Classification: Official

Publication approval reference: C1514

Assessment, monitoring and management of symptomatic COVID-19 patients in the community

Version 1, 6 January 2022

Contents

Context 2
Adult primary care COVID-19 assessment pathway 3
COVID Oximetry @home monitoring 6
COVID-19 treatments 7
CMDUs 8
PANORAMIC study 11
Additional resources 12

Context

This guidance has been developed to support frontline clinicians with the assessment, monitoring and treatment of patients who present to general practice with symptomatic COVID-19.

There may be local variation in the pathways to access community monitoring and therapeutics. This guidance aims to provide a high-level overview on which patients are eligible, as well as information on how to support your patients to access these interventions.

Adult primary care COVID-19 assessment pathway

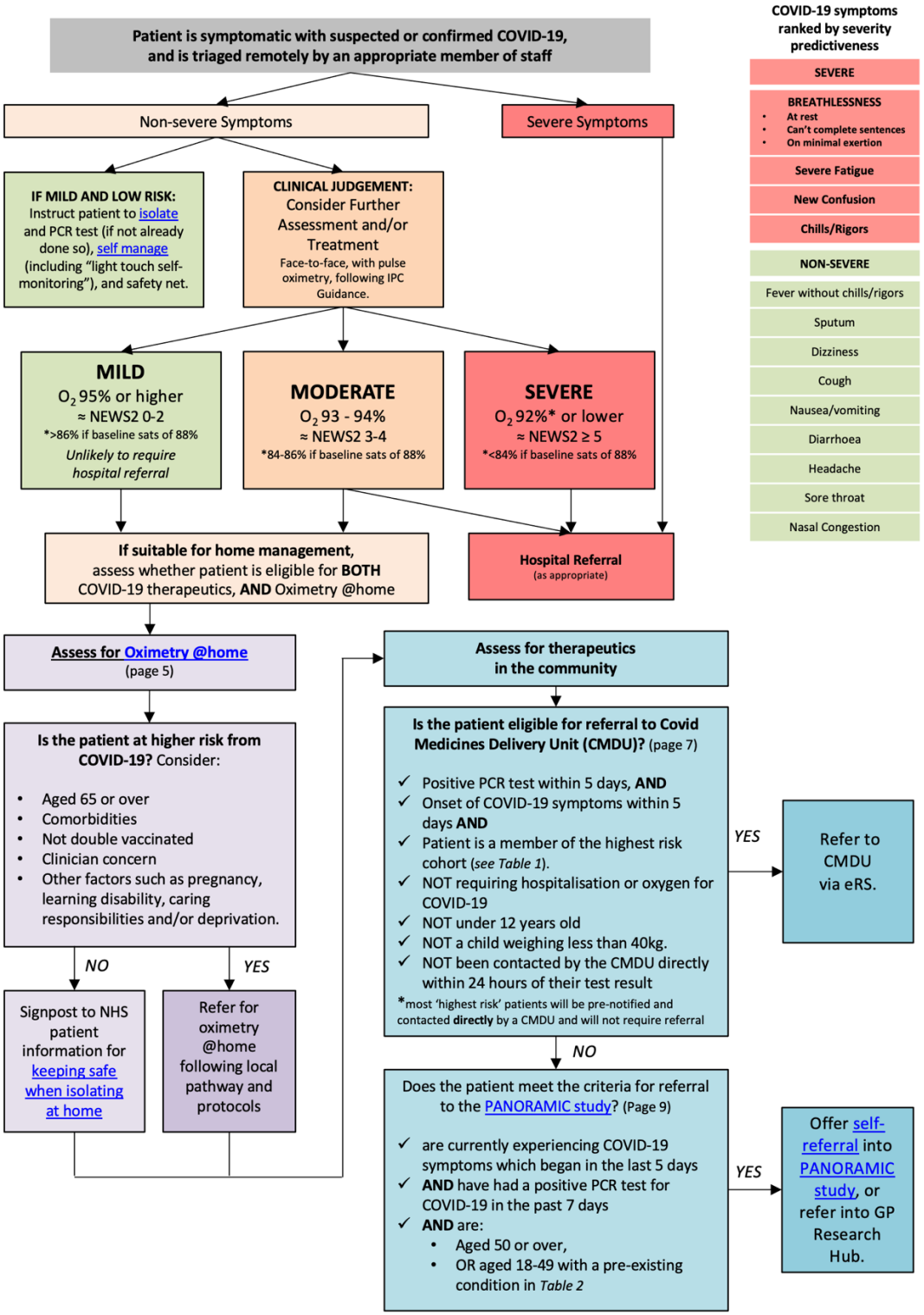


Table 1: *Eligibility for Covid Medicines Delivery Unit referral*

Cohort	Description
Down's syndrome	All patients with Down's syndrome
Sickle cell disease	All patients with a diagnosis of sickle cell disease
Patients with a solid cancer	• Active metastatic cancer and active solid cancers (at any stage) • All patients receiving chemotherapy within the last 3 months • Patients receiving group B or C chemotherapy 3-12 months prior • Patients receiving radiotherapy within the last 6 months
Patients with a haematologic malignancy	• Allogeneic haematopoietic stem cell transplant (HSCT) recipients in the last 12 months or active graft vs host disease (GVHD) regardless of time from transplant (including HSCT for non-malignant diseases) • Autologous HSCT recipients in the last 12 months (including HSCT for non-malignant diseases) • Individuals with haematological malignancies who have o received chimaeric antigen receptor (CAR)-T cell therapy in the last 24 months, or o radiotherapy in the last 6 months • Individuals with haematological malignancies receiving systemic anti-cancer treatment (SACT) within the last 12 months except patients with chronic phase chronic myeloid leukaemia (CML) in molecular response or first or second line tyrosine kinase inhibitors (TKI). • All patients with myeloma (excluding MGUS) or chronic B-cell lymphoproliferative disorders (e.g. chronic lymphocytic leukaemia, follicular lymphoma) or myelodysplastic syndrome (MDS) who do not fit the criteria above. • All patients with sickle cell disease. • Individuals with non-malignant haematological disorder (e.g. aplastic anaemia or paroxysmal nocturnal haemoglobinuria) receiving B-cell depleting systemic treatment (e.g. anti-CD20, anti-thymocyte globulin [ATG] and alemtzumab) within the last 12 months.

Patients with renal disease	• Renal transplant recipients (including those with failed transplants within the past 12 months), particularly those who:
	  ○ Received B cell depleting therapy within the past 12 months (including alemtuzumab, rituximab [anti-CD20], anti-thymocyte globulin)
	  ○ Have an additional substantial risk factor which would in isolation make them eligible for nMABs or oral antivirals
	  ○ Not been vaccinated prior to transplantation
	• Non-transplant patients who have received a comparable level of immunosuppression
	• Patients with chronic kidney stage (CKD) 4 or 5 (an eGFR less than 30 ml/min/1.73m2) without immunosuppression

Patients with liver disease	• Patients with cirrhosis Child's-Pugh class B and C (decompensated liver disease). • Patients with a liver transplant • Liver patients on immune suppressive therapy (including patients with and without liver cirrhosis) • Patients with cirrhosis Child's-Pugh class A who are not on immune suppressive therapy (compensated liver disease)
Patients with immune-mediated inflammatory disorders (IMID)	• IMID treated with rituximab or other B cell depleting therapy in the last 12 months • IMID with active/unstable disease on corticosteroids, cyclophosphamide, tacrolimus, cyclosporin or mycophenolate. • IMID with stable disease on either corticosteroids, cyclophosphamide, tacrolimus, cyclosporin or mycophenolate. • IMID patients with active/unstable disease including those on biological monotherapy and on combination biologicals with thiopurine or methotrexate
Primary immune deficiencies	• Common variable immunodeficiency (CVID) • Undefined primary antibody deficiency on immunoglobulin (or eligible for Ig) • Hyper-IgM syndromes • Good's syndrome (thymoma plus B-cell deficiency) • Severe Combined Immunodeficiency (SCID) • Autoimmune polyglandular syndromes/autoimmune polyendocrinopathy, candidiasis, ectodermal dystrophy (APECED syndrome) • Primary immunodeficiency associated with impaired type I interferon signalling • X-linked agammaglobulinaemia (and other primary agammaglobulinaemias)
HIV/AIDS	• Patients with high levels of immune suppression, have uncontrolled/untreated HIV (high viral load) or present acutely with an AIDS defining diagnosis • On treatment for HIV with CD4 <350 cells/mm3 and stable on HIV treatment or CD4>350 cells/mm3 and additional risk factors (e.g. age, diabetes, obesity, cardiovascular, liver or renal disease, homeless, those with alcohol-dependence)
Solid organ transplant recipients	• All recipients of solid organ transplants not otherwise specified above
Rare neurological conditions	• Multiple sclerosis • Motor neurone disease • Myasthenia gravis • Huntington's disease

This table was correct at the time of publication. The latest information can be found here.

Table 2: *Eligibility for PANORAMIC study*

- **All patients aged 50 or over, OR**

- **Patients aged 18-49 with one of the following:**
  - Chronic respiratory disease (including chronic obstructive pulmonary disease (COPD), cystic fibrosis and asthma requiring at least daily use of preventative and/or reliever medication)
  - Chronic heart or vascular disease
  - Chronic kidney disease
  - Chronic liver disease
  - Chronic neurological disease (including dementia, stroke, epilepsy)
  - Severe and profound learning disability
  - Down's syndrome
  - Diabetes mellitus (Type I or Type II)
  - Immunosuppression: primary (e.g. Inherited immune disorders resulting from genetic mutations, usually present at birth and diagnosed in childhood) or Secondary due to disease or treatment (e.g. sickle cell, HIV, cancer, chemotherapy)
  - Solid organ, bone marrow and stem cell transplant recipients
  - Morbid obesity (BMI >35)
  - Severe mental illness
  - Care home resident
  - Considered by recruiting clinician to be clinically vulnerable

This table was correct at the time of publication. The latest information can be found here.

COVID Oximetry @home monitoring

[Further info: https://www.england.nhs.uk/coronavirus/publication/novel-coronavirus-covid-19-standard-operating-procedure-covid-oximetry-home/]

As per the flowchart on page 3, patients who are at higher risk and are well enough to be managed at home should be considered for COVID Oximetry @home (CO@h).

Pulse oximetry can help with earlier detection of silent hypoxia, where people have low oxygen levels in the absence of significant shortness of breath. This is intended to help reduce mortality, ensure timely hospital treatment, and potentially free up critical care beds.

The eligibility criteria are as follows:

- Each patient **must** be **diagnosed with COVID-19** (either clinically or with a PCR test) **and be symptomatic.**
- The patient must then be EITHER:
  - aged 65 years or older,
  - OR under 65, and at higher risk from COVID-19. Clinical judgement applies considering individual risk factors such as pregnancy, learning disability, caring responsibilities and/or deprivation.

These criteria were correct at the time of publication. The latest information can be found here.

CO@h is a **self-monitored and self-escalated** pathway, with optional check in calls for some patients. Patients are provided with a pulse oximeter, and a supporting pack including instructions on self-monitoring, and clear guidance on safety netting and escalation.

General practices should have received information on how to refer patients for CO@h from their local commissioner. If it is unclear how to refer patients to this service, please contact your local commissioner.

For those patients in whom a self-monitored pathway is not clinically deemed to be sufficient, a referral to local CO@h services providing **proactive telephone calls to support patient monitoring** should be considered.

Please note that all patients who are eligible for COVID-19 therapies (see *page 8*) should also be considered for CO@h monitoring as they are in high-risk groups.

COVID-19 treatments

As per the flowchart on page 3, the highest risk patients with mild to moderate symptoms should be considered for treatment with new antibody and antiviral treatments if they are within five days of symptom onset.

Two types of COVID-19 treatments are available:

- Neutralising monoclonal antibodies (nMABs) usually given by infusion or injection in a local hospital or health centre.
- Oral antiviral treatment – currently molnupiravir (Lagevrio) in capsule form that can be taken at home.

Patients who are eligible for these treatments should be referred to COVID-19 medicines delivery units (CMDUs).

Patients who are not eligible for COVID-19 treatments could be eligible for the PANORAMIC trial.

The detailed policy can be found here.

CMDUs

The majority of patients at highest risk from COVID-19 (listed in table 1 on page 4) will be identified centrally. These patients have been sent a letter (see here) to notify them that they are eligible to receive COVID-19 treatments in the event of a positive PCR test. If they receive a positive COVID-19 PCR result, they will usually be contacted via regional CMDUs within 24 hours of their positive test result.

A small number of these highest risk patients may not be contacted by CMDUs due to data mismatch. In the notification letter, patients have been advised to contact their GP practice or 111 if they test positive and have not been contacted by CMDU within 24 hours. GPs and 111 can refer these patients to CMDUs via ERS.

In addition, consultants and specialist teams have also been asked to write to patients who cannot be identified centrally (eg newly diagnosed or those receiving chemotherapy or radiotherapy in the last six months). These patients will need to ask for referral and ask NHS Test and Trace for a PCR test to keep at home.

GPs may also encounter patients who are in the highest risk group, but have not been identified as such via the central matching process (such as if they are homeless, or are not registered with a GP). These patients should also be referred to CMDUs via eRS.

Please note that proactive outreach by GP practices is not expected.

Therefore, if you are assessing a patient who is at highest risk (as listed in table 1 on page 4), has not been contacted by a CMDU, and meets the criteria for referral below, you should refer to a CMDU via eRS. We have asked commissioners that their CMDU services are listed in the infectious diseases specialty, under a non-specific (“not otherwise specified”) clinic type, but to include in the service name, the words ‘COVID-19 medicine delivery unit (CMDU)’. Some services may have been established with the service name ‘COVID MABS delivery unit (CMDU)’.

Referral criteria for CMDU:

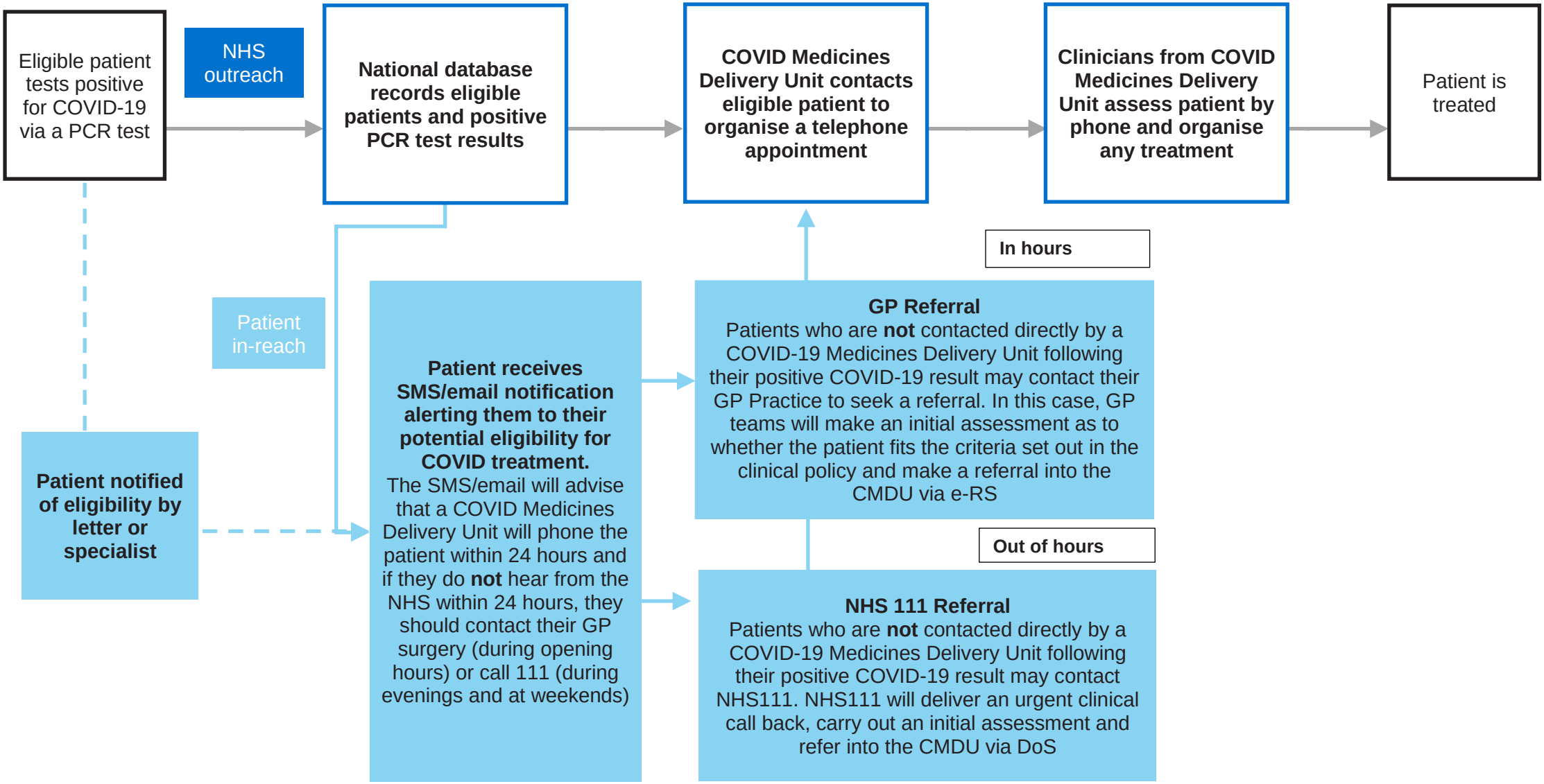
- Positive PCR test within 5 days, **AND**
- Onset of COVID-19 symptoms within 5 days **AND**
- Patient is a member of the **highest risk** cohort (listed in table 1 on page 4)

- **NOT** requiring hospitalisation or oxygen for COVID-19
- **NOT** under 12 years old
- **NOT** a child weighing less than 40kg

The main message for everyone is that vaccination is key and is still the mainstay of protecting people against COVID-19.

The next page contains a flowchart that displays the system-wide routes into CMDUs, with the general practice-relevant steps highlighted.

COVID-19 treatment pathway – overview for GPs/111



PANORAMIC study

[Further info: https://www.panoramictrial.org/]

PANORAMIC is a UK-wide clinical study to discover whether new antiviral treatments for COVID-19 in the community reduce the need for hospital admission, and reduce illness duration.

It is open to patients who:

- ✓ are currently experiencing COVID-19 symptoms which began in the last 5 days
- ✓ **AND** have had a positive PCR test for COVID-19 in the past 7 days
- ✓ **AND** are:
  - Aged 50 or over,
  - **OR** aged 18-49 with a pre-existing condition listed in table 2 on *page 5*.
- Note this study is not open to patients who are pregnant, or who require hospitalisation for COVID-19.

These criteria were correct at the time of publication. Live information can be found here.

Patients who are referred to the PANORAMIC study have a 50% chance of receiving an antiviral treatment (molnupiravir).

GPs are encouraged to support eligible patients with enrolling on the PANORAMIC study in one of two ways:

- Through signposting to online self-referral.
- Through referring into a local GP Research Hub.

GPs must not prescribe molnupiravir. Community pharmacies will not have access to any stocks of molnupiravir at this stage, and therefore patients will not be supplied with the medicine. Please therefore support eligible patients to access the PANORAMIC study through the methods outlined above.

Additional resources

Clinical Assessment

- HSJ Training videos for clinicians on Covid-19 early warning systems including Covid-oximetry

Patient-facing Resources

- How to look after yourself at home if you have coronavirus (COVID-19) – safety netting advice
- Advice about staying at home (self-isolation) if you have suspected or confirmed coronavirus (COVID-19)
- Patient video: how to use your pulse oximeter
- Patient video: how to use your pulse oximeter and Covid-19 diary
- Patients pulse oximeter usage videos in multiple languages
- Covid-19 pulse oximetry patient diary
- Covid-19 pulse oximetry patient diary- translated versions

COVID @home Monitoring

- Joint webinar from AHSN and RCGP on Covid Oximetry @home: overview for primary care
- Covid-19 oximetry @home SOP (NHSE)

COVID-19 Therapeutics

- COVID-19 community-based treatments - NHS Website
- PANORAMIC study website
- Patient-facing information on Treatment for COVID-19

IPC and Isolation Guidance

- IPC Guidance
- Updated UK Health Security Agency guidance on NHS staff, student and volunteer self-isolation and return to work following COVID-19 contact. Up to date on 16 December 2021.