



# COVID-19 Webinar

RACGP with Department of Health

Wednesday 17 March 2021

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[www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus)



Department  
of Health

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# The Long Haul Post COVID-19 conditions

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GP, Lead Clinical Editor – Vic COVID  
Healthpathways



# Defining Long COVID

- Acute COVID-19 – multisystem illness, variable percentage affected, Long COVID can occur post mild illness.
- Post-COVID-19 conditions are illnesses or complications that persist following the expected recovery period.
- 10-35% of people with symptomatic COVID will have some ongoing symptoms.

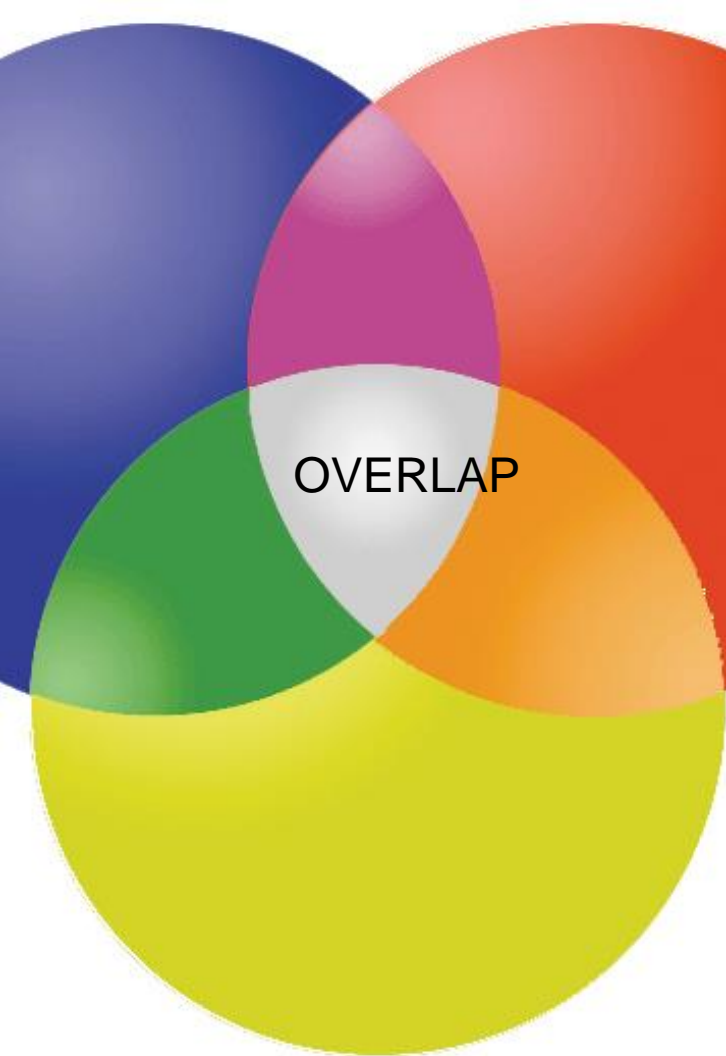


# Defining Long COVID

- Risk factors for prolonged symptoms includes chronic medical conditions, age >50 years, BMI > 30 and mental health conditions (CDC).
- Post-Acute >3weeks vs Chronic > 12 weeks (BMJ) – Does it matter?
- Clues from SARS and MERS



# Potential presentations of post-COVID-19 conditions in primary care



1. Ongoing or prolonged non-specific post-viral symptoms
2. Post-Intensive-Care Syndrome or recovery post severe illness
3. Specific serious sequelae of the acute infection or delayed serious complications
4. Psychosocial impacts of prolonged symptoms and functional impairment
5. Symptoms related to worsening of pre-existing conditions
6. Ongoing management in a residential aged care setting



# Potential known significant sequelae

- **General** - post-viral fatigue, pain, anosmia
- **Pulmonary** - persisting interstitial lung disease or impaired lung function
- **Cardiovascular** - myocardial infarction, myocarditis, pericarditis, dysrhythmias, heart failure, pulmonary embolism
- **Endocrine** - deterioration of diabetic control, osteoporosis, thyroid dysfunction
- **Haematological** - hypercoagulable state, anaemia, lymphopenia, thrombocytopenia
- **Immunological** - chilblain-like lesions ("COVID toes"), inflammatory multisystem syndrome (PIMS in children)
- **Neurological** – stroke<sup>4</sup>, cognitive impairment, encephalopathy, epilepsy, Guillain-Barré syndrome
- **Renal and Hepatic** abnormalities
- **Post-intensive care syndrome**

# Assessment

1. What was the acute disease course?
2. Were there any known complications?
3. What issues was the patient already struggling with pre-COVID?
4. Have any interventions or assessments been arranged?

# Assessment

## What symptoms do they have now?

- Common symptoms:
  - Cough
  - Fatigue
  - Breathlessness
  - Muscle pain, chest pain, headaches,
  - "Brain fog",
  - Rashes,
  - Gastrointestinal upset
  - Anosmia





# Assessment

- Symptoms of specific sequelae
- Post Severe Illness – muscle strength, complications of ventilation, nutrition
- Mental health
- Consider different presentations in the elderly or those with a disability
- Athletes may require different assessments

# What are the RED FLAGS?



Severe, new onset, or worsening breathlessness or hypoxia

Syncope

Unexplained chest pain

Palpitations or arrhythmias

New confusion

Focal neurological signs or symptoms

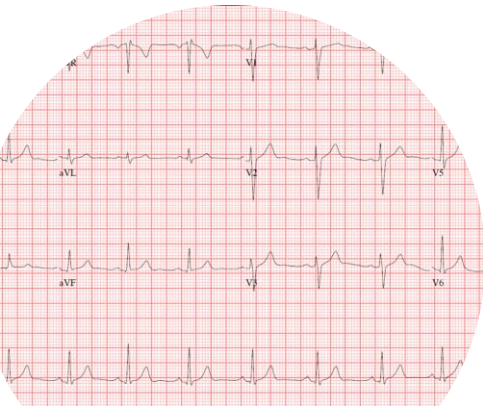
Multisystem inflammatory syndrome in children (PIMS)

# Assessment

## Functional assessment

- Current limitations, change from previous, supports required
- Consider assessment tools:
  - COVID-19 Yorkshire Rehabilitation Screening (C19-YRS)
  - COPD Assessment Test or Modified Borg Dyspnoea scale for assessing breathlessness
  - PROMIS 29 for effect of fatigue or pain symptoms
  - Modified Fatigue Impact Scale (MFIS)
  - DASS21 to measure effect on mental health
  - National Institute for Health and Care Excellence (NICE) clinical and functional assessments for adults following critical illness
  - Specific cognitive assessments

# To investigate or not?



- FBE, UEC, LFT, CRP, CK, brain natriuretic peptide, D-dimer, ferritin, TSH
- Sputum MC+S
- Chest X ray
- ECG
- Echocardiogram
- 24-hour ECG monitor
- Spirometry may often be normal, and is not a first-line investigation<sup>7</sup>
- Screen for other causes

# Management and the role the GP

- Listen and empathise
- Help patients return to face-to-face care
- Determine and prioritise management issues
- Minimise fatigue of attending multiple specialists
- Advocate for appointments where needed
- Coordinate the team
- Monitor for change
- Discuss safety of interventions

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Post-acute covid-19 appears to be a multi-system disease, sometimes occurring after a relatively mild acute illness. Clinical management requires a whole-patient perspective. This graphic summarises the assessment and initial management of patients with delayed recovery from an episode of covid-19 that was managed in the community or in a standard hospital ward.

**An uncertain picture**

The long term course of covid-19 is unknown. This graphic presents an approach based on evidence available at the time of publication. However, caution is advised, as patients may present atypically, and new treatments are likely to emerge

**Managing comorbidities**

Many patients have comorbidities including diabetes, hypertension, kidney disease or ischaemic heart disease. These need to be managed in conjunction with covid-19 treatment. Refer to condition specific guidance, available in the associated article by Greenhalgh and colleagues

**Safety netting and referral**

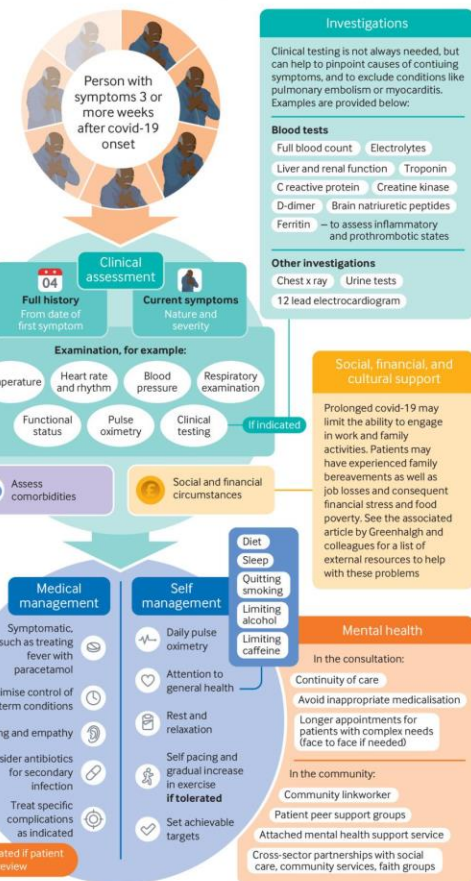
The patient should seek medical advice if concerned, for example:

- Worsening breathlessness
- $\text{PaO}_2 < 96\%$
- Unexplained chest pain
- New confusion
- Focal weakness

Specialist referral may be indicated, based on clinical findings, for example:

- Respiratory** if suspected pulmonary embolism, severe pneumonia
- Cardiology** if suspected myocardial infarction, pericarditis, myocarditis or new heart failure
- Neurology** if suspected neurovascular or acute neurological event

**Pulmonary rehabilitation** may be indicated if patient has persistent breathlessness following review



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# What don't we know yet?

- Vaccinations and long COVID
  - Anecdotal / survey reports about improvement in symptoms
  - Will reduction in severe disease with vaccination also reduce long COVID for those who do still contract the illness?
- Children and long COVID
- Exact pathophysiology – likely to be a combination of factors
- Why there are some regional differences in presentations
- Whether a long-COVID equivalent occurs with other viral illnesses
- Enough about long-COVID in the non-hospitalized and initially asymptomatic cohorts



# Challenges

- Ensuring all patients get to see their GP
- What is the cause of symptoms? Are there multiple causes?
- How to make sure you don't miss a critical diagnosis
- Where is the evidence? Is it relevant in your setting?
- What will help your patient most?
- Where can people get help?
- Keeping yourself and others safe from an infection control point of view
- Equity in vulnerable settings e.g. aged care
- Ensuring research is ethical
- Keeping up to date

# Using the pathways to help

<https://www.healthpathwayscommunity.org/Home/Access-to-HealthPathways>

 **Western Victoria**

 Search HealthPathways

 **HealthPathways**

Western Victoria

COVID-19

COVID-19 Information

COVID-19 Assessment and Management

COVID-19 Initial Assessment and Management

COVID-19 Ongoing Assessment and Management

COVID-19 Aged Residential Care Assessment and Management

COVID-19 Child Assessment and Management

Post-COVID-19 Conditions

COVID-19 Palliative Care

 / [COVID-19](#) / [COVID-19 Assessment and Management](#) / [Post-COVID-19 Co](#)



## Post-COVID-19 Conditions

*Last updated: 04 Feb 2021*

### Red flags

- ▶ Severe, new onset, or worsening breathlessness or hypoxia
- ▶ Syncope
- ▶ Unexplained chest pain
- ▶ Palpitations or arrhythmias
- ▶ New confusion
- ▶ Focal neurological signs or symptoms
- ▶ Multisystem inflammatory syndrome in children

# General COVID-19 Healthpathways

[COVID-19 Information](#)

[COVID-19 Assessment and Management](#)

[COVID-19 Initial Assessment and Management](#)

[COVID-19 Ongoing Assessment and Management](#)

[COVID-19 Aged Residential Care Assessment and Management](#)

[COVID-19 Child Assessment and Management](#)

[Post-COVID-19 Conditions](#)

[COVID-19 Palliative Care](#)

[COVID-19 Mental Health](#)

[COVID-19 Referrals and Advice](#)

[COVID-19 Community Support Services](#)

[COVID-19 Practice Management and Technology](#)

[COVID-19 Practice Management](#)

[COVID-19 Telehealth](#)

[COVID-19 Vaccination](#)

[COVID-19 Vaccination Information](#)

[COVID-19 Vaccination Procedure](#)

[Preparing for COVID-19 Vaccination](#)

[COVID-19 Impact on Clinical Care](#)

[COVID-19 Impact on Local Services](#)

[COVID-19 MBS Items](#)

[Electronic Prescribing](#)

# How you can help?

- Use the Healthpathways feedback button
- Let others managing COVID know about the pathways
- Contact me with any suggestions:

[katherine.graham@westvicphn.com.au](mailto:katherine.graham@westvicphn.com.au)



For coordination of complex conditions, primary care is at the forefront of post-COVID-19 management.

# In consultation with general practice the department is working to support long-COVID recovery in primary and community health

## Aims

- COVID-19 positive patients and close contacts receive and have access to information about long-COVID and recovery supports.
- The community understands the supports available for long-COVID-19 and access responsive primary health care .
- Primary health care delivers care and supports for long-COVID-19, including referral for allied and acute specialist supports and shared care where required.
- The health workforce understands the better practice approach to care and support for long-COVID-19.

Any feedback please contact me [Louise.Galloway@health.vic.gov.au](mailto:Louise.Galloway@health.vic.gov.au)



# COVID-19 Vaccination program Victorian Update

Ben Cowie

Executive Director, Strategy, Planning and Clinical Governance

COVID-19 Immunisation Program



# Kicking off the COVID-19 vaccination program



# 1a and 1b priority groups for scale-up

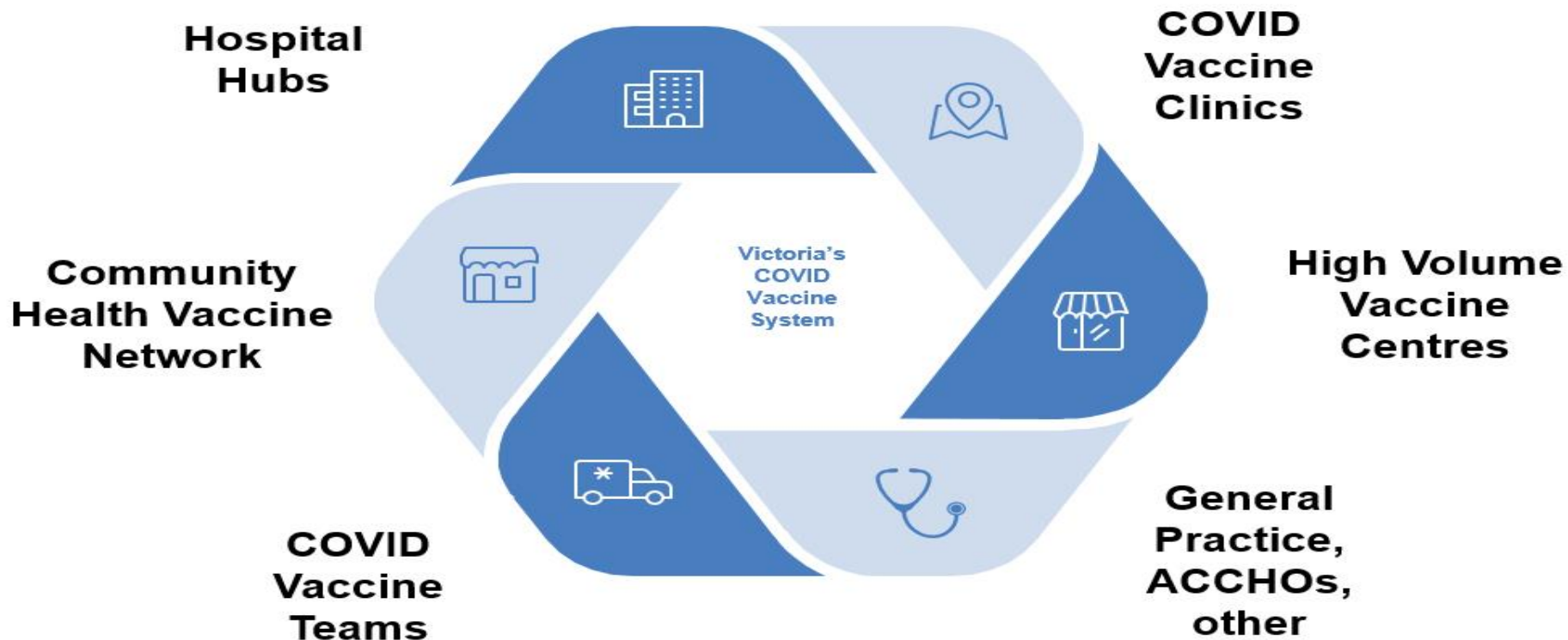
## Phase 1a sub-groups

Cohort
Quarantine and border workers
Frontline health care worker that are most at risk of coming into contact with COVID-19
Public aged care residents and staff
Private aged care and disability care staff
Private aged care and disability care residents

## Phase 1b sub-groups

Cohort
Health care workers (outside scope of 1a)
Police
Fire protection & other emergency
Correction & detention services
Meat/seafood processing
Household contacts of high risk 1a (Hotel Quarantine/ Ports of Entry/ Border workers)*
Residents of high risk accommodation*
Corrections clients*
Transport (including public transport/commercial)*
Adults younger than 70 with an underlying medical condition, including those with disability
Aboriginal and Torres Strait Islander peoples aged over 55
Adults over 70

# COVID vaccine delivery models



# Questions and Answers - Vaccination program



# Thank you for participating in tonight's webinar

The next Department of Health and RACGP webinar is  
Wednesday 17 March 6pm-7pm

Topic - COVID-19 Vaccination seminar

**For the latest information** [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus)

**Information is available in 50+ community languages at** [www.dhhs.vic.gov.au/translations](http://www.dhhs.vic.gov.au/translations)



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