

Information for Auckland Region Primary care on Covid-19 swabbing July 17, 2020

The following is an update based on Ministry of Health guidance on community testing for COVID-19 from July 15 2020.

Previous to this the case definition had been amended to remove 'suspect' case definition and to introduce Higher Index of Suspicion (HIS) criteria to provide guidance around risk assessment (see further down).

1. Clinicians should apply the new guidance of 15 July when using their clinical judgement about who to test for COVID-19, when a person has symptoms consistent with COVID-19, but does not meet the Higher Index of Suspicion criteria. **All people who are symptomatic and meet the Higher Index of Suspicion (HIS) criteria should be offered a test for COVID-19.** They continue to be the highest priority for testing.
2. Clinicians should also offer a test for COVID-19 to others presenting to health services with symptoms consistent with COVID-19 **and** who are more likely to have severe consequences if they were to contract COVID-19. This group includes: seniors (over 70); Māori, Pacific peoples, of all ages; and those who have significant pre-existing conditions (e.g. chronic obstructive pulmonary disease, high blood pressure, heart disease, diabetes) of all ages.
3. We (MoH) also advise testing of all symptomatic health care workers and aged residential care staff.

It is important that clinicians use clinical discretion to determine if those outside the above groups presenting with symptoms consistent with COVID-19 should be offered a test.

Only those meeting both the clinical and the HIS criteria are asked to self-isolate while awaiting test results.

Primary Care need to continue with e-notification for all testing, correctly completed to facilitate the current result notification and payment pathways and collect relevant information about people who are tested. Consultations about COVID-19 testing which don't result in a test are funded (\$60), along with COVID-19 testing (see table).

The amended case definition of 23 June defined Clinical Criteria and Higher Index of Suspicion Criteria as below.

Clinical criteria

The following symptoms are consistent with COVID-19:

Any acute respiratory infection with at least one of the following symptoms: new or worsening cough, sore throat, shortness of breath, coryza (runny nose), anosmia (loss of smell), with or without fever.

Some people may present with symptoms such as only: fever, diarrhoea, headache, myalgia, nausea/vomiting, or confusion/irritability. **If there is not another likely diagnosis, and they meet the HIS criteria, then test.**

Higher Index of Suspicion (HIS) criteria

Either, **in the 14 days prior to illness onset** have:

- had contact with a confirmed or probable case
- had international travel
- had direct contact with a person who has travelled overseas (eg. Customs and Immigration staff, staff at quarantine/isolation facilities)
- worked on an international aircraft or shipping vessel
- cleaned at an international airport or maritime port in areas/conveniences visited by international arrivals,

or

- any other criteria requested by the local Medical Officer of Health

What about people who don't have symptoms of COVID-19?

People without symptoms don't usually need testing.

In COVID-19 Alert Level 1 asymptomatic people may be requested to be tested because they

- are working in roles that relate to New Zealand's international border (e.g. airport or maritime workers, staff in Managed Isolation Facilities)
- have been requested to have a COVID-19 test by a Medical Officer of Health as part of the investigation or management of a COVID-19 case or cluster, or
- have been specifically offered testing by the Ministry of Health.

The Northern Region border testing plan, submitted to the Ministry of Health in early July, covers the Auckland International Airport and the Managed Isolation and Quarantine Facilities (MIFs/QF). Auckland Airport and border agency staff and aircrew have previously been offered testing in April/May and late June/early July as part of asymptomatic testing requested by the Ministry Health. The current plan is rolling three weekly and four weekly testing opportunities according to risk group, via mobile testing teams onsite, supplemented by the provision of referrals for accessing testing via CBACs where that is more convenient and to ensure good coverage of shift workers.

IMPORTANT: Where testing is part of the border testing plan, people should present with a Voucher with a surveillance code, with the suffix depending on their situation (i.e. SURV...). If you are specifically requested by a Medical Officer of Health or the Ministry of Health to test someone without symptoms, who does not have a Voucher, please use the surveillance code SURV GEN.

In general, testing is not indicated for people without symptoms prior to returning to work or school.

Summary Table

| Assessment of risk of Covid-19 | Is Covid-19 swab required? | Isolate while awaiting swab result? | Negative swab isolation requirements: | Lab form, e-notification and funding (Primary Care) requirements |
|--------------------------------|----------------------------|-------------------------------------|---|--|
| HIS* + symptoms | Yes | Yes | Remain at home while they have symptoms. Full 14 days of isolation from last exposure needs to be completed if a close | Lab Form Write SURV-HIS code clearly on the form E-notification: Tick 'symptoms present' and |

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| | | | <p>contact and not classed as probable case, or 14 days from arrival if international traveller (will be in Managed Isolation Facility). Otherwise advised to discuss return to work with their primary care provider.</p> <p>NB: Advice on this is in development by NRHCC; Medlnz will alert you when this is released. Meantime advise fit to return 24 hrs after acute symptoms are resolved.</p> | <p>‘full’ assessment, document close contact name, if relevant.</p> <p>Write SURV-HIS in notes field and further describe the HIS criteria; eg. Cleaner at managed isolation facility, is a customs officer at the international border</p> <p>Funding: \$250</p> |
| HIS* + no symptoms - Requested by MOoH** | Yes | No if part of asymptomatic border worker testing; may be if requested by local MOoH | No, unless directed by MOoH | <p>Lab Form</p> <p>Write SURV-HIS code clearly on the form, or Voucher code.</p> <p>E-notification: Tick ‘no symptoms present’ and ‘simple’ assessment, Write SURV-HIS or Voucher code in notes field and further describe the HIS criteria; eg. Cleaner at managed isolation facility, is a customs officer at the international border</p> <p>Funding: \$120</p> |
| HIS + No symptoms and NOT part of border worker testing or requested by MOoH** | No | N/A | N/A | N/A |
| Non-HIS* + symptoms | May be done on clinical discretion – should be offered if more likely to have severe consequences of COVID-19 and health care workers and ARC staff (as per MoH Guidance, 14 July) | No | Advice to stay home until symptomatic illness resolved | <p>Complete e-notification: if assessment and swab, funded \$120, ‘Simple’.</p> <p>If assessment and no swab funded \$60, ‘Assessment’</p> |

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| Non-HIS* + no symptoms | No, unless requested as part of organised surveillance testing | No | N/A | N/A |
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* Higher Index of Suspicion, **Medical Officer of Health,

See Alert Level 1: Personal Protective Equipment (PPE) for taking COVID-19 naso/oropharyngeal swabs.
<https://www.health.govt.nz/system/files/documents/pages/alert-level-1-personal-protective-equipment-for-taking-covid-19-nasopharyngeal-or-throat-swabs-25jun20.pdf>

In brief, the Personal Protective Equipment (PPE) when taking a swab is the same for all patients with symptoms consistent with COVID-19, irrespective of Higher Index of Suspicion criteria, and for all people with HIS criteria (irrespective of symptoms).

Note: oropharyngeal swabs may also be used for COVID-19 and may be more acceptable to some patients. Nasopharyngeal swabs (NPS) are still preferable if available and tolerated. NPS with viral medium can be used to take a COVID-19 swab from the oropharynx.