

16 March, 2020

Kia ora colleagues

Please see the following important letter from Dr Ashley Bloomfield, Director-General of Health.

Please note that although the decision to test a patient for COVID-19 can now be made directly by clinicians, you must still notify the Medical Officer of Health, on suspicion, of any patient who meets the (new) case definition. Please continue to use either ERMS or the notifiable disease fax form to notify COVID-19 cases.

Ngā mihi

Dr Cheryl Brunton Dr Ramon Pink Medical Officers of Health

15 March 2020

Kia ora colleagues,

Thank you for your hard work and support in preparing and responding to the COVID-19 pandemic, and your ongoing commitment to your communities. There have been substantial changes in our response over the weekend.

Please note the following updates:

- On the 14th of March, the Prime Minister announced enhanced border restrictions, and increasing requirements on incoming travellers. Information around these border measures is available here https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus-covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-advice-travellers
- The case definition and the definition of 'close contact' has now changed. The new definitions are available here: <a href="https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals/case-definition-covid-19-infection

The areas of concern have also been altered to include several new countries. <a href="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-countries-and-areas-concern

There are multiple changes, in both the clinical and epidemiological criteria of the case definition, and in the areas of concern. Please take the time to familiarise yourselves with the new definitions.

• Any people (enrolled, casual, or not eligible) who come in for assessment and a clinical decision is made to test (including consideration of the case definition for testing), will have their consultation costs covered (including copayment).

In these circumstances, 'clawback' as defined in the PHO Services Agreement will not apply.

■ Patients with welfare needs and concerns can access the All of Government Welfare Helpline, available 9am - 8pm on 0800 779 997.

• Primary care practitioners are now no longer required to discuss a case with the local Medical Officer of Health prior to testing. This decision was made to streamline the testing process for General Practitioners, and to support the Public Health Units. There is advice around this available from https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals#infectionprevention. A communication has also been sent to Public Health Units, Primary Health Organisations, and the Royal New Zealand College of General Practitioners to advise of this decision. Please note that there may be variation in the exact process according to region and local Public Health Unit.

Important points to note include: The ordering primary care practitioner is required to inform patients and provide advice for negative results, there is information on what to tell patients with negative results here https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus-health-advice-general-public/covid-19-novel-coronavirus-questions-and-answers Public Health Units are responsible for informing patients and providing advice to those with positive results.

The Health Act 1956 requires health professionals to notify the Medical Officer of Health on suspicion of a notifiable disease, and this obligation continues. Local Public Health Units will prepare protocols of how primary care can perform this requirement: this may involve e-notification, fax, or email.

We have updated the resources on the websites to reflect the changes in this testing process, case definition, and areas of concern. The 'Resources for Health Professionals' pages are up-to-date. https://www.health.govt.nz/ourwork/diseases-and-conditions/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals

• The Ministry of Health is working with Primary Health Organisations, the Royal New Zealand College of General Practitioners, and District Health Boards to urgently support higher volumes of assessment and testing of patients in the community. What this looks like exactly (i.e. designated practices, mobile services, supported general practice, or Community Based Assessment Centres) will vary from region to region. There will be local communications about these arrangements.

As part of this, we are working with government to consider how we might provide financial support to primary care to meet the challenges of the current situation.

■ While the volume of testing is going to increase, I ask you to continue to apply the case definition when considering who you should test, and to use testing supplies and personal protective equipment with prudence. There is no indication for the testing of asymptomatic people. COVID-19 is likely to be with us for some months, and it is important that we ensure the availability of supplies for the coming stages. For this reason, there may be regional variation in testing protocols.

Finally, we are in a prolonged phase of 'Keep it out – Stamp it out - Slow it down', and there is a range of actions that we will be deploying. Primary care and general practice are critical components of our response. On behalf of the Ministry of Health, and the broader population, thank you for your efforts in working together to help the health sector respond to this pandemic.

Ngâ mihi,

Dr. Ashley Bloomfield,

Director-General

Ministry of Health