Making Sense of COVID-19
PRIMARY CARE RESPONSE

29 September 2021
MQ Health Wellness Series
What has happened in primary care?

- New and unique situation for GPs and primary care practitioners
- Constant state of flux with how we are delivering services and responding to changes in the epidemiology of the virus
- Primary care sometimes left out of the loop “policy by press conference”

2020
- Early stages – developing screening for the practice
- Working out how to deliver services during lockdowns and outbreaks

2021
- Delivering vaccination
- Provide clinical services in the setting of the delta virus outbreak
Vaccination as of 25 September 2021

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total doses Australia</td>
<td>26 441 588</td>
</tr>
<tr>
<td>State/territory hubs</td>
<td>11 230 887</td>
</tr>
<tr>
<td><strong>Primary care</strong></td>
<td><strong>14 249 309</strong> (53.9%)</td>
</tr>
<tr>
<td>Aged care</td>
<td>961 392</td>
</tr>
<tr>
<td>Total doses NSW</td>
<td>9 619 956</td>
</tr>
<tr>
<td>State hubs</td>
<td>3 446 709</td>
</tr>
<tr>
<td><strong>Primary care/aged care</strong></td>
<td><strong>6 173 247</strong> (64.2%)</td>
</tr>
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Vaccination delivery in primary care is a team effort
Vaccination

PATHWAY FORWARD

- Pfizer, AstraZeneca and Moderna COVID-19 vaccines
- All good vaccines
- Mixed messages fuelled hesitancy
- Vaccines have been through usual clinical trials process (just more rapidly due to the urgency of need)
- Now at a stage that people should be able to access without too much difficulty in urban areas. May still be issues in regional/rural settings.
- Virus will find the path of least resistance >>> the unvaccinated
COVID-19 management in the community

• Cases NSW (26 September 2021)
  Active cases NSW 11,634
  Hospitalised cases 1146 (222 in ICU, 117 ventilated)

• Vast majority of COVID-19 cases are managed in the community
  Currently that care is via virtual hospitals/hospital in the home which NSW Health coordinates. Patient tracker system/Contact with medical personnel to monitor status/14 days isolation/No need for COVID-19 swabs after discharge

• What is likely to happen in the future?
  Shift to care in community by GPs with appropriate links to acute care. Next few months will provide us with a better idea of how this will look. Eventually we anticipate this will be another respiratory virus we manage in the community.

• In a highly vaccinated population, there should be fewer hospitalisations and deaths
  Break through infections (infection in those who are vaccinated) should be milder or asymptomatic. Unvaccinated will remain vulnerable.
Mild COVID-19 and therapies

- Vast majority of mild cases will be treated with symptomatic care. Medication for fever and pain, maintain hydration, rest and isolation.

- **Monoclonal antibody therapy**
  
  Sotrovimab is now being used in Australia in early disease for certain patients who are at higher risk of progressing to severe disease, and in particular if unvaccinated/partially vaccinated or immunocompromised

- Various therapeutic agents that have received a lot of publicity but not been supported by the evidence
  
Long COVID-19

• A percentage of people develop longer lasting symptoms – shortness of breath, fatigue, chest pains, difficulties in concentration
  ADAPT study at St Vincent’s Clinic, Sydney/The Kirby Institute, UNSW
  https://kirby.unsw.edu.au/project/adapt-study

• Still a lot unknown about this

• Envisage that management in general practice will be like other chronic disease is managed
  Multidisciplinary approach – GP/specialist/rehabilitation physician/psychologist
Telehealth

- Revolution in general practice care in the last 18 months
- Rapid uptake due to the pandemic situation with introduction of Medicare rebates
- Telephone and video consultations

- Is it able to provide good care?
  - Useful in many respects
  - Many things can be done remotely now e.g. electronic prescriptions and referrals
  - Some things still need face to face contact in order to allow safe and comprehensive assessment by doctor – don’t avoid the surgery if you really need to be seen
  - Equity issues as some groups of patients may not be able to access telehealth

- Important role to play if GPs are managing COVID-19 patients in the community during their isolation period
What about your other health needs?

HEALTHCARE DURING A PANDEMIC

- **General practice is open** – not quite business as usual but we are looking after all your usual healthcare needs as far as possible

- Please don’t ignore symptoms and keep up your usual preventive care e.g. cancer screening, BP checks

- Concern is that we will have a lot of other morbidity (cardiovascular disease, cancer etc.) because people were afraid to see their GP and access services

- Backlog of non-emergency surgery is also a worry

- Certain groups are more vulnerable with ongoing restrictions - aged care, those with disability etc.
Take home messages

• COVID-19 is here to stay as part of the spectrum of respiratory viruses we have in the community

• Vaccination is important so we can limit serious disease and allow the community to return to a new normal

• Primary care and general practice is still delivering care, albeit in slightly different ways

• Don’t be afraid to seek care with your GP

Thank you