

COVID-19: Primary care quick reference guide

- Consider COVID-19 (novel coronavirus) infection in patients with fever and respiratory symptoms according to the case definition below.
- Investigate and manage patients using standard practices according to their clinical condition.
- To notify the Medical Officer of Health of a suspected case of COVID-19, use the process that has been put in place by your Public Health Unit.
- **For patients with severe respiratory illness, those with symptoms/signs of pneumonia, and those requiring nebuliser treatment, transfer to your local hospital for clinical management, with prior discussion with the receiving team.**

Current Situation

The Ministry of Health is taking this evolving situation seriously and is working closely with other Government agencies, DHBs and emergency management teams throughout New Zealand and with Australia. Up to date information is available from health.govt.nz/covid-19

Identify Symptoms and Exposure History

Does the patient meet the following criteria? See the **Primary care triage checklist** on the **resources for health professionals page**.

A suspected case satisfies both the epidemiological and the clinical criteria for each of the following three scenarios (ie, in the same row. **Note: scenario 3 applies to hospital patients only**).

Case definition of COVID-19 infection

The Ministry of Health has developed the following case definition for COVID-19 based on expert advice from our Technical Advisory Group. The case definition takes into account both the epidemiology of the virus as well as its clinical presentation. The criteria are provisional only and will be revised as more precise information emerges on the outbreak including characteristics of transmission, incubation and infectious period and geographical spread.

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) countries or areas of concern* 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 ⁴ with a suspect, probable or confirmed case of SARS-CoV-2 infection in the 14 days before onset of illness
	OR		

Healthcare workers ³ with moderate or severe community-acquired pneumonia	AND	Regardless of any international travel
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In addition to the suspect case definition above, consider, for surveillance purposes, testing the following patients²

3	Critically ill patients in ICU/HDU with bilateral severe community-acquired pneumonia AND no other cause is identified	AND	No source of exposure has been identified (ie, regardless of travel history)
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Note that due to the ongoing changing global and domestic situation, clinical judgement should apply as to whether someone who doesn't quite meet the current case definition should be tested or not.

Please also note that the case definition changes frequently.

*The list of countries or areas of concern will be updated regularly - please check the Ministry of Health website DAILY

1. A 'Close contact' is defined as 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. While at this point this criterion is predominantly for surveillance purposes. Case management, including isolation and PPE, should be based on clinical judgement.

3. For the purpose of testing, healthcare workers are defined as those who may have been exposed to respiratory droplets from patients or residents.

4. Casual contact Any person with exposure to the case who does not meet the criteria for a close contact.

The criteria will also be revised as required over time as more information emerges on the outbreak, including characteristics of transmission, incubation and infectivity period and geographical spread. Any update to these will be published at health.govt.nz/covid-19

Infection Prevention and Control

- Place a surgical mask on the patient.
- Place patient in a single room.
- Use **droplet** and **contact**-transmission precautions, which includes:
 - disposable gown or apron
 - surgical face mask
 - gloves
 - eye protection.

Clinical Care and Management

- Patients with suspected or confirmed COVID-19 infection should be managed medically according to their symptoms and clinical state. They do NOT need to be hospitalised unless clinically indicated and their home care situation is suitable. The use of nebulisers is not recommended in primary care in this situation.

- You do not need to contact the local Medical Officer of Health prior to performing testing. Your local Public Health Unit will have protocols to guide investigation.
- Use a single nasopharyngeal swab (NPS) to swab the nasopharyngeal space. To ensure adequate collection, the swab tip must extend well beyond the anterior nares until some resistance is met. Droplet and contact precautions are sufficient.
- If the patient does not require hospitalisation, the patient should be requested to self-isolate. Public Health Units will inform patients and provide advice if the result is **positive**. Primary Care is responsible for informing patients and providing advice if the result is **negative**. There is information for patients available here <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-health-advice-general-public/covid-19-novel-coronavirus-questions-and-answers>

Please see [health.govt.nz/covid-19](https://www.health.govt.nz/covid-19) for detailed guidelines on the Updated Advice for Health Professionals: COVID-19 (novel coronavirus).