

 Tasmanian Government	THIS IS AN UPDATE FROM THE SECRETARY OF THE DEPARTMENT OF HEALTH		
	Please distribute as soon as possible to all doctors and nurses in this practice.		
21 March 2022	No. of pages (including this page): 2	Phone: 1800 671 738	Fax: 6173 0821

Department of Health Update: 21 March 2022

The Department of Health has released its 2022 Winter Strategy to ensure the State is prepared to manage both COVID-19 and influenza peaks, should they happen separately or in tandem.

Winter Strategy

Tasmania's primary care sector will provide the frontline response to managing influenza and other respiratory illnesses. The Department of Health will support primary health care providers in their role as immunisers and responders, and fill any vaccination or respiratory illness management gaps, particularly in rural and regional areas.

The Department of Health will lead a heightened response for the 2022 winter period, which includes:

- Increased COVID-19 and Influenza vaccination rates, particularly for vulnerable cohorts
- Increased levels of testing to detect influenza and COVID-19 and ensure timely and accurate treatment
- Increased hospital avoidance and primary care support
- Maintaining the additional COVID-19 bed capacity in hospitals
- Continuing to build and maintain COVID-19 and influenza treatment stockpiles and increase availability, including through pre-positioning.

Read more about the [Winter Strategy on the Department of Health website](#)

Flu shots and COVID-19 vaccinations

Tasmanians aged 6 months and older are recommended to have a flu shot (influenza vaccine). The Department will develop and implement targeted programs to maximise vaccination coverage:

- NIP eligible people: including children aged 6 months to <5 years, those aged 65 years and older, pregnant women, Aboriginal and Torres Strait Islanders aged 6 months and over and those with a specified medical condition aged 6 months and older
- Disability: people with disabilities, their family/household members, and disability support workers
- Aged Care: workers in residential aged care facilities, in-home and community-based aged care, and family/household members of older people
- People in rural and remote areas without access to vaccination providers
- Workers in other critical industries:
 - Food, agriculture, aquaculture
 - Hospitality
 - Education and early childhood education and care
 - Freight, logistics and manufacturing
 - Healthcare
 - Emergency management (including prisons and correctional facilities)

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COVID-19 vaccines can be given on the same day as a flu shot. If a patient has been diagnosed with COVID-19, they can receive a COVID-19 booster or a flu vaccine as soon as they have been released from isolation and their symptoms have resolved. If a patient has been diagnosed with influenza, they can receive a COVID-19 vaccine or booster as soon as their symptoms have subsided.

Read more about [flu vaccination on the Department of Health website](#)

Hospital avoidance

COVID@home +

The **COVID@home** virtual care program will be expanded to include other respiratory illnesses, supporting people who need increased levels of monitoring to recover in their own homes.

The program will focus on presentation and admission avoidance and will work collaboratively with General Practice to identify at-risk patients.

The program will continue to provide a remote monitoring service and 24/7 care contact.

COVID@Hotel accommodation

Over 250 hotel rooms have been secured to provide accommodation to COVID positive people that are unable to safely isolate at home or in their temporary accommodation (e.g. traveller, seasonal worker).

Extended GP-Led Respiratory Clinics

The GP-led respiratory clinics support assessment and management of respiratory illness and will be crucial for hospital avoidance over the winter period. The Commonwealth has confirmed an extension of funding support for GP Respiratory Clinics to 30 September 2022.

Extended Case Management Facilities

COVID Case Management Facilities (CCMFs) are in place in all three Regions. CCMFs provide care in an environment which is at a higher level than a home environment, but which is not at the same level as a hospital.

CCMFs act as a higher-level hospital avoidance program.

The concept can be applied to Influenza and Respiratory Viruses and DoH will work to adapt the model of care to include case management facilities in the clinical pathway.

Dale Webster

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