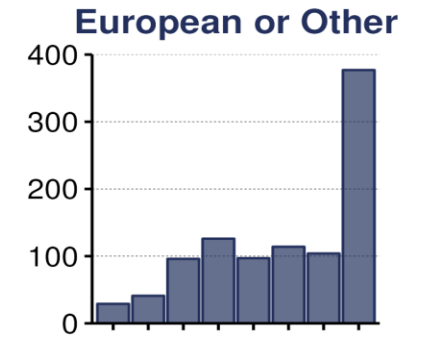
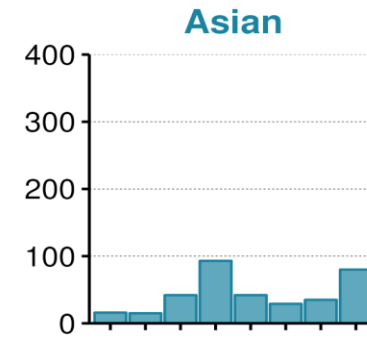
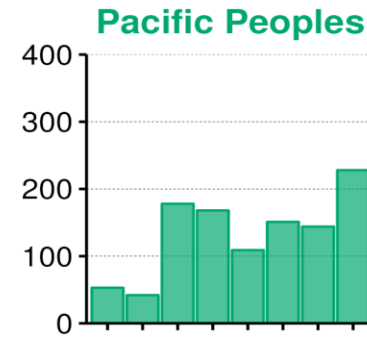
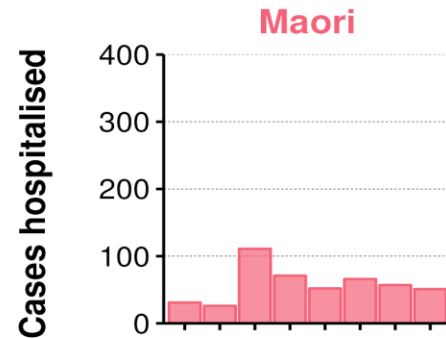
- As at 2359 12 April 2022
- Health regions as below:



COVID-19 Response

Hospitalisations by age and ethnicity

COVID-19 hospitalisations for Auckland, Counties Manukau and Waitemata by age and ethnicity

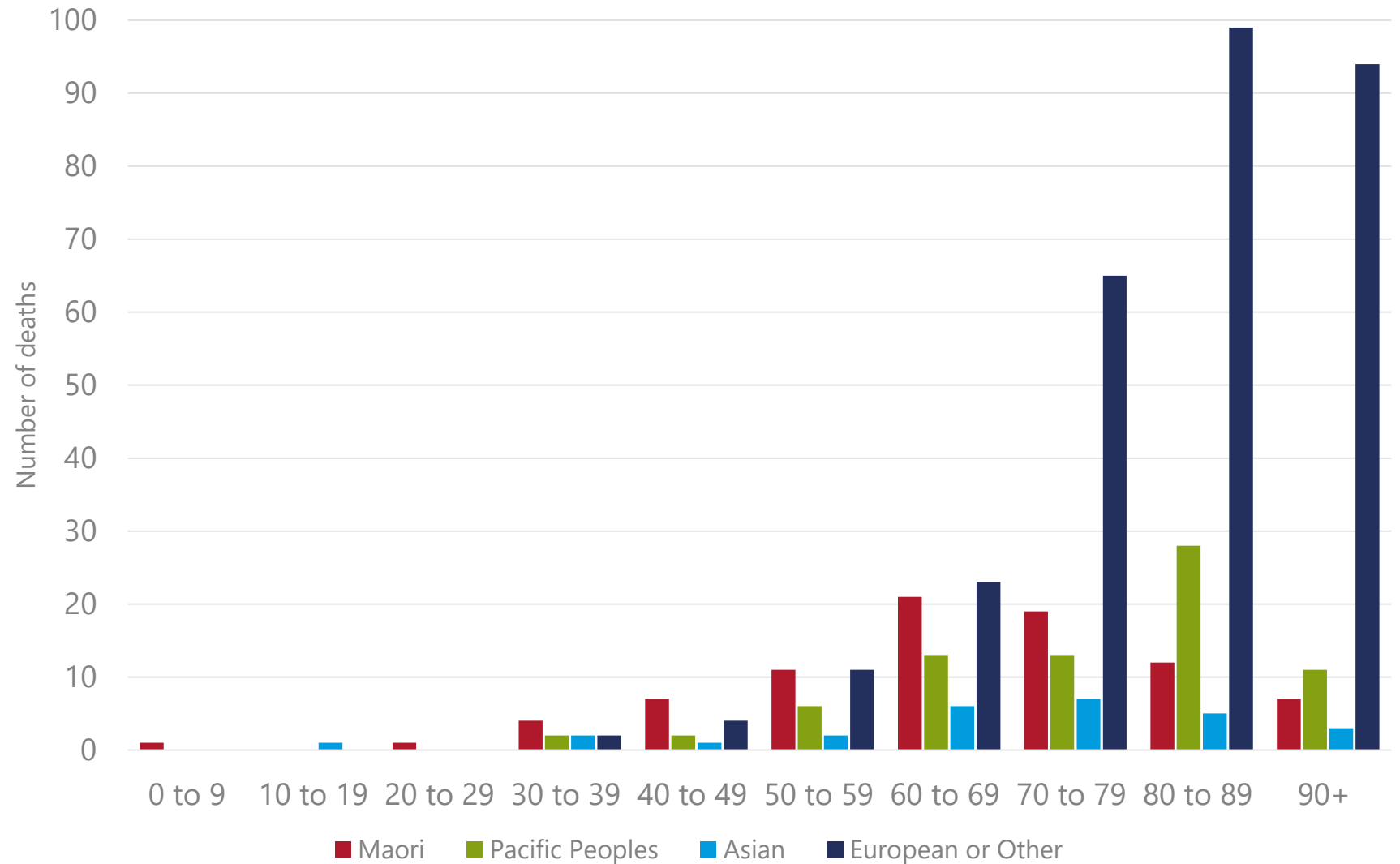


COVID-19 Response

Deaths by age and ethnicity

COVID-19 deaths nationwide by age and ethnicity

- Deaths within 28 days of being reported as case
- As at 0900 12 April 2022



COVID-19 Response

Reinfection



Reinfection does occur but is unlikely in 90 days following +ve result



RAT self-testing not recommended in the 90 days following +ve result



People with symptoms within 90 days

- Stay home.
- If you work in a high-risk setting or do surveillance tests, follow the specific guidance for your workplace.
- If you have underlying health conditions and worsening symptoms, contact your healthcare provider.



Healthcare provider advice for symptomatic patients in the 90 days after a +ve result

- No COVID-19 testing in first 28 days
- Consider other diagnoses
- Evaluate history, epidemiology, test type for first infection and subsequent illness
- Will further testing generate clinical action
- If further testing is needed then do PCR
- Discuss with clinical microbiologist / ID physician



**The Immunisation
Advisory Centre**



Brief vaccine update

Dr Nikki Turner

Medical Director, The Immunisation Advisory Centre

Professor (Hon), Department of General Practice and Primary Health Care

University of Auckland

13 April 2022

Recent updates

- Vaccine spacing
 - Concomitant delivery of COVID vaccines with others
 - post-COVID disease vaccination
- Flu
 - Waiting times
 - FluAd versus Afluria for elderly
- Boosters under 18
- Vaccine efficacy, waning immunity, considerations for future boosters

Vaccine spacing

- Giving COVID-19 vaccines concomitantly with other vaccines
 - No spacing concerns generally
 - 2 uncommon exceptions
 - Zostavax and any COVID vaccine: 1 week
 - Private market vaccines: FluAd, Shingrix and Nuvaxovid (Novavax): 3 days
- Post COVID infection
 - Offer COVID vaccine 3 month after onset of infection
 - All other vaccines – as soon as recovered from acute illness (same standard vaccine principles)

Flu vaccine and waiting times

The standard 20 minute observation period can be reduced to **5 minutes** for people who meet ALL of the following criteria:

- ✓ 13 yrs plus
- ✓ No history of severe allergic reactions
- ✓ Have been assessed for any post-vaccination adverse events at 5 minutes
- ✓ Are aware of when and how to seek post-vaccination advice
- ✓ Have another adult with them for the 20 minutes post vaccination
- ✓ Should not drive, skate, scoot, ride a bike or operate machinery for 20 minutes post vaccination
- ✓ Have the ability to contact emergency services if required

Flu vaccine for elderly

Funded vaccines are available for:

- all people over 65 years
- Māori and Pacific peoples aged 55 years and older
- people with eligible conditions (long list)

Elderly people are at higher risk for influenza-related mortality.

- They account for 7-8 out of every 10 influenza-related deaths and 5-7 of every 10 hospitalisations.
- Vaccinated elderly are less likely to develop severe influenza, be hospitalised or require admission to an intensive care unit.

Afluria Quad and FluAd Quad

Elderly , particularly frail elderly, can have a very poor response to flu vaccines

Afluria Quad (funded)

- Afluria Quad is an inactivated, quadrivalent, non-adjuvanted vaccine.

FluAd Quad (unfunded)

- FluAd Quad has an adjuvant, so creates a stronger immune response. This relates to it providing modest improvements in immune response in elderly. Observational studies show fewer influenza-related primary care visits, and hospitalisations compared with non-adjuvanted vaccine.
 - E.g. Imran US data 2019/2020 with trivalent vaccines: adj flu-related medical encounters 0.5% versus 0.9% standard trivalent
- It is more likely to create redness, swelling, and pain at the injection site and/or systemic reactions such as fever, chills and body aches; compared to a non adjuvanted vaccine.

Boosters for under 18 years

- **16 – 17 years**
 - Medsafe provisional approval for Comirnaty (Pfizer) booster now for all 16 and 17 yr olds – 7 April
 - Particularly recommended for those at higher risk
 - Immunocompromised, or living with family member immunocompromised
 - High risk medical condition
 - Māori and Pacific rangitahi
- **12 -15 years**
 - Not licensed
 - Consider 'off label' usage for high risk:
 - Obesity (BMI > 40), poorly controlled asthma, chronic resp, neurodevelopmental, diabetes, immunodeficiencies, immune suppressive therapy, Downs, blood malignancies, complex congenital

<https://starship.org.nz/guidelines/covid-19-disease-in-children/>

<https://www.health.govt.nz/our-work/immunisation-handbook-2020/5-coronavirus-disease-covid-19>

Safety monitoring: 5-11 Post Vaccine Symptom Check

Figure 2: Most frequently reported^a adverse events, percentage^b by dose, up to and including 31 March 2022

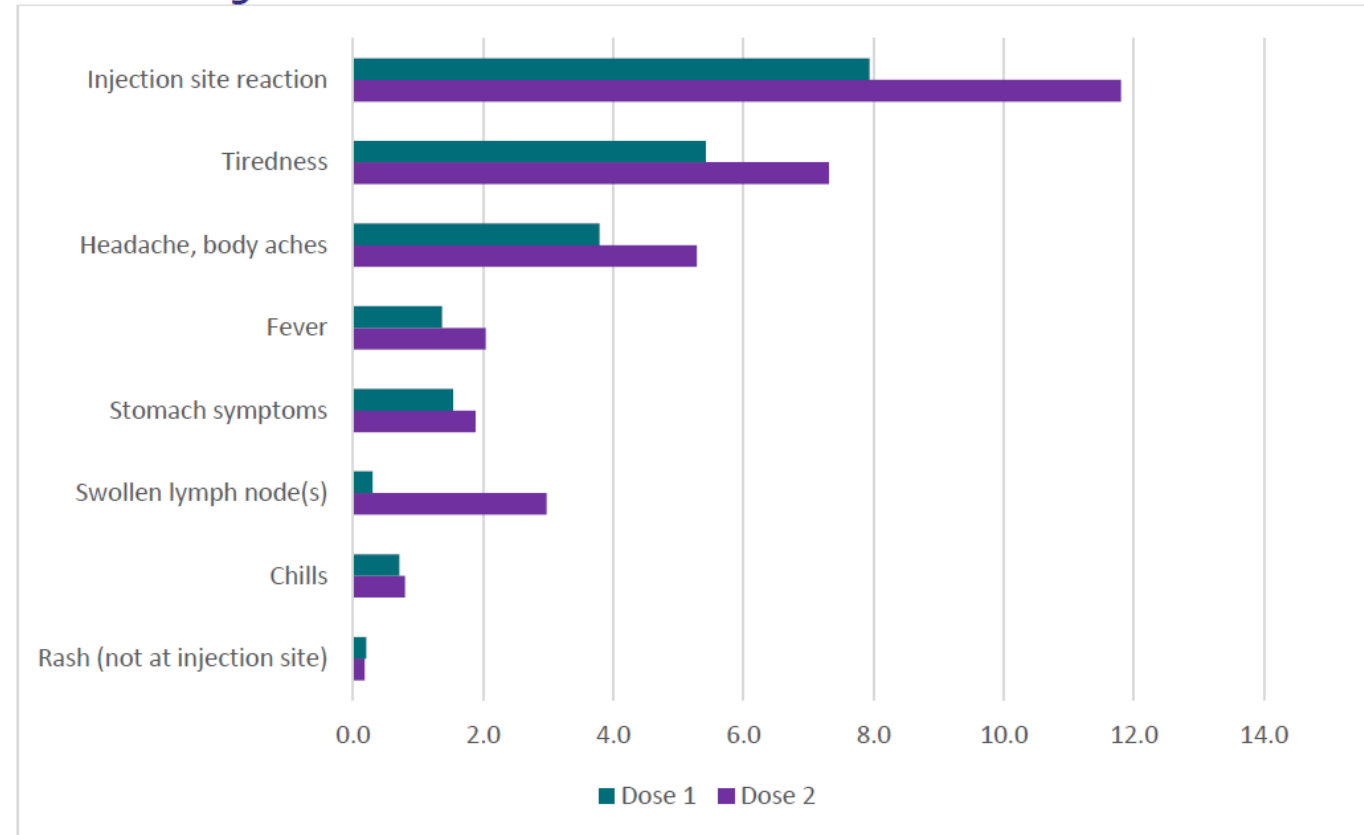
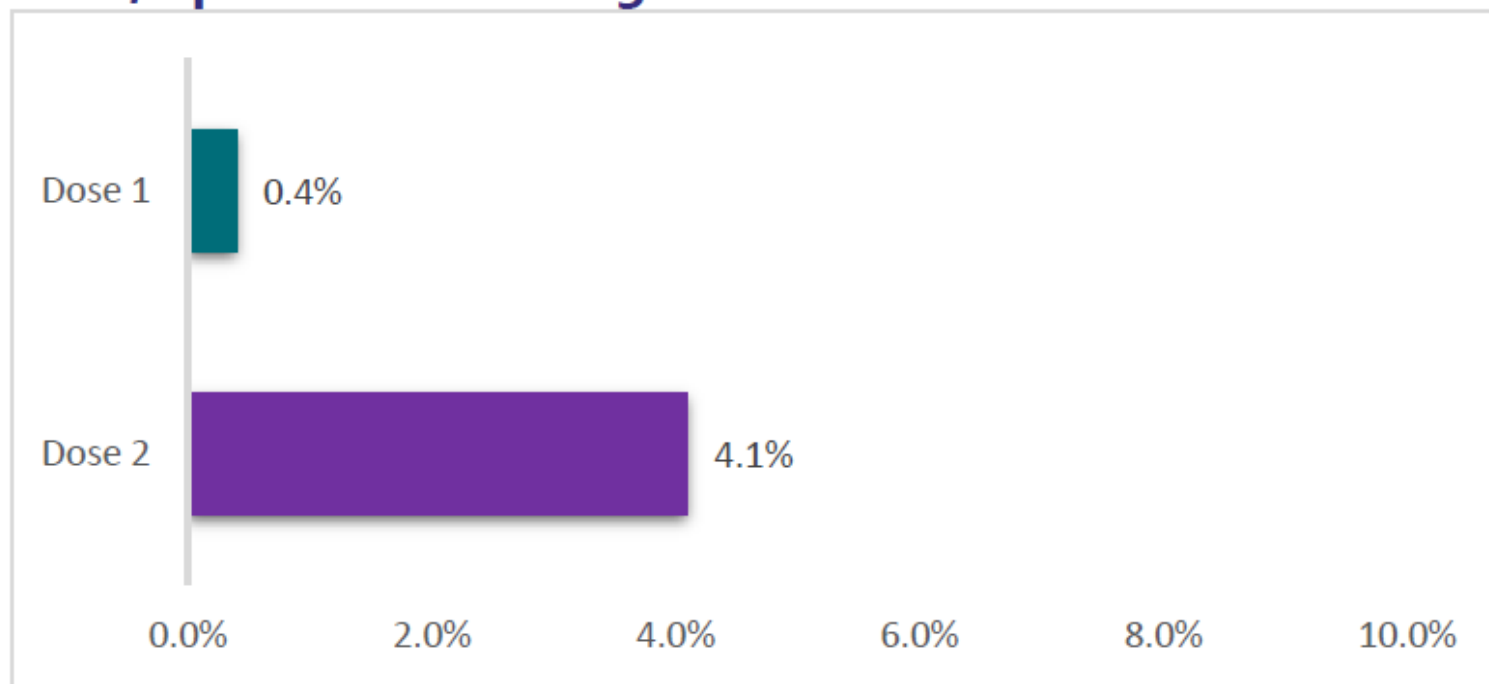


Figure 3: Tamariki that missed school or other daily activities, percentage by dose, up to and including 31 March 2022



Waning immunity and the role of boosters

Primary course of 2+ 1 important for Omicron

- Highest priority = boosters for elderly and other high risk groups
- Vaccine protection focus is to prevent severe disease
 - Immunity wanes to mild disease rapidly
 - Immunity to severe disease wanes more slowly
 - Still looking effective at 6 months
- Place for second boosters ? *..my opinion*
 - Post 6 months first booster
 - Older people, higher risk medical conditions, starting with younger ages for Māori and Pacific peoples
 - Awaiting Medsafe approval
 - For others (including HCWs)watch international data and NZ epidemiology

Acknowledgements



COVID-19 Care in the Community

Dr Justine Lancaster

COVID Care in the Community
Ministry of Health

Te Kāwanatanga o Aotearoa
New Zealand Government



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COVID-19 Care in the Community

Programme updates



COVID Clinical Care Module

- Manual case creation.
- Privacy popups.
- Help menu.



Therapeutics

- Remdesivir.
- Paxlovid.
- Molnupiravir.

COVID-19 Care in the Community

COVID Clinical Care Module

Dr Lara Hopley

Specialist Anaesthetist

Clinical Advisor Digital Innovations, Institute for Innovation and Improvement

Waitemata District Health Board

Te Kāwanatanga o Aotearoa
New Zealand Government



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COVID-19 Care in the Community

CCCM: updates



New case management features

- **Report unsupervised RAT result** on behalf of enrolled patient.
- **Create a new case** for enrolled or casual patient.
- **Change a patient's care plan** from self management to active management in banner.
- **Longer access** to records (now for three weeks after discharge).



Privacy pop-ups

When	What
New CCCM users	Agree to terms of use
First access of a case	Reminder to inform patient how personal information will be used
Flagging welfare need	Reminder to inform patient welfare-related information will be shared with MSD and welfare providers



CCCM support page on HealthPathways

Refer to the CCCM support page for updates, guides, and training.



Help menu

Help menu with links to most used sources of help.

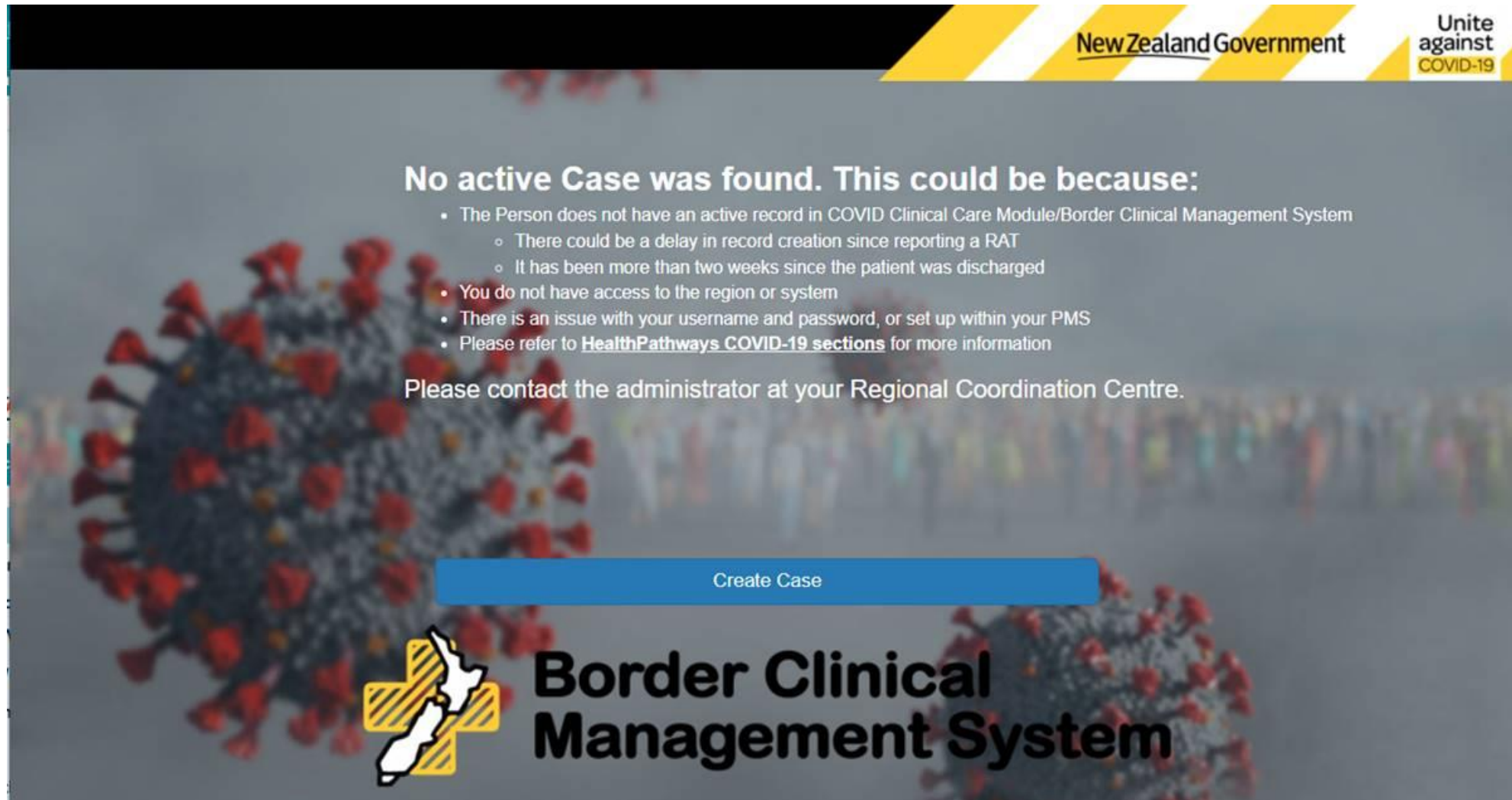


Coming up

- Recent medications from NZePS

COVID-19 Care in the Community

CCCM: create a new case



New Zealand Government


Unite against COVID-19

No active Case was found. This could be because:

- The Person does not have an active record in COVID Clinical Care Module/Border Clinical Management System
 - There could be a delay in record creation since reporting a RAT
 - It has been more than two weeks since the patient was discharged
- You do not have access to the region or system
- There is an issue with your username and password, or set up within your PMS
- Please refer to [HealthPathways COVID-19 sections](#) for more information

Please contact the administrator at your Regional Coordination Centre.

Create Case



Border Clinical Management System

COVID-19 Care in the Community

CCCM: create a new case

New Zealand Government Unite against COVID-19

Register Person ✕

Patient Info. from PMS	
NHI	ZHV2103
Full Name	TAYLOR DREW
DOB	01/01/1991
Gender	Female
Location	National indici PMS Practice
Location EDI	uatncovd
Location HPI	G05569
Provider Name	Provider Name
Provider CPN	17ATNG
Provider Council #	17ATNG

Information from NHI Query NHI	
NHI	ZHV2103
Full Name	Taylor Drew
Gender	Female
DOB	01/01/1991
Patient Address	133 Molesworth Street Thorndon Wellington

Primary Phone Number * 🇳🇿 Cell number

Email * Email address

Isolation Address * 133 Molesworth Stree Validate eSAM 🏠

Symptom Onset Date * Symptom Onset Date

Save & Submit Exit

COVID-19 Care in the Community

CCCM: create a new case

New Zealand Government Unite against COVID-19

Register Person

Patient Info. from PMS

NHI	ZHV2103
Full Name	TAYLOR DREW
DOB	01/01/1991
Gender	Female
Location	National indici PMS Practice
Location EDI	uatncovd
Location HPI	G05569
Provider Name	Provider Name
Provider CPN	17ATNG
Provider Council #	17ATNG

Information from NHI Query NHI 1

NHI	ZHV2103
Full Name	Taylor Drew
Gender	Female
DOB	01/01/1991
Patient Address	133 Molesworth Street Thorndon Wellington

Primary Phone Number * 🇳🇿 00000000 2

Email Email address

Isolation Address 133 Molesworth Street, Thorndon, Wellington 601 Validated ✓ 3

Symptom Onset Date * 07/04/2022 4

Save & Submit Exit

X

COVID-19 Care in the Community

CCCM: help menu

The screenshot displays the Border Clinical Management System interface. At the top, a green header bar contains the system name and a 'Help' button. Below this, a white navigation bar shows the patient's name 'Michael Test M - 32y', their age, and other clinical details. The main content area is a grid of blue buttons for various clinical actions like 'Clinical Notes', 'ePrescriptions', 'Flags For Active Mgmt.', etc. A red box highlights the 'Help' dropdown menu, which lists several resources: 'Release notes', 'CCCM via PMS quick guide', 'CCCM via PMS full user guide', 'Full user manual', and 'Contact Support Team'. A white tooltip is also visible over the 'Referrals & External links' button, listing 'Health Pathways COVID-19 Community', 'Health Pathways COVID-19 Case Management in Adults', and 'ERMS'.

Border Clinical Management System

TW - 1 Test road Michael Test M - 32y Day: 187 - Test due: 16 Feb Reg. HCx 4 asdfa

Summary

Person Information

Initial Assessment

Reg. Health Check

Clinical Encounter

Tasks

Inbox (Labs+)

COVID Test Order

NBS Record

Clinical Notes

ePrescriptions

Flags For Active Mgmt.

Order Additional Labs

ESR Eclair

TestSafe

Referrals & External links

Discharge Summary

Health Pathways COVID-19 Community

Health Pathways COVID-19 Case Management in Adults

ERMS

Help

- Release notes
- CCCM via PMS quick guide
- CCCM via PMS full user guide
- Full user manual
- Contact Support Team

COVID-19 therapeutics

Dr Justine Lancaster

Chief Clinical Advisor

COVID-19 Care in the Community
Ministry of Health

Te Kāwanatanga o Aotearoa
New Zealand Government

Robert Haua

Clinical Advisor

COVID-19 Care in the Community
Ministry of Health



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COVID-19 therapeutics

Updates



Remdesivir

- Guidance for temporary prioritisation [↔](#)



Paxlovid

- Who to (and not to) prescribe it for
- Prescribing and dispensing process



Coming up

- Molnupiravir pending Medsafe approval.

Covered in detail in following slides



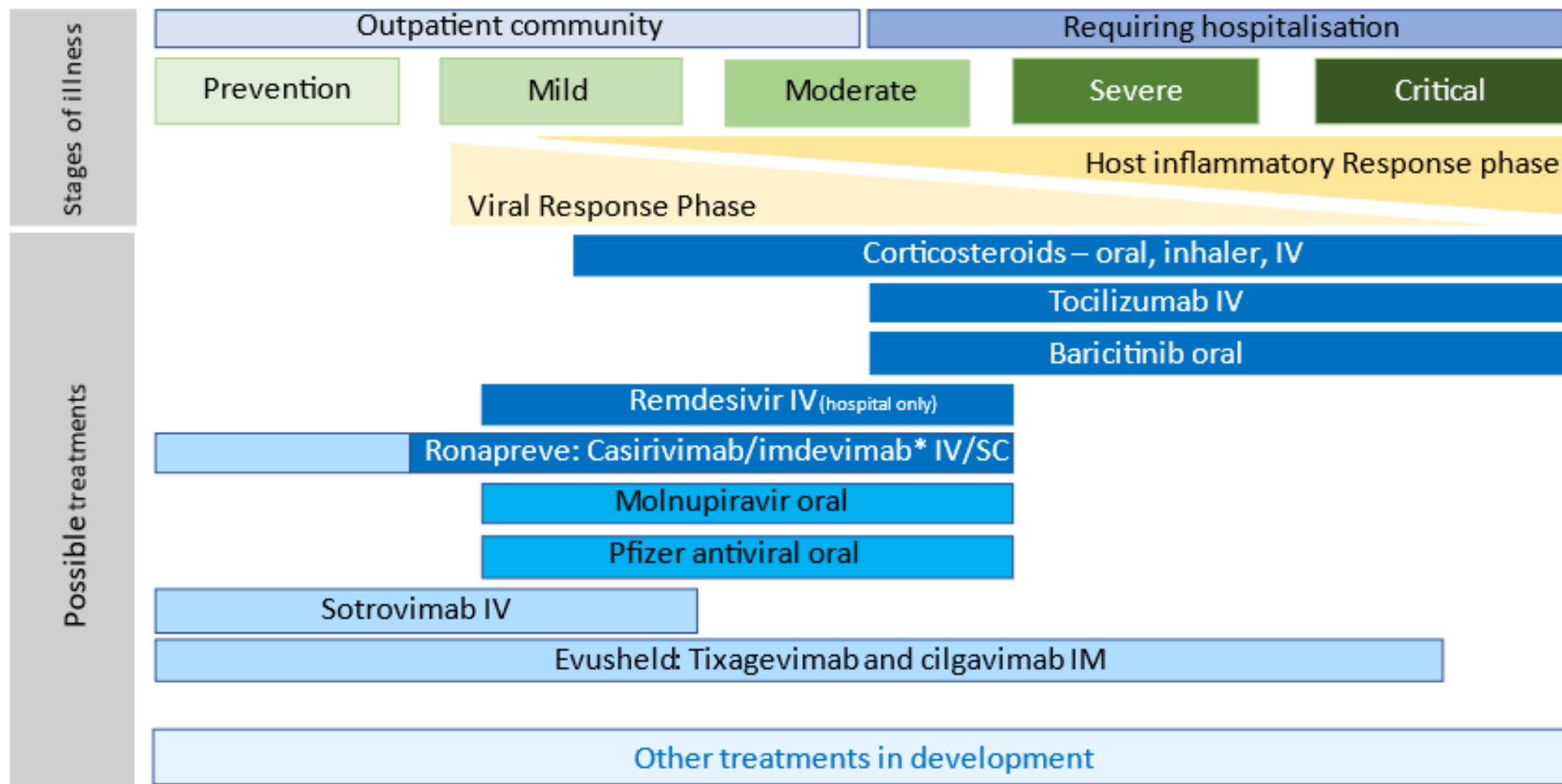
HealthPathways

Refer to HealthPathways pages on COVID-19 case management in adults for the latest guidance

Therapeutics Pharmac update

David Hughes - Chief Medical Officer, Pharmac

Overview of COVID-19 treatments and place in treatment pathway



KEY

Assessment in progress

Advance purchase agreement

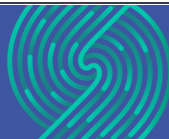
Funded or supply secured

Note: Place in treatment pathway may change as evidence evolves


* Indicates not considered suitable for use in Omicron variant

March 2022

name	trade name supplier	description	route	phase	dosing schedule	funding	supply (courses)	ETA
Remdesivir	Veklury Gilead	broad spectrum antiviral	IV	early /mid/ late	early: daily IV infusions for 3 days over 30-120 mins	funded (hospital and outpatient)	1350	available
Nirmatrelvir Ritonavir	Paxlovid Pfizer	protease inhibitor combined with ritonavir	O	early	3 tabs BD for 5 days	funded	10,000+	available and further deliveries due
Molnupiravir	Lagevrio MSD	antiviral inhibits replication	O	early	4 caps BD for 5 days	funded	60,000	TBA
Casirivimab Imdevimab	Ronapreve Roche	combination of 2 MABs targeting the spike protein.	IV/SC	early	single infusion over 20-30 mins	funded	5,300	available
Sotrovimab	Zevudy GSK	MAB.	IV	early	single infusion over 30 mins	pending		
Tixagevimab Cilgavimab	Evusheld Astra Zeneca	combination of 2 MABs targeting different aspects of spike protein	IM	early / <u>proph</u>	2 consecutive doses	pending		



PHARMAC
TE PĀTAKA WHAIORANGA

Search 


Te Rārangi Rongoā

Pharmaceutical Schedule 


Te pūtea me ngā umanga rongoā

Medicine funding and supply 

Ngā pūrere hauora a te hōhipere

Hospital medical devices 


Treaty of Waitangi

Te Tiriti o Waitangi 

Ngā karere me ngā rauemi

News and resources 

Mō

About 

Home > News and resources > COVID-19 > **COVID-19 treatments**

PHARMAC'S RESPONSE TO COVID-19

Consultations and decisions

News and updates

COVID-19 treatments

Pharmac is securing treatments for patients with an active COVID-19 infection or at high risk of infection.

COVID-19 therapeutics

Paxlovid



What we know

- Reduces risk of severe disease and hospitalisation in the most vulnerable
- High risk of harm if the risks from drug interactions aren't mitigated
- It has been shown to work in vitro against the known Omicron variants



What we don't know for certain

- How effective it is in our target population



Our Aim

This medication should be made available for the people in whom we can *safely make a difference*

COVID-19 therapeutics

Paxlovid



Who not to prescribe it for

- Asymptomatic
- Symptoms started more than 5 days before assessment
- < 18 years, pregnant, breastfeeding
- All of:
 - + aged younger than 65 years
 - + fully vaccinated
 - + not immunocompromised
 - + fewer than 4 risk factors for severe disease
- Severe renal impairment eGFR < 30mL/min, severe hepatic impairment
- On medication contraindicated with Paxlovid
- On medication that interacts with Paxlovid and can't be withheld during treatment
- Requiring O2 therapy (or additional O2 therapy) for COVID-19 infection
- Already on an oral COVID-19 antiviral treatment
- Hypersensitivity to ritonavir or nirmatrelvir

COVID-19 therapeutics

Paxlovid



Who you can prescribe it for



Symptomatic adults

- Must start within 5 days of symptom onset

AND



Confirmed cases or

Probable cases and unable to get PCR done in time

AND



At risk

Severely immune compromised

- Eligible for 3rd primary dose of COVID-19 vaccine

OR

Has multiple risk conditions for severe COVID-19

	Māori / Pacific	Other ethnicity
> 50yr + not fully vaccinated	+3 conditions	+4 conditions
> 65yr	+3 conditions	+4 conditions
	+4 conditions	+5 conditions

COVID-19 therapeutics

Paxlovid



What do I need to stop and think about?

Extreme Caution - Seek advice for

- Those receiving treatment prescribed by secondary care specialist (eg chemotherapy, immunotherapy)
- Renal transplant recipients
- Those with multiple drug interactions

COVID-19 therapeutics

Paxlovid



Many drugs in these classes are contraindicated with Paxlovid

- anticonvulsants
- antipsychotics
- antiarrhythmics
- Analgesics - Fentanyl
- Sildenafil
- Colchicine
- Rifampicin

Updated: February 23, 2022

**Nirmatrelvir/
Ritonavir** (*Paxlovid*)

What Prescribers and Pharmacists Need to Know 



COVID-19 therapeutics

Paxlovid



Some of the drugs that may need to be withheld

- Anticoagulants - warfarin, dabigatran, clopidogrel
- Cardiovascular drugs incl statins, digoxin, calcium channel blockers
- Quetiapine, risperidone, buspirone, zopiclone
- Tramadol, oxycodone
- Loratadine
- Dasatinib, Vincristine and Vinblastine



If in doubt, discuss with pharmacist or secondary care specialist

If they can't be withheld, don't prescribe Paxlovid



COVID-19 Drug Interactions



[About](#)

[Interaction Checkers](#)

[Prescribing Resources](#)

[Contact Us](#)

Interactions with selected WHO Essential Medicines and Paxlovid (nirmatrelvir/ritonavir) now available in the Prescribing Resources section - [click here for the PDF](#).

COVID-19 therapeutics

Paxlovid



Special instructions and advice



Your contact number for pharmacist



Renal function

- Annotate so pharmacist knows you've checked it
- Impairment 30-59mL/min requires reduced dose Nirmatrelvir



Women of child-bearing age

- Adequate contraception during and for 7 days after treatment is finished
- If on COC use additional precautions (eg condoms)
- Breastfeeding effects unknown so avoid breastfeeding during and for 7 days after treatment is finished



Possible side effects for everyone

- Common:
 - Vomiting
 - Diarrhea
 - Headache
 - Loss of taste
- Less common
 - Muscle aches
 - High BP

COVID-19 therapeutics

Paxlovid

Supports



Your patient is on the team



**COVID-19
Health Hub**



Report unexpected events to CARM

CARM



Secondary care specialist

Discuss concerns with secondary care specialists who may also be prescribing for the patient.

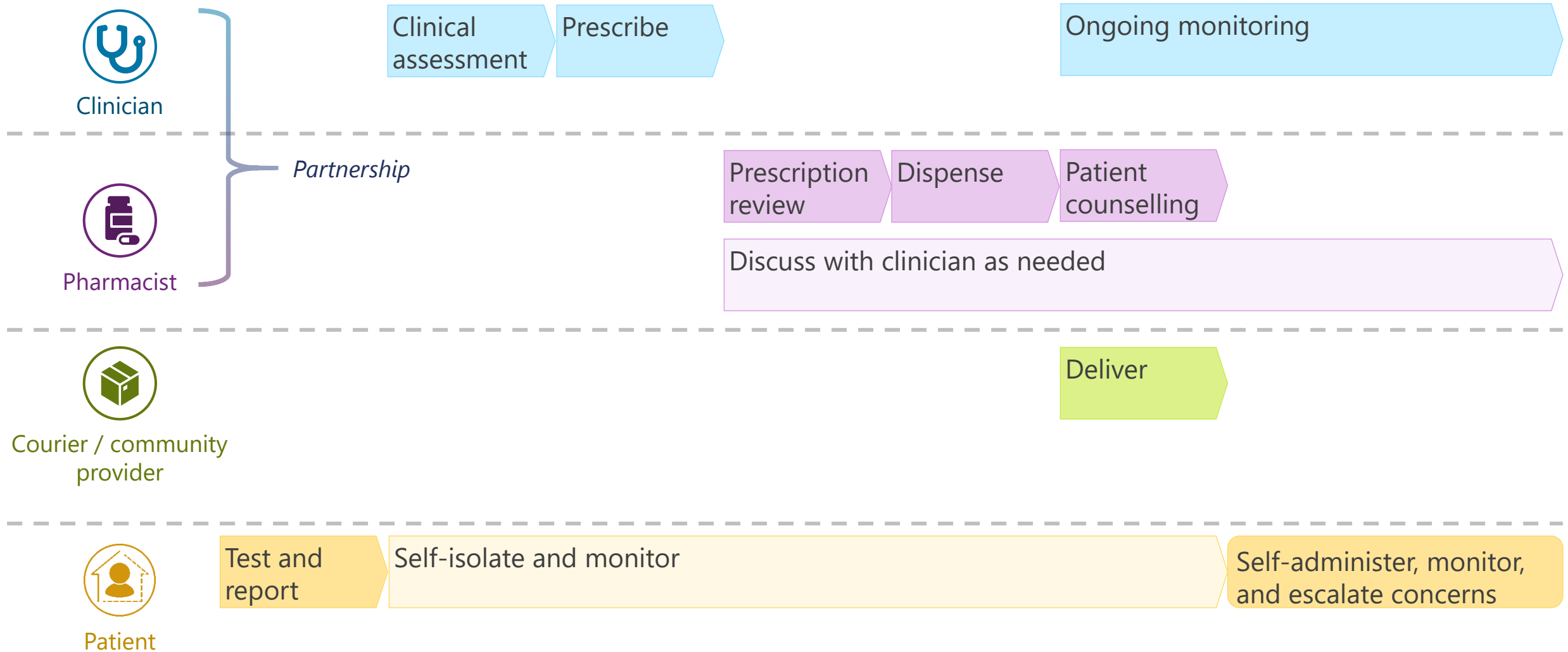


Clinician / pharmacist partnership

Managing drug interactions will be a collaborative effort between the prescriber with detailed clinical information and the pharmacist with pharmacological expertise.

COVID-19 therapeutics

COVID-19 therapeutics in the community



COVID-19

Long COVID overview

Dr Pauline Horrill

Clinical Lead

COVID-19 Care in the Community
Ministry of Health

Te Kāwanatanga o Aotearoa
New Zealand Government



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COVID-19

Long COVID Programme principles



Te Tiriti o Waitangi

Giving effect to our obligations under Te Tiriti o Waitangi, including considering the interests and needs of Māori.



Inclusiveness

Ensuring equity, which involves inclusiveness for all communities, particularly those most affected by COVID outbreaks, including Māori and Pacific.



Equity

Ensuring equity of access to services and outcomes.



Best-practice services

Ensuring services are effective, timely, and reflect best-practice as the evidence emerges.



Patient-centred services

Ensuring services are patient-centred, including patient self-management and digital enablement to support patients with long COVID.

COVID-19

Long COVID

Long COVID is managed like other long-term conditions:



Most people with COVID-19 have symptoms lasting up to 2 weeks. Longer-term symptoms after 6 weeks are considered long COVID.

Long COVID symptoms are investigated, treated, and funded in the same way as other long-term conditions.

Four workstreams looking at long COVID:



Change package

Monitor DHBs with specific services for long COVID to develop a change package for others to use.



Advisory group

Establish an Expert Advisory Group, including people with lived experience, to guide and input into the change package and evidence.



Evidence

Monitor emerging evidence to inform clinical pathways for identifying and managing long COVID.



Further research

Identify research gaps that are particular to Aotearoa New Zealand and how they might be addressed.

COVID-19

Managing the long-term effects of COVID-19



Learning by doing

- DHBs sharing their experience of long COVID service establishment.
- A national community of practice to improve clinical understanding and practical guidance.
- Collating lessons learnt and distilling key principles.
- Equitable model of care design.
- Data collection.



Learning by looking

- Emerging evidence and continual literature reviews.
- Horizon scanning.
- Overseas health system approach, service establishment and development.
- Appropriate clinical coding and performance improvement measures.



Long COVID Expert Advisory Group

- A long COVID-19 Expert Advisory Group to provide oversight; with broad representation from Māori, Pacifica, researchers (i.e Ngā kawekawe o mate Korona) consumers, clinicians, and service providers.
- Dissemination of emerging models of care, clinical practice, patient self-management and digital enablement to support patients with long COVID-19 in a New Zealand context.



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Testing with RAT



Managing positive RAT results



Managing negative RAT results



Testing critical healthcare workers with RAT



Testing with PCR



Testing post-infection





3D (Lower North Island)

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Pfizer-mRNA

AstraZeneca

Novavax

Supporting the decision

Vaccine mandates

Medical exemptions

Medical conditions

Pregnant patients, children, frail elderly, and Muslims

Vaccination after COVID-19 infection

Previous COVID-19 vaccination overseas

Addressing vaccine hesitancy

Vaccine information for patients



COVID-19 Vaccination

Aoraki

'Off-label' vaccine use

When a medicine is used outside of the Medsafe approved indications, it is considered 'off-label'. Authorised prescribers are able to prescribe a vaccine or any medicine 'off-label' under Section 25 of The Medicines Act 1981. 'Off label' use is an individual-level decision made by a clinician in conjunction with the patient or legal guardian of a patient, after a discussion about the risks and benefits.

The following circumstances are considered 'off-label' use of a Covid-19 vaccine, as the use of the vaccine is unapproved:

- mixed schedules – giving a second or third primary dose following a different COVID-19 vaccine is 'off-label' e.g. Pfizer first dose, and Novavax second dose
- boosters – only Pfizer mRNA is an approved booster. Novavax and AZ boosters are 'off-label' for any age range

COVID-19 Care IT Systems

This page is about the IT systems and processes that support the COVID-19 response in primary care, both locally and nationally.

CCCM and NCTS

The **COVID Clinical Care Module (CCCM)** facilitates safe and coordinated care.

- It makes the clinical status of patients and the care they have received visible across providers, to support out-of-hours care.
- It acts as a patient safety net, as missed reviews can be detected and acted on.
- It provides visibility of welfare input and an easy way to track progress.

Ideally, where a patient is under active clinical management, their acuity rating and active management status should be set on page 5 of the regular health check on CCCM. This gives visibility at the care coordination hub that a clinical assessment has occurred, reduces duplication of effort, and supports quality and safety processes.

The **National Contact Tracing System (NCTS)** holds the information that displays in CCCM. It generates the positive text notifications, the CCCM record creation message and the automated texts for isolation release for cases and household contacts.

Current issues

System	Issue description	Status
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COVID-19 Case Management in Adults

COVID-19 Case Management in Children

Pregnancy and Postnatal Care in a COVID-19 Patient

COVID-19 Answering Common Questions

COVID-19 Palliative Care

Post-COVID-19 Conditions (Long COVID)

COVID-19 Case Management in Adults

Case management

All COVID-19 positive patients are advised on self-management when they receive their positive result text or phone call. Most patients can continue self-managing throughout their illness. Patients are expected to seek medical help based on their symptoms.

Decide if an [initial telehealth assessment is indicated](#) ▾.

[Process for initial telehealth assessment of care needs](#) ▾

[COVID-19 clinical review](#) ▾ – includes disease severity, admission criteria, treatment, medication management, and pulse oximeters

[COVID-19 specific therapies](#) ▾



[Information for patients and their caregivers](#) ▾

[Manaaki/welfare needs](#) ▾

[Discharge from clinical care, release from isolation, and managing ongoing symptoms](#) ▾

[After COVID-19 infection](#) ▾

[Care after hospital discharge](#) ▾

- [Paxlovid \(nirmatrelvir with ritonavir\)](#) [^] is available throughout New Zealand.

Paxlovid (nirmatrelvir with ritonavir)

Assess for:

- [Eligibility](#) [▼]
- [Contraindications, precautions, and side effects](#) [▼]
- [Significant medication interaction risk](#) [▼]
- [Dose adjustment for renal impairment](#) [▼]

[Prescribing process](#) [▼]

Consider discussing eligible patients with a specialist service to inform them of your intention to prescribe Paxlovid, or to discuss any concerns.

See NZ Formulary – [NZF Nirmatrelvir with Ritonavir](#).

Significant medication interaction risk ^

Significant medication interaction risk

Check for contraindicating interactions or for the need to change existing medications to allow for safe use. See:

- [Ontario Science Brief](#) (page 3 has a list of interacting drugs; pages 6 to 12 describe actions for interacting drugs).
- [University of Liverpool COVID-19 Drug Interaction Checker](#).

If the patient is on medication managed by a specialist service e.g. oncology, rheumatology, psychiatry, seek advice from the relevant specialist before prescribing.




Post-COVID-19 Conditions (Long COVID)

Last reviewed: 23 February 2022

What's changed? There have been no important recent changes.

This pathway is about long-term effects of COVID-19 infection. See also [Chronic Fatigue Syndrome](#).

Red flags

-  [Heart failure](#)
-  [Pulmonary embolism](#)
-  [Acute coronary syndrome](#)
-  [Child with a significant inflammatory response](#)

Take-home messages

The background of the slide features a large, detailed illustration of a coronavirus particle on the right side, showing its characteristic spherical shape and numerous spike proteins extending from its surface. The overall background has a soft, vertical gradient transitioning from a light pink at the top to a light blue at the bottom.

Reminder

The recording of the webinar will be available on HealthPathways under **COVID-19 Resources** next week

We will submit CME points on your behalf or send you a certificate of attendance in the next few days

Thank you for attending

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