



First Nations Health Authority  
Health through wellness

# Early COVID-19 Treatment for Higher Risk of Severe Illness

This document is intended as a resource for nurses in assessing early COVID-19 treatment options for individuals at risk for severe illness.

## MEMO TO COMMUNITY HEALTH NURSES

As we transition to a new phase of the pandemic, testing strategies have shifted from using testing for disease surveillance and case management purposes to testing being used to inform clinical management and early treatment provision for those who are at risk for severe illness. Generally, these are community members who are clinically extremely vulnerable (CEV) and/or those who are un- or under-vaccinated.

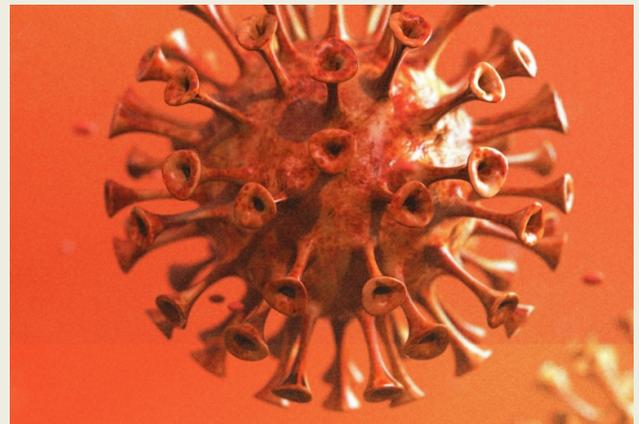
It is important to note that COVID-19 vaccination remains the most protective intervention for severe illness. However, for community members who are un- or under-vaccinated, and those who are considered CEV, risk remains high for severe illness. Recently, new treatments for COVID-19 have emerged which have proven to be effective at reducing hospitalization if given within an established timeframe.

This memo provides information and support for Community Health Nurses (CHNs) working in First Nations communities on priorities for identification, communication and testing for those who may be at risk for severe outcomes of COVID-19.

If at-risk community members become symptomatic, it is important to understand and prioritize which COVID-19 testing methods to use in order to obtain an early diagnosis and ensure timely access to primary care providers who can determine eligibility for early treatment or clinical intervention.

For more information please see: [COVID-19: Viral Testing Guidelines](#) (BC Centre for Disease Control)

While **CHNs are not responsible for determining eligibility or prescribing treatment**, it is helpful to understand what testing and treatment options are currently available.



## PRIOR TO AN AT-RISK COMMUNITY MEMBER BECOMING SYMPTOMATIC

CHNs may wish to review and update the priority community members list found in the Communicable Disease Emergency Response plan to start to review who in community might benefit from early COVID-19 treatments. (<https://www.fnha.ca/Documents/fnha-communicable-disease-emergency-response-plan.docx>, p.50)

If possible, the CHN can contact these community members prior to developing COVID-19 symptoms to provide information about possible early treatment options and/or recommend or facilitate a connection with a primary care provider to explore what testing and early treatment options are available.

Encourage clients to self-assess for potential treatment eligibility through online app: <https://covidtreatments.gov.bc.ca/>. **Those who are eligible should have a testing plan.**

This patient resource can be shared with community members who may be eligible for early COVID-19 treatment: <https://www.fnha.ca/Documents/FNHA-COVID-19-Know-Your-Risk-Know-Your-Options.pdf>

Currently, those at high-risk for severe illness and hospitalization, who may be eligible for treatment are:

- [Immunocompromised](#)
- [Clinically extremely vulnerable](#)
- Self-identify as Indigenous and
  - Age 70+ regardless of COVID-19 vaccine or infection history
  - Age 50+ who had 1 or 2 doses of COVID\_19 vaccine or previously diagnosed with COVID-19
  - Age 18+ who are unvaccinated or no previous COVID-19 infection

**For full information on definitions for treatment eligibility, please see:**

- [Practice Tool #1: Step-by-Step Assessment for Clinicians](#)
- [Practice Tool #2: Definitions of Clinically Extremely Vulnerable \(CEV\)](#)

**Other treatment resources to familiarize yourself with:**

- [Clinical Practice Guide: Recommendations and Evidence](#)
- [COVID-19 Treatments](#)
- [Practice Tool #3: Drug-Drug Interactions and Contraindications](#)

## ONCE AN AT-RISK COMMUNITY MEMBER BECOMES SYMPTOMATIC

### ***The “most sensitive test possible” principle***

Symptomatic community members who are clinically extremely vulnerable and/or at higher risk of developing severe illness should be offered the most sensitive test possible. This is most likely to be accurate early in the course of illness. These clients should be offered clinician-supported testing and need to be linked to primary care follow-up if a positive result is found. However, if there are barriers in accessing polymerase chain reaction (PCR) testing or other NAAT tests, other options such as rapid antigen testing may be considered. Rapid antigen approaches for those at risk for severe illness should involve repeat/series testing to mitigate risk of false negatives associated with rapid antigen testing in early stage of infection.

**Note: If client informs you that they have tested positive already on a rapid at home result, connect the client with a primary care provider immediately as treatment based on this result delivery method may be available.**

## Linking COVID-19 testing with early treatment eligibility assessment (primary care provider)

A linked approach is needed to connect COVID-19 testing to clinical assessment to determine the potential eligibility for therapy or clinical intervention should it be needed. If the client is unattached to a primary care provider (PCP), it may be appropriate to link them with virtual health care options such as:

- Rural Coordination Centre of BC Real-time virtual support (<https://rccbc.ca/rtvs/>)
- Additional information and connection to health care provider can be found through the following online assessment (<https://www2.gov.bc.ca/gov/content/covid-19/vaccine/treatments>)
- **For clients:** who may benefit from treatment and to determine how to access treatment, visit [gov.bc.ca/covidtreatments](http://gov.bc.ca/covidtreatments) or **call Service BC for assistance: 1-888-COVID-19** (1-888-268-4319) (7:30 am to 8 pm).
  - If you do not have a family doctor, nurse practitioner or specialist, or you are unable to see them immediately, please call Service BC at **1-888-268-4319** to start the assessment process. Tell them you are calling about COVID-19 treatment options and that you have completed the online screener.

## Considerations for clients around accessing COVID-19 testing and primary care follow-up

Discussions and shared decision-making will determine which testing pathway is best for a given client. When reviewing testing options please keep in mind the following considerations:

- Client comfort and preference
- Accessibility of testing instruments/ testing sites
- Limited window of eligibility for certain treatments
- Regional health authority PCR testing turn-around time
- Test sensitivity when considering clinician supported testing, with the principle in mind to offer the most sensitive test available.

## POSSIBLE PATHWAYS TO CONSIDER IN HEALTH CARE PROVIDER TESTING. OPTIONS MAY INCLUDE:

### 1. In-community swab by CHN, shipped to local lab

Community Health Nurse collects specimen for PCR processing at Regional Health Authority Lab. For more information about how to set up specimen collection in community, please review:

- <https://www.fnha.ca/Documents/FNHA-Considerations-for-Implementing-COVID-19-Specimen-Collection-in-First-Nations-Communities.pdf>

Ensure the most responsible PCP is included on lab requisition for result notification. Follow up with a phone call to most responsible PCP to let them know that a test for an individual who may meet criteria for treatment is being processed and determine who is responsible for client follow up.

### 2. Out of Community Testing by Regional Health Authority Collection Centre (consider geographical barriers)

Remind client when they visit the RHA collection centre to indicate to regional health authority that they may be at risk for severe illness and would like follow up by their doctor/virtual PCP (if unattached). If the client is unsure if they may be eligible for treatment, they should connect with their PCP.

### 3. Community-Based Testing Instruments

#### Nucleic acid amplification test (NAAT) based assays

The sensitivity of NAAT-based tests is higher than that of antigen-based tests and is equivalent to lab PCR tests when viral loads are high enough to transmit Sars-CoV-2. NAATs make copies (amplify) of Sars-CoV-2 genetic material (nucleic acids), enabling them to detect very small amounts of COVID-19 in a specimen and making these tests highly sensitive for diagnosing COVID-19. In other words, NAATs can reliably detect small amounts of COVID-19 and are less likely to give a false-negative result.

- **GeneXpert Xpress SARS-CoV-2 RT-PCR, or Abbott ID Now COVID-19 RNAT Assay**

This clinician-delivered testing should be offered for eligible community members. With the ID NOW, it is recommended that the CEV client who tests negative, should repeat tests again every day until 5-7 days after symptom onset or until PCR confirmatory test negative result is received.

- **Lucira™ COVID-19 All-In-One Test Kit**

Clinician observation in-person or virtually recommended but not required. Communities with the most limited access to CHNs may have received Lucira™ COVID-19 All-In-One Test Kit. If a negative test is found on Lucira™, it is recommended that the client who is CEV tests again every day until 5- 7 days after symptom onset.

### 4. Rapid At-home Antigen-Based Assays

- **Rapid Antigen Testing (RAT)**

Clinician observation in-person or virtually recommended for those at risk for severe illness or potentially eligible for treatment, but not required.

- **Those at higher risk of severe illness**

Although NAATs are preferred for higher risk individuals, positive RAT results are accepted to inform treatment eligibility in those at higher risk of severe illness. In this population, if a negative result is found on a RAT re-testing is recommended every day until 5-7 days after symptom onset to mitigate risk of false negatives in early infection. Alternatively and preferably, if the client receives a negative result on an at home RAT, they should access a follow up NAAT based test if possible. The sensitivity of RATs can be as low as 51.6% and is their accuracy is heavily dependent on viral load, requiring 1000 x more viral load than a molecular test.

- **Those at lower risk of severe illness**

RAT kits available in the community can be supported ideally for individuals who are at lower risk of severe illness and not eligible for treatment. Support community awareness of risk of false negatives and to stay home when sick, regardless of test result.

#### Notes on confirmatory testing requirements:

In general, a single negative test found on a point of care test (with exception to community GeneXpert Xpress SARS-CoV-2 RT-PCR) **should not be used alone to rule out COVID-19 for the purpose of directing client care.**

**Therefore, if a result is negative** on Abbott ID NOW, Lucira, or Rapid Antigen Tests, the current recommendation is that the clinician will:

- Confirm the negative result on a COVID-19 PCR test at a regional health authority lab or community GeneXpert machine (if capacity allows)

**OR**

- Repeat test the person using the most sensitive community based test available (if symptoms persist) daily for clinically vulnerable clients, or every other day for others, up to 5-7 days after symptom onset, or until confirmatory results of the PCR test are reported or a positive result is found on a community-based repeat test.

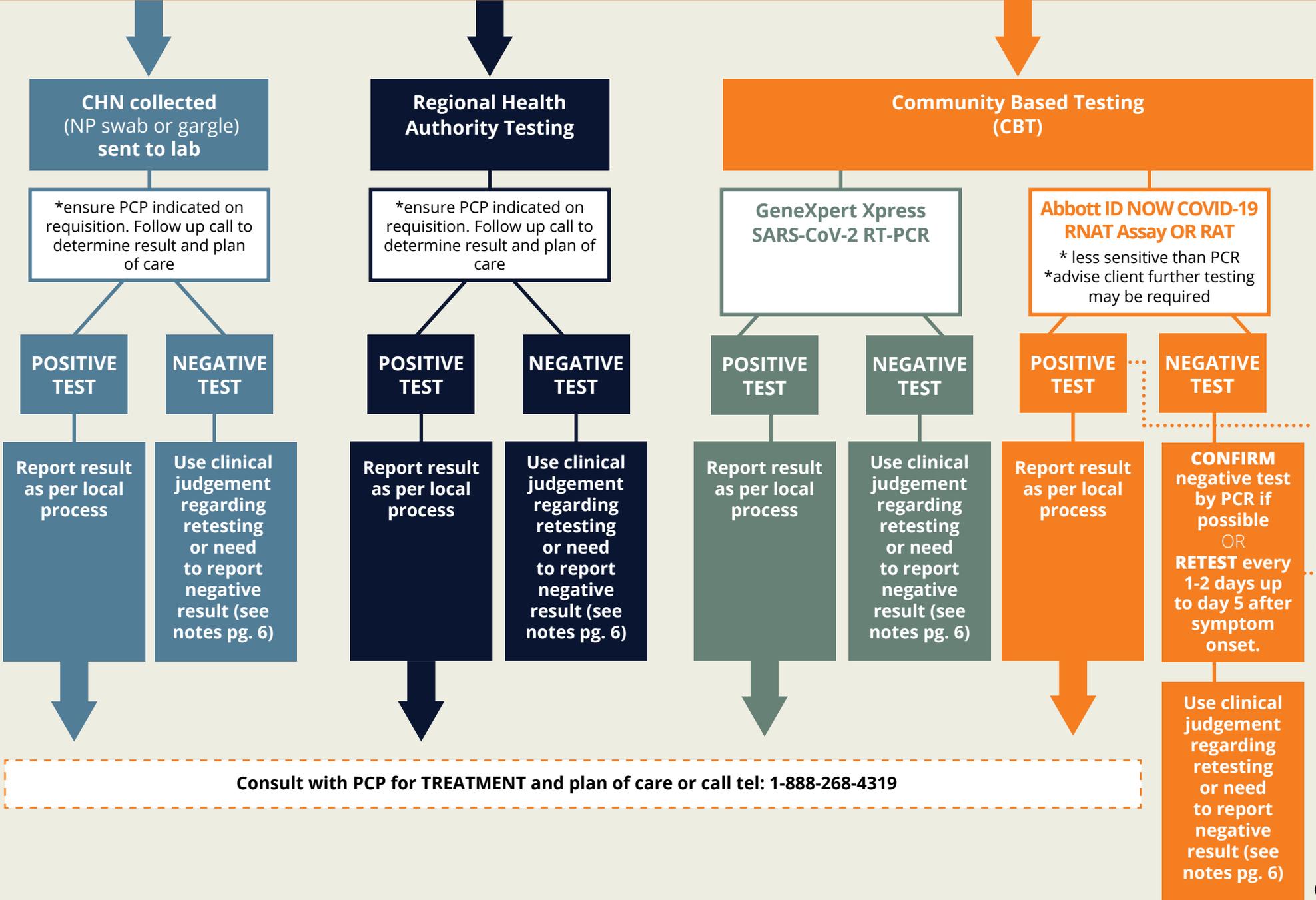
If a discrepancy in results are found (i.e., positive result found on PCR or repeat test), the testing clinician should refer client to the most responsible PCP immediately to ensure timely access to clinical follow up.

**For more information, refer to:**

[http://www.bccdc.ca/Health-Professionals-Site/Documents/Guideance\\_POC\\_Diagnostic\\_Testing\\_Remote\\_Rural\\_Indigenous.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/Guideance_POC_Diagnostic_Testing_Remote_Rural_Indigenous.pdf)

**FLOW CHART 1:  
Most Sensitive Testing options for Symptomatic CEV Individuals**

**COVID-19 TESTING**



## NOTES

### Informed Consent:

Clients must be advised that:

- Regardless of test result, the requirement to self-isolate must be followed. The requirement to self-isolate is, at minimum, based on BCCDC's [self-isolation](#) recommendations.
- Collection of additional test samples may be necessary depending on instrument used, pre-test likelihood or if determined by the MHO.

### Clients must:

- Wait or agree to return for the result.
- Continue to self-isolate until they receive further guidance.
- Re-test themselves at home using a RAT if appropriate

### Reporting results:

The following needs to be reported to the to the health authority communicable disease unit (CDU) or the MHO: <https://www.fnha.ca/Documents/FNHA-Communicable-Disease-Management-Resources-Regions.pdf>

### On specimen collection:

There is some evidence to show that throat swabbing can increase test sensitivity of RATs. Users may choose to perform combined oral and nasal sampling as it may increase test sensitivity. For more information on the combined sample collection method see: [throat sample collection method from Ontario Health](#)