

Question	Answer(s)
Will practices be receiving pulse oximeters to lend to positive patients?	access is through PHN - only for high risk patients
Can you give the 2nd dose of Pfizer for 5-11y/o at 3 weeks if you have capacity to do so. Since I consider we are in an outbreak scenario and 2 doses give maximum protection. Rather than 8 weeks. With the Pfizer 5-11 y/o, it can be given from 3 weeks to 8 weeks from the CMI. Or do we need to strictly follow the 8 weeks interval? Please advise	advice from the panel is wait for ATAGI guidelines - concentrate on getting out all first doses and hopefully there will be greater clarity about escalating 2nd dose by 3 weeks time
Vaccinated with 2 doses still get COVID 19 infection - what are the guidelines for booster - how early people can get the booster after 2 dose schedule.?? Thanks	advice is can give when due but do not need to prioritise before 4 weeks post infection
What is the interval between taking booster vaccine and symptomatic patients? Does 4 or 6 months exemption from booster if recent Covid infection?	After infection, if they meet the recommendations for a booster, then as soon as the acute symptoms of COVID have resolved.
Entire family (7) had Covid - we are all double vaccinated except for 6 year old. Two adults over 60 with underlying medical conditions, 2 have asthma, 3 have DM. We are very lucky to have very mild symptoms. Followed the quarantine rules - but didn't do PCRs. We monitored with RAT every 2 days - all but one are now RAT negative on Day 7. How soon does natural immunity set in, how soon can we get the booster? (we were booked last week but cancelled). Any studies on "complement action of natural immunity - post double vaxxed, single vaxxed, pre-booster vaxxed, etc..	Antibody responses (IgG) start appearing soon after infection. There is some preliminary data that says that infection + vaccination produces a robust immune response.
At what interval should we boost the immunosuppressed who are	As per current guidance.
Is there any guidance on repeat RAT testing after recent COVID infection? I have had some patients inform me that certain hospital departments are requiring negative RATs before review/ surgery, after recovery from covid	As reinfection may occur relatively early, currently retesting is recommended if more than one month has elapsed since COVID infection.
Is it a problem if someone who has had Covid has a vaccination BEFORE the recommended interval?	ATAGI has some advice specifically about this. It is reasonably easy to find if you search for this.
How are GP's informed they have Covid19 positive pts?	by patients themselves
What percentage of infections are delta & how do we discriminate?	changing but has been 70/30 - now more omicron
Will NSW health facilities provide therapy based on RAT results? They will require PCR testing before Sotrovimab used.	Clinical judgement prevails here. Do not wait for a PCR test if a long delay is expected and the likelihood of a positive RAT is high.
I think I missed it - how long between 2nd dose and booster now? And will it be changing to a smaller interval at the end of January?	currently 4 months - moves to 3 months at the end of January

What is the risk of serious illness from covid for someone in their 60's and with mild hypertension and asthma?	Depends if they are vaccinated. there is a reasonable chance of serious illness if unvaccinated. Vaccination reduces this to a low level.
Must have missed this.. but where / when are the antivirals coming for use with those high risk. ? Are we sending them into the hospital for this?	February was the date cited
Some patients asking for codeine for dry cough?	How would you usually respond to this question? Codeine has high addictive potential.
Any further advice regarding which patients benefit most from sotrivimab?	https://aci.health.nsw.gov.au/__data/assets/pdf_file/0010/698005/ACI-Model-of-care-for-the-use-of-anti-SARS-CoV-2-mono-clonal-antibodies-for-adults.pdf?v=0.1.2
Our LHD criteria for sotrovimab recommends only considering the use of this medication in the unvaccinated population - pregnant and not pregnant within in 5 days of symptoms with the list of risk factors you described....is this a supply issue or does this reflect your guidelines? As it seems it is considered in the vaccinated population from what was just said?	https://aci.health.nsw.gov.au/__data/assets/pdf_file/0010/698005/ACI-Model-of-care-for-the-use-of-anti-SARS-CoV-2-mono-clonal-antibodies-for-adults.pdf?v=0.1.2
Please prioritise getting the APP connected for Service NSW. So many of our patients have phones as their only internet access, and we know they have been able to get the app connected. Please!	I believe it should be online by Wednesday / Thursday
how much does covid vaccination decrease the risk of severe symptoms/hospitalisation in pregnant women	I don't know about pregnant women in particular but the current per million people rates of admission to a ward are 6 times higher for unvaccinated and 12 times higher for unvaccinated in ICU. Clear effectiveness of vaccines against severe disease remains.
Are there any figures on hospitalisation and requirement for ventilation in terms of vaccination? Have these patients had 2 or 3 doses ? Are the deaths due to Omicron or Delta?	I will cover these in my short intervention.
would you please send the local pathways access	I will ensure this slide is included in pack post Webinar
If double vaxxed, not boosted but returned a +ve result between the two periods of time, is there a recommended gap post infection before getting boosted?	If > 4 months, then as soon as clinically well/signs or symptoms of acute infection have resolved.
If someone with covid is still symptomatic and RAT positive on day 12, when should they test themselves again? When can they come out of isolation? Day 14? People can potentially have a cough for weeks to months.	If they are immunocompromised then they may need to isolate for more than 14 days. Ideally they would be RAT negative prior to release from isolation.
When you say "not fully vaccinated" does that mean not boosted or not had initial 2 doses?	initial 2 doses or more than 6 months post 2nd dose

<p>1. How should we manage a situation were we become a close contact e.g. household. Should we isolate per 7 days. What if we are involved in critical services such as a hospital ED roster/GP Resp Clinic, is there scope for daily RATs if we are assymptomatic.</p>	<p>Isolation as per guidelines for close contacts. however, for some critical staff earlier return to work is done together with a risk mitigation package in place and approval from a manager.</p>
<p>The problem with RATs, besides lack of availability, is that sensitivy varies, the TGA lists them in 3 groups depending on sensitivity. It is hard to get the 'highly sensitive' ones. What makes them less reliable? is it that they are more likely to be positive early in the illness ie before symptoms or day 1 or 2 or symptoms, or is it also that some people don't do adequate swabs on themselves?</p>	<p>It will be some of both- doing a throat as well as both nostrils appears to increase sensitivity (but not published) and less sensitive tests will pick up fewer infections.</p>
<p>Is there a specific minimum interval from having recovered from COVID infection to vaccination ? 1/ COVID vaccination 2/NIP vaccination</p>	<p>live answered</p>
<p>Can GPs issue a Covid vaccine exemption certificate if a patient tells us they've had a positive home RAT but not a PCR test?</p>	<p>live answered</p>
<p>Is COVID booster vaccine has approve to provide pregnant women ? Is it the duration still 4 months from the 2nd vaccine</p>	<p>live answered</p>
<p>The NSW guidelines recommend Budesonide for mild community patients. the underlying study seemed to be a NNT of 8 for avoiding a hospitalisation. Any advice regarding its usage?</p>	<p>live answered</p>
<p>How should GPs respond to requests for faster 2nd dose for children at risk eg severe kyphoscoliosis, severe asthma</p>	<p>live answered</p>
<p>Is there any recommendations in terms of change for dosing interval for 5-11yo. Currently 8 weeks - but ATAGI advice says this can be shortened to 3 weeks in an outbreak? Are we there yet?</p>	<p>live answered</p>
<p>1. Do pregnant woemen infected with COVID 19 need early antivial/other treatment? 2. How and where do we refer immunocompromised/ at risk pts for early therapy - antivirals or Biologics treatment before they deteriorate?</p>	<p>live answered</p>
<p>Hi all there seems to be inconsistency in your answers about when to do boosters post covid infection. Some written responses are saying "when they have recovered", some are saying wait 4-6 weeks What is the consensus please?</p>	<p>minimum 4 weeks, provided symptoms have resolved</p>
<p>Can we use adult Pfizer vaccine with reduce dosage to use for the 5-11 old children, given the shortage of Pfizer vaccine for pediatrics?</p>	<p>No</p>

Is the Medibank only for financial members of Medibank private fund?	no Medibank has been contracted are working with NSW health for all patients
1) do we need to continue to fill the deisolation form for every COVID positive patient to return to work after completing their duration of isolation	no this is no longer necessary
Are there any risks associated with having covid booster doses < 4 weeks after recent covid infection	No, but recommendation is that you can wait at least 4 weeks.
Is there any benefit of using one particular mRNA vaccine over other vaccine as a booster dose .	No, it is not thought that either Moderna or Pfizer are better for immunity when given as a third dose.
Is there any vitamins advised for those who tested positive?	No, not unless they have a defined vitamin deficiency.
We have seen a lot of modelling of the impacts of COVID on the hospital and acute care but has there been any modelling on the impacts of COVID on general practice capacity?	Not that I know of. It is a hard thing to model. But there is increasing information available about the number of people self-managing and we are tracking the number of people going to Emergency departments. For consultation to primary care, we do not have information yet.
What is the 1800 number discussed a few monutes ago ?	NSW Health COVID-19 Care at Home Support Line 1800 960 933
for children under 12 yrs old who got COVID infection and when can we give vaccine for kids after covid infection	one month later, provided symptoms have resolved
children covid positive,ideal interval to get their first vaccine after recovery	one month, provied symptoms have resolved
Given the current delay in PCR turnaround in regional / rural area how realistic is it to ask for PCR on all Aboriginal patients esp if at risk and RAT positive	only if it is going to change the care you are offering or need - can get PCR for first case and then just use RATs with no need for any further PCR
Is there a plan to provide patients with pulse oximetry equipment, to help them monitor at home, especially for those at moderate or high risk of severe disease?	Only if patient is high risk
Could you clarify which patients won't be electronically triaged for sotrovimab - those who self upload their RAT will be and those with positive PCR will be when they receive the positive result so who won't be electronically triaged?	Only patients who do not register their RAT and so dont do the questionnaire.
Are most hospital/ICU cases delta? Are most double vaxxed pts who catch COVID vaccinated with AZ or Pfizer?	Overall, recent data suggests that the Delta and Omicron split in ICU could be aorund 50%. Amongst ICU patients admitted to ICU, currently there are slightly more doubly vacciated with AZ compared to Pfizer and very few people that have had a booster.
My 69 yr old ATSI patient with CKD, DM, IHD, Copd was advised they were not eligible for sotrovimab as their 2 nd AZ vaccine was just under 4 months ago. Can you confirm if this is correct?	Patients having received Sotrovimab need to wait 90 days to receive a vaccine.
Should we be issuing vaccine exemptions based on a patient's self-reported positive RAT? (until RAT reporting goes live)	Patients should be getting vaccinated as soon as acute symptoms of COVID have resolved. There is no need for them to delay vaccination.

<p>How long are RATS and PCR positive after real COVID?</p>	<p>PCR may be positive for up to several months but may not reflect viable virus. RATs usually only remain positive to d7 but in patients who are immunocompromised, this may be later. As this captures viral antigen, this better reflects infectiousness. However, as RAT may not always detect infection, this also needs to be considered.</p>
<p>When can GPs return to work after covid19 infection esp if they still have minor symptoms at D7 or D10 or d 12 ?? Is it worth having a negative PCR prior to returning if the mild symptoms are persisting ? Thanks</p>	<p>PCR tests may still be positive at d12 but may not reflect ongoing infection. Suggest retest with RAT at d12 and consider return to work if negative. But if concerned consider contacting LHD ID service. It can be a complex question.</p>
<p>is there a centralised data base/site where GPs can access the updated guidelines?</p>	<p>RACGP Website is keeping up to date guidelines as they are rolled out. Otherwise go to your own State guidelines - such as NSW Health</p>
<p>If someone has a persistently positive RAT test at Day 7 but is asymptomatic, can they return to the community? They seem to think so!</p>	<p>RATs generally reflect infectiousness. Suggest continue with isolation and consider getting a PCR</p>
<p>What is the recommended vaccine for booster vaccine? So young people who got AstraZeneca can the get 3rd AstraZeneca or is it recommended mRNA</p>	<p>Recommended to be Pfizer or Moderna.</p>
<p>For those of us who've missed the last 30 minutes after being kicked off at 7.18 because "there were more than 1000 participants " when will this be available online? I was early to the meeting so really ticked off that I was kicked off. I have tried repeatedly to rejoin and only back on at 8.12</p>	<p>recording will be made available tomorrow to all registrants</p>
<p>Thank you Dr Clezy for your responses. If we are instituting scanning of a workforce with RATs or POC tests - should this be done daily?</p>	<p>Staff who are returning to work are having daily RATs for 7 days.</p>
<p>RAT test is a tautology. It is RAT or RA test.</p>	<p>tautology... it is RA test or RAT!</p>
<p>If negative RAT but high pre test probability, proceed to PCR?</p>	<p>That is a reasonable approach if able to access PCR. Would isolate and treat as COVID positive until PCR results available.</p>
<p>does pt still have to wait for 15 mins obs post vaccine ?</p>	<p>That is still recommended. The possibility of five minutes observation was reviewed by ATAGI and it was concluded it was not an adequate time to observe. So yes it is still 15 minutes observation post vaccination.</p>
<p>For GP's exposed as close contact but no symptoms, is isolation still 7days or reduced to 5 days already?</p>	<p>the isolation period is 7 days, but there may be capacity to return to work earlier with daily RAT.</p>

<p>Please update health pathways with written info on PCR/ RAT testing post covid infection for patient work purposes.</p> <p>Please reiterate how to escalate care - spent a lot of time waiting on the 1800 number</p> <p>Please ensure Shared antenatal care newsletter/ guidelines can reflect Dr CHallis's presentation re increased schedule of care post covid infection. ANY specifics that GPs should cover?</p>	<p>These requests are all happening. The teams are doing their best</p>
<p>is Moderna more immunogenic as a booster following 2 pfizer primary course than pfizer booster</p>	<p>They appear to be similar.</p>
<p>Why AZ vaccine is not recommended as a booster vaccine? As some pateints still want it instead of Pfizer or Moderna</p>	<p>they did not apply for booster status - and evidence is best for the Moderna/ Pfizer platform of vaccination as a booster So they are the only ones approved by TGA and ATAGI</p>
<p>Is there a decision that those who have recently had COVID infection can not have to isolate if they become a close contact shortly thereafter?</p>	<p>They do not need to isolate for a month after being cleared from COVID - however if significantly immunocompromised there should be a low threshold for retesting and isolation.</p>
<p>What should pt do if they still have mil to mod symptoms on their day7 of isolation</p>	<p>They need to continue isolation and have a test - RAT or PCR</p>
<p>Can you please advised the interval between developing an infection to having next COVID jab either it is second dose (I have 2 patients including a mum with a neonate) or for booster</p>	<p>They should continue with the usual schedule as long as they have recovered from COVID acute symptoms.</p>
<p>Is it true that if a health worker is a household contact they don't need to isolate as long as RAT negative and they are asymptomatic?</p>	<p>They should isolate if a household contact. If they are essential workers then they can return to work with a risk mitigation package in place- P2/N95 masks, avoidance of shared spaces - such as tea rooms, and of course hand hygiene and daily RAT for 7 days.</p>
<p>Kids who are younger than 12yr get first paed dose of Pfizer who turn 12 after 3 weeks gap. Will the second dose be given as adult/adolescent dosage after them turn 12?</p>	<p>They will get the dose that is appropraite for the age they are at the time of vaccination. So 11 year and 11 months get the paediatric dose, second dose 2 months later is the adult dose</p>
<p>Currently access to the virtual hospital (and preventative treatments such as the monoclonal antibodies) is mainly through positive PCR tests, will this be expanded to include people with positive RAT tests and at high risk? How will this be implemented/ accessed?</p>	<p>This is currently being discussed given the problem with timely PCR tests. It is likely that patients will be accepted for treatment, they will require a PCR but treatment doesnt have to wait for the PCR result if RAT positive and meet criteria for the specific treatment.</p>
<p>Is kids vaccine going to be mandatory</p>	<p>this is unlikely at this time</p>
<p>deisolation - should we continue with it even with RAT?</p>	<p>Unclear what you are actually asking?</p>
<p>If a covid infected person is still symptomatic at Day 7 but a repeat PCR test is negative, are they still infectious? And can they be released from isolation? Thanks</p>	<p>Unlikely to be infectious and would be OK for them to be released from isolation. But they should not enter high risk venues for at least 3 days.</p>

How soon will this recording be available?	usually next day
How soon after exposure is a RAT or PCR useful eg with a home visit to a patient who then proves positive	Usually the first RAT should be done 2 days after exposure. Then again at d6 or 7
Do we still need consent form for 3rd/booster dose?	verbal consent yes
children Pfizer second dose , can we immunize at 3 weeks given the outbreak or should wait for 8 complete weeks	wait 8 weeks, unless TGA advises otherwise
is there a plan for dept to provide RAT test kits to general practices for staff/doctor use like they have provided to nursing homes?	We are currently campaigning for this to happen
is there anything in the pipeline that will help GPs access RAT kits at a reasonable cost for staff?	we are working on this!! No guarantees but lets hope
What is the false positive/ false negative rate (approximately) of RAT?	We will provide the paper with this data for you tomorrow
can you ever get a false POSITIVE from a RAT?	yes
Will Matt be willing to make his slides available post webinar? Really helpful Mx guidelines :-)	yes
Can you give a covid vaccine at the same time as a boostrix for pregnant women?	yes
Is there going to be further discussion about staff who are close contacts potentially returning to work earlier than 7 days ?	yes
Are we able to administer Fluvax and Covid vaccination at the same attendance this year?	yes
If a pregnant woman has 2 covid vaccines, and a booster, are they still at high risk?	yes - not as high but they are still
So just to clarify, if patients are PCR positive and are now 7 days post their PCR test result and they are still symptomatic, the advice to give is to continue isolating until they are asymptomatic OR consider doing a RAT /PCR at day ?12 (based on recent reading) and if negative, then they can deisolate?	Yes, advice is to continue isolating. Reasonable to do a RAT at d12. If RAT negative, and particularly if symptoms have resolved, then deisolate. Immunocompromised patients often have longer periods of viral excretion and this needs to be considered in any decision.
so we have previously been told to do boosters as soon as patient has recovered from covid?	Yes, as long as they meet the recommended time criteria since the second dose.
Is there any place for antibiotics if patient 's chest symptoms are not improving ?	Yes, but the patient should be assessed clinically.
can we get a copy of slides?	yes, generally we provide slides after webinar
What has happened to that health direct model that was discussed at the end of last year where we could opt in to managing patients with COVID? Has that fallen by the wayside?	Yes, now all patients are self managing!
Should AZ pts who got their two doses 4-6 weeks apart at height of delta be given booster before the currently recommended 4 months?	yes, particularly if in hi risk group

<p>Staff member gets covid. Day 14 they qualify for desolation, but there are other household members who are still symptomatic. Can they return to work in health care setting? Does the answer change if clinical Vs non clinical role?</p>	<p>Yes, they can return to work if they have met deisolation criteria. This applies for one month. If they are reexposed or a close contact after a month, they will need to isolate/get tested again. Deisolation and return to work can occur earlier as long as there is a risk mitigation process in place and there is approval and oversight from a manager.</p>
<p>Is the isolation period now 7 days for both vaccinated and unvaccinated?</p>	<p>Yes.</p>