



# COVID-19

## Primary Care Quick Reference Guide (Interim)

30 June 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:

- Higher Index of Suspicion (HIS) criteria is no longer being used and all references/implications of the criteria have been removed from this document
- A summary of all funding support for COVID-19 care in the community is now available
- Changes to clinical and PPE advice
- COVID-19 advice for all health professionals' update: [Advice for all health professionals](#)
- Updated testing guidance
- Updated isolation and contacts advice
- Reinfection clinical and operational guidance
- COVID-19 therapeutics
- Long COVID information
- Omicron update.

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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 persons 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. 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.

## Contact management

For detailed information and contact categories see [Case Classification](#).

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](#).

## Testing

### 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 is particularly important during the current Omicron variant outbreak 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.



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## When to consider a PCR test

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 supports the reason to shift to using RATs as a diagnostic tool in high prevalence situations. However, as a negative RAT could 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):

- household contacts who develop symptoms at any time in the seven days after exposure to a household case
- those with no other obvious diagnosis
- when a test is warranted under clinical judgement e.g. patient may be considered high-risk and eligible for COVID therapeutics
- those recommended to by a medical officer of health
- anyone who has received any vaccine within the last 48 hours and have developed one or more of these symptoms:
  - loss of sense of smell or altered taste
  - new onset sore throat, cough, sneezing and/or runny nose, shortness of breath
  - generalised muscle aches worsening over time.

## Asymptomatic people

At all COVID-19 Protection Framework settings, everyone (including children and elderly) needs to be tested for COVID-19, if they are:

- household contacts
- subject to a Border Order or Section 70 order\*
- recommended to by a medical officer of health
- part of surveillance testing for essential workers and healthcare workers
- required to by updated guidance from the Ministry of Health
- have had a positive or invalid RAT result

\* Unless provided with an exemption by a medical officer of health or qualified health practitioner.

## COVID-19 reinfection

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.



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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 RAT and upload a positive or negative result to MyCovidRecord. Isolation and household quarantine guidelines are the same as for first COVID-19 infections.

For patients with potential COVID-19 reinfection healthcare providers are recommended to assess the context of possible reinfection. Further Rapid Antigen Testing (RAT) or Polymerase Chain Reaction (PCR) testing may be indicated. Consultation with a Microbiologist may be required for higher risk or very unwell patients.

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

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

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

For full COVID-19 reinfection guidance, please see: [Clinical guidance on testing for COVID-19 reinfection](#).

Evidence regarding COVID-19 reinfection continues to emerge. It is important to refer to the links provided to ensure the latest guidance is followed and/or visit HealthPathways.

## Travel and Travellers

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

## Post-test advice and isolation information

Advice regarding COVID-19 isolation continues to evolve. For the most up-to-date information please visit [covid19.govt.nz/isolation-and-care](https://www.covid19.govt.nz/isolation-and-care).

All people with symptoms consistent with COVID 19 (including those who have been vaccinated) need to [stay at home](#) until they have no new or worsening symptoms AND

- if RAT positive: until 7 days since onset of symptoms or positive test (whichever came first)
- if RAT negative and a household contact: until 7 days after the household contact tested positive.

Please follow the following advice for essential workers: [covid19.govt.nz/critical-workers/](https://www.covid19.govt.nz/critical-workers/).

Asymptomatic people who are household contacts need to [self-isolate](#) as directed by a medical officer of health or health protection officer. They will need to self-isolate until the case has completed their isolation period unless they test positive and become a case themselves.

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

- [Unite Against COVID 19-Translations](#)



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- Vaka Tautua is a free call service: 0800 652 353 (Samoan, Tongan, Cook Island, Māori, English)  
[www.vakatautua.co.nz](http://www.vakatautua.co.nz)

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](#).

## **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: [health.govt.nz/recording-covid-19](http://health.govt.nz/recording-covid-19).

## Results

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

## COVID-19 Therapeutics

COVID-19 therapeutics can be prescribed to reduce the severity of illness and help reduce the risk of hospitalisation for those most vulnerable to COVID-19.

For the latest advice on prescribing and administering COVID-19 therapeutics, see the Ministry of Health and Pharmac websites:

- [health.govt.nz/health\\_sector\\_covid\\_therapeutic\\_guidance](http://health.govt.nz/health_sector_covid_therapeutic_guidance)
- [pharmac.govt.nz/covid19/](http://pharmac.govt.nz/covid19/)
- Clinicians can refer to HealthPathways 3D ([communityhealthpathways.org](http://communityhealthpathways.org)) for prescribing support around eligibility criteria.

## Long COVID

The longer-term physiological and psychological effects of COVID-19 are not yet fully known and new evidence is emerging around the world. For the most up-to-date information, use the Ministry of Health website and linked pages: [health.govt.nz/long-covid](http://health.govt.nz/long-covid).

Information on how to record long COVID on a patient's record can be found here: [health.govt.nz/recording-covid-19](http://health.govt.nz/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.



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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 district health boards, or self-funded if accessed privately.

Follow the guidance on the Ministry of Health website for the most up-to-date information:  
[health.govt.nz/long-covid-funding-primary-care](https://health.govt.nz/long-covid-funding-primary-care).

## Infection, prevention and control

To prevent transmission of respiratory infections, including COVID-19, adhere to Standard and Transmission-based precautions at all times. For detailed information see [health.govt.nz/our-work/infection-prevention-and-control](https://health.govt.nz/our-work/infection-prevention-and-control).

Complete a risk assessment before **every** interaction or session with patient/s. For the latest guidance see [IPC risk assessment](https://health.govt.nz/our-work/infection-prevention-and-control/risk-assessment).

Wear the appropriate PPE. See the latest guidance [health.govt.nz/risk assessment and ppe guide covid-19 and winter](https://health.govt.nz/risk-assessment-and-ppe-guide-covid-19-and-winter).

All staff must be up to date with vaccination for COVID-19 and encouraged to be vaccinated for respiratory infections such as influenza and pertussis.

Please refer to [Ministry of Health IPC recommendations](https://health.govt.nz/our-work/infection-prevention-and-control/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](https://health.govt.nz/our-work/infection-prevention-and-control/caring-for-people-with-covid-19-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](https://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



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- 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: [health.govt.nz/caring-people/covid-19-community](https://health.govt.nz/caring-people/covid-19-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.