

Primary Care COVID-19 Quick Reference Guide

July 2024

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).
- vaccination for COVID-19

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](#).

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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.

The transition from PCR to RATs as a primary mode of testing requires the clinical criteria to be applied thoughtfully and practically alongside the [Case Definition](#). The case definitions were based upon PCR tests being the primary mode of diagnosis and the focus has now changed to clinical decision making based on a RAT result in the majority of cases. Clinical discretion should be applied to household contacts who test negative by RAT but are presenting with symptoms typical of COVID-19 infection. Although this population is not defined by the Case Definition, clinical discretion may support recognition as a likely case and initiation of treatment, where indicated.

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 remains important to encourage everyone who is symptomatic to self-test to help slow the spread of COVID-19.

Asymptomatic testing

Asymptomatic testing of the general population is not recommended.

For more information on the recommended testing advice for COVID-19 please refer to the COVID-19 Chapter of the [CDC manual](#) and [HealthPathways](#).

When to consider an in person RAT and/or PCR test

The criteria for recommended testing advice can be found in the COVID-19 chapter of the [CDC manual](#).

Further information on recommended testing advice for COVID-19 can also be found on [HealthPathways](#).

Self-test RATs

The emphasis is now on encouraging symptomatic patients to carry out a **self-test RAT** and upload the results to [My Health Record](#) prior to seeking medical advice and this result should be used to guide further management.

PCR Testing

PCR testing is recommended for patients where a PCR result can influence treatment options for those at risk of severe illness from COVID-19

Reinfection with COVID-19

At 28 days or less after the onset of a previous infection (Day 0 is the day of symptoms onset or positive test, whichever is earlier), testing for reinfection is discouraged, as it is uncommon and difficult to confirm without specialist input. People at a higher risk of severe outcomes, or becoming more unwell, should seek advice from a healthcare provider or Healthline.

At 29 days or more after the onset of a previous infection, individuals with new symptoms consistent with COVID-19 are encouraged to take a RAT.

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

Post-test advice

Advice regarding COVID-19 isolation continues to evolve. For the most up-to-date information, please visit the [COVID-19 chapter in the CDC manual](#).

All people who test positive for COVID-19 (including those who have been vaccinated) are recommended to isolate for 5 days even if you only have mild symptoms, starting at Day 0, which is the day your symptoms started or when you tested positive, whichever came first.

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.

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

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

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 Antiviral Medicine

COVID-19 Antiviral Medicine can be prescribed to eligible people to reduce the severity of illness and help reduce the risk of hospitalisation for those at risk of severe disease due to COVID-19. It is important that they are offered to all the people that are eligible. For further information see [Pharmac COVID-19 antiviral access criteria.](#)

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

Paxlovid (oral, 1st line agent) and remdesivir (IV, 2nd line agent) are antivirals used to treat COVID-19 in the viral replication phase of the infection.

Evidence suggests that Paxlovid is effective against the Omicron variant in reducing the development of serious illness and hospitalisation in those who are most at risk.

Remdesivir is the recommended 2nd line treatment, in regions where this service is available (for non-hospitalised patients).

Further information, see [Oral therapeutics for the treatment of COVID-19 update](#)

Contact management

Recommend close contacts to:

- Wear a mask outside home particularly around vulnerable people (e.g., elderly, or immunocompromised), on public transport or in crowded indoor places.
- If symptomatic do a RAT; stay at home until 24 hours after symptoms resolve. (Remember: if symptomatic they would be eligible for COVID-19 antiviral medicine if they meet the criteria, even if they test negative on the RAT).
- Avoid or minimise contact with the case(s) in the household as much as possible while they are isolating.

Direct anyone with concerns regarding their contact risk to **Healthline 0800 611 116**. Reassure those with concerns that Healthline can provide advice if required.

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.](#)

Consider completing 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.](#)

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.

Clinical care in the community

Further information can be found on [HealthPathways](#).

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

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

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.

COVID-19 vaccination update.

A summary of information related to COVID-19 vaccination can be found [here](#).

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 [Health NZ | Te Whatu Ora website](#).

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

Funding for long COVID

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.

Normal co-payments for general practice appointments will apply, as well as part charges for emergency ambulance callouts. Specialist level treatment will be funded by 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](#).