
COVID + Learning Network Webinar Questions

OFFICIAL

NHS London Omicron Experience and Learning – GP & Home Oximetry

Questions and Answers

Q1: How are you managing the anti-virals in NSW?

A: Our model of care does provide a decisional tree to help identify the preferred drug between MABs and anti-virals. The local ID specialists are also very involved in the recommendations as we have maintained that all anti-viral prescriptions be provided from hospital pharmacies. Our guide to disease-modifying agents can be found [via this link](#).

Q2: At what proportion of BA2/BA1 cases would you recommend pivoting away from Sotrovimab as the treatment of choice for mild COVID of high risk (immunocompromised) hosts?

A: It is a challenging question. We are already exploring prioritising antivirals and if significant interactions are present, still use Sotrovimab for people for whom the antivirals would be contraindicated. We'll soon have to emit clinical advice broadly about this.

Q3: Was a pulse oximeter given to every COVID patient isolating at home or was there some inclusion criteria?

A: The NHS has a standardised operating procedure which identified people who are at higher risk and prone to early deterioration. These risk factors along with assessment of baseline biometric data, respiratory rate/oxygen saturations (NEWS score) enabled differentiation of where best place of care would be - urgent conveyance to hospital via 999 ambulance, ambulatory care for assessment and diagnostics or safe to self-manage at home with clear guidelines to safety net for evidence of deterioration.

NSW Health also had an algorithm to stratify patients based on both their recorded medical history and risk factors and through an integrated self-reported questionnaire. The flow chart can be found: [via this link](#). Using this approach, NSW Health managed 2.5% of patients in hospital, 2.5% through home-based monitoring and 95% through self-management and general practitioner support.

Q4: Do you have any data on how many oximeters were distributed in total to observe the patients and were the oximeters provided by the NHS? Did the patients have to contribute to their cost?

A: The oximeters were purchased by the NHS and distributed to each system. They could be ordered from a central repository by acute hospitals and GP services. There were hundreds of thousands ordered. The assumption was there would be > 70% return rate, but this has never come to fruition.

Q5: Do we know yet if long COVID is similar incidence and or symptoms for omicron as for delta and alpha?

A: In terms of referrals, we still seem to have a steady flow, despite the variants changing. It is not yet clear how vaccination affects this yet. Disease severity doesn't seem predictive of developing long COVID.

Q6: Do you use/have common referral criteria for these post COVID services?

A: Yes, and a SWL referral form is being developed for more unity with referral, but some broad themes include need CXR, basic blood test, exclude desaturation on exertion if SOB, etc.