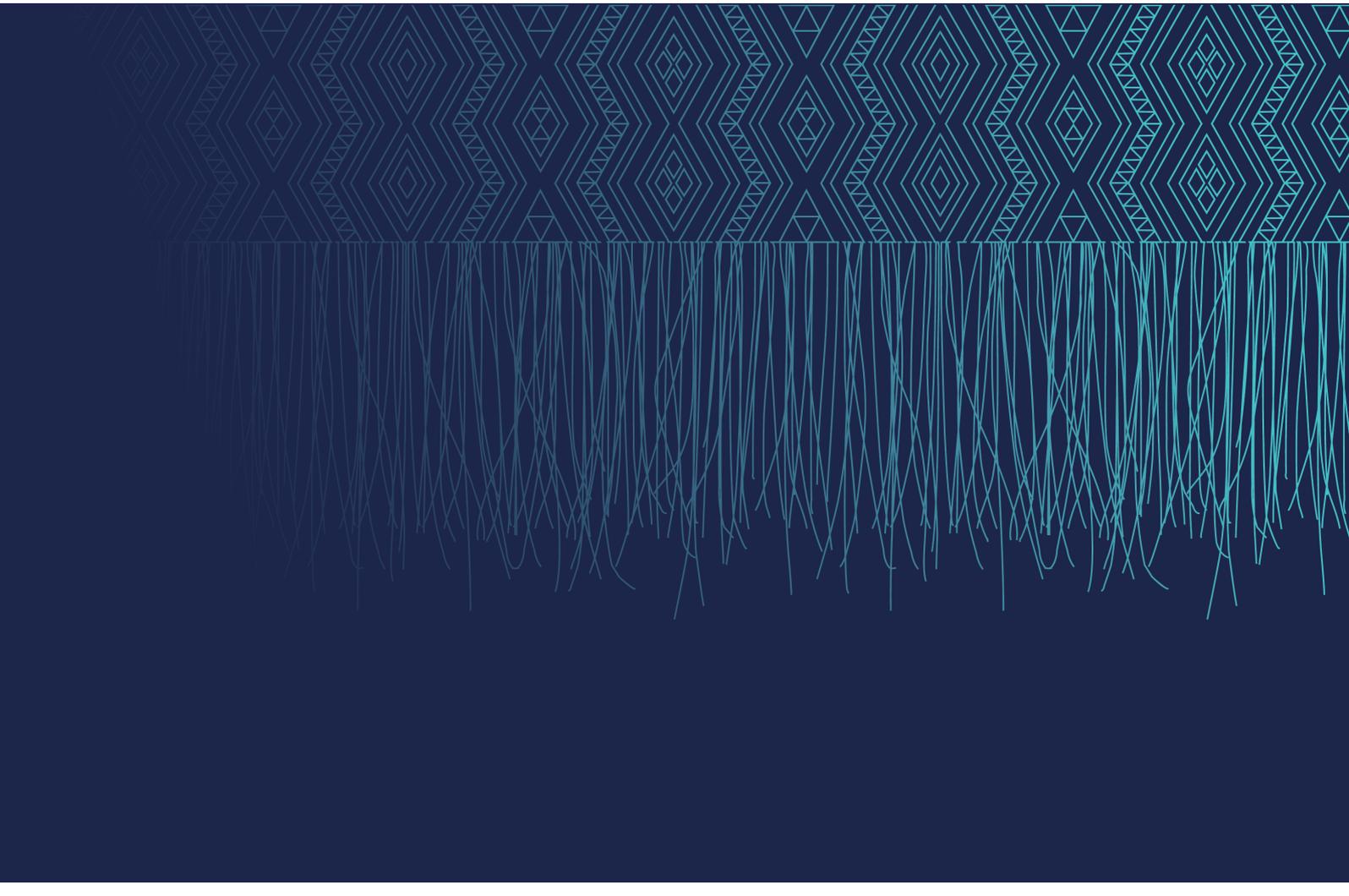


Te Whatu Ora
Health New Zealand

COVID-19 TESTING GUIDANCE

September 2022



COVID-19 Testing Guidance

Purpose of this guidance

The COVID-19 Testing Guidance summarises and provides guidance for the healthcare workforce such as clinicians (for example) and kaimahi who provide testing advice and/or make decisions about testing for SARS-CoV-2 (COVID-19) in Aotearoa New Zealand.

It is aligned with the [COVID-19 Testing Plan](#).

It aims to guide and provide the rationale for test selection in various settings. It also provides or links to specialist and/or sector-specific testing guidance for additional relevant clinical and public health advice.

Principles of testing

Large scale testing interventions aim to reduce transmission rates through the detection of cases, enabling treatment, isolation and other relevant control and prevention measures. Testing programs act as a link to care and support programs, which need to be provided equitably, based on risk of infection and disease burden.

The Testing Plan builds on the previous testing settings and focuses testing modalities to:

- Identify if those most likely to have COVID-19 (such as symptomatic individuals or household contacts) are cases and therefore should isolate to reduce transmission and, if directed by a clinician, be given access to an appropriate anti-viral therapeutic, social supports where required and relevant general health advice;
- Improve COVID-19 related health outcomes for people most at risk of severe illness, particularly Māori, Pacific, disabled, people over 65 years, and those with co-morbidities (especially respiratory illnesses) at a population, community, and individual level;
- Protect vulnerable individuals, such as those in hospital, palliative care, or residential care facilities by testing symptomatic workers before they come into contact with these vulnerable individuals;
- Enable critical healthcare workers to go to work via the healthcare worker (HCW) [Case and Contact Management guidance](#), reducing the impact on critical healthcare services and infrastructure;
- Contribute to enabling appropriate health system management of COVID-19 along with seasonal illness demands as well as other urgent and non-urgent health care needs;
- Maintain appropriate surveillance activities so that population level public health actions are justified by the level of risk.

Objectives of testing

The [COVID-19 Testing Plan](#) seeks to ensure fit-for-purpose testing services to support the detection of COVID-19 in Aotearoa.

The objectives of COVID-19 testing are to:

1. Inform a rapid and effective public health response
2. Enable provision of the right healthcare for individuals to reduce personal adverse outcomes and death and protect health system capacity. Ensure access to anti-viral therapeutics.

3. Enable equitable, accessible and fit for purpose testing options for Māori and other priority populations, and specific higher risk situations
4. Enable early implementation of infection and prevention control measures
5. Provide population health information for surveillance of COVID-19
6. Provide health intelligence on emergence of new variants of concern

Te Tiriti o Waitangi

The principles of Te Tiriti o Waitangi provide the framework for how we meet our obligations under Te Tiriti in our day-to-day work. This means all providers should have a current operational responsiveness to Māori policy in place to ensure the principles (Partnership, Participation and Protection) are reflected in practice:

In the absence of this, the following guidance should be followed until the organisation has an operational policy to promote a way of working and advance cultural safe practice:

- Proactive collaboration and engagement with Māori SME's / advisors or iwi Māori providers should be formalised to inform how you meet delivery testing gaps for Māori (Partnership).
- Ensure communication is timely, consistent and easy to read – it's an opportunity to promote health literacy for individual, whanau and community (Protection).
- Ensure you create an environment that is culturally safe for the patient and their whanau. And an openness to include whanau in the testing process (Protection).
- Options that may include extended operation hours and mobile testing approaches (Participation).

Advancing equitable access

Advancing equitable access is not just about acknowledging people with differences in health that are not only avoidable but unfair and unjust. It is being deliberate and purposeful about addressing it.

Equity recognises some communities and people experience a disservice because of their ethnicity, disability, age, gender and socio-economic status, therefore it requires different approaches and resources to get equitable health outcomes. Communities of interest include Pacific people, disability, ethnic communities and other groups characterised as "At Risk".

In the absence of operational policy focused on cultural safety for your organisation, here is some guidance to consider:

- Understand the diversity of your service populations to inform approach.
- Proactive engagement with SME's (including interpreters) from communities of interest for guidance.
- Access to appropriate communication and resources to promote health literacy.
- Ensure you create an environment that is culturally safe for the patient and their whanau. And an openness to include family in the testing process.
- Options that may include extended operation hours and mobile testing approaches.

Context

New Zealand's testing approach takes into consideration case numbers and how they are tracking (modelling) and any new variants of concern that may cross the border and enter the community.

Rapid Antigen Tests (RATs) have been the recommended testing modality for most groups of people who are required to test and isolate since 23 February 2022.

Nucleic acid amplification tests (eg: PCR) can still be used for priority groups such as vulnerable persons, including those in hospital or residential care facilities and those who are immunocompromised.

Please note, that as this is a **guidance** document, the testing information contained within each of the various populations and settings are to be considered as **recommendations** only.

Guidance for various populations and settings

General population (including close contacts outside of household)

Purpose	Protect Population health monitoring (surveillance of case rates and variants of concern) Support the public health measures (slow transmission through isolation and other protective measures)
Modality and who to test	Symptomatic: RAT Sentinel surveillance: PCR At discretion of a health professional to inform clinical management: PCR Symptomatic and negative RAT: PCR Testing not required to release cases from isolation.
Notes	Generalised testing of asymptomatic people is not currently recommended. A follow-up PCR test is no longer recommended to confirm a positive RAT result in the community unless advised by a healthcare practitioner.
Relevant guidance	Links: <u>Testing Operational Guidance for General Practice</u> <u>Guidance on managing community cases and contacts</u>

Household contacts

Purpose	Protect Support the public health measures (slow transmission through isolation and other protective measures) and access to social support if required
Modality and who to test	All household contacts test daily for 5 days (from when the first case in the household tests positive): RAT Symptomatic: RAT At discretion of a health professional to inform clinical management: PCR
Relevant guidance	Links: <u>Guidance on managing community cases and contacts</u>

Priority populations

Priority groups are those that are inequitably impacted by outbreaks of COVID-19. These include:

- Māori and Pacific peoples
- Disabled people including physical, intellectual, sensory, cognitive, accident and age-related disabilities, mental health and addiction issues, and those with long-term health conditions.
- At-risk populations including ethnic communities, remote and rural people, older people (65 plus), the homeless and those in transitional housing, and other groups experiencing disadvantage.

Vulnerable groups include people who are at higher risk of severe illness from COVID-19. These include:

- People with medical conditions and/or who are immunocompromised
- Older people
- People in aged residential care facilities
- Other factors contributing to risk such as ethnicity, smoking, pregnancy.

Purpose	Protect Support the public health measures (slow transmission through isolation and other protective measures) Access social support if required
Modality and who to test	Symptomatic: RAT At discretion of a health professional to inform clinical management: PCR If symptomatic and negative RAT: PCR Testing not required to release cases from isolation.
Notes	Using PCR to confirm the diagnosis may be to both inform the clinical management and care of an individual (for example if they are immunosuppressed and confirmation of diagnosis will determine if certain therapeutics can be used) and public health management in terms of isolation. For these groups, in most situations, a supervised RAT may be performed first to provide an indicative result. PCR may also be used to provide a definitive diagnosis: <ul style="list-style-type: none"> • Where a symptomatic individual is suspected to have COVID-19 but has returned a negative supervised RAT result (that could therefore be a false negative) • Where diagnosis may affect management of an individual (for example starting antivirals) • To alert staff to a possible facility outbreak (eg aged residential care) In some places, PCR may not be readily available, therefore repeat a RAT or patient management based on clinical judgement is recommended.
Relevant guidance	Links: <u>What does a priority population mean when it comes to testing?</u> <u>Testing Operational Guidance for General practice</u> <u>Supervised Rapid Antigen testing – Guidance for Community Providers</u>

Healthcare (including in-home healthcare) and Emergency Service workforces

Purpose	Protect
Modality and who to test	Symptomatic: RAT At discretion of a health professional to inform clinical management: PCR Additional precautions beyond day 5 may be advised for staff who were household contacts and who work with vulnerable patients/clients – refer to guidance.
Relevant guidance	Links: <u>Guidance for return to work for healthcare workers</u>

Hospitals

Purpose	Protect
Modality and who to test	Admissions, Inpatients and Outpatients: Follow local hospital guidelines. At the discretion of a health professional to inform clinical management: PCR Inpatients who return a positive PCR , are required to have whole genomic sequencing (WGS). Staff: Refer to 'Healthcare (including in-home healthcare) and Emergency Service workforces'. Visitors: Follow local hospital guidelines.

Aged and Community Residential Care

Purpose	Protect
Modality and who to test	Residents: Symptomatic: RAT At discretion of a health professional to inform clinical management: PCR To support public health management of outbreak risks: PCR Symptomatic and negative supervised RAT: PCR Testing not required to release cases from isolation. Staff: Symptomatic: RAT At discretion of a health professional to inform clinical management: PCR To support public health management of outbreak risks: PCR Additional precautions beyond day 5 may be advised for staff who were household contacts and who work with vulnerable patients/clients – refer to guidance. Asymptomatic: daily RAT surveillance recommended during a surge in COVID-19 positive community/facility cases Visitors: Follow facility guidelines.
Notes	Using PCR to confirm the diagnosis may be to both inform the clinical management and care of an individual (for example if they are immunosuppressed and confirmation of diagnosis will determine if certain therapeutics can be used) and public health management in terms of isolation.

	<p>For these groups, in most situations, a supervised RAT may be performed first to provide an indicative result.</p> <p>PCR may also be used to provide a definitive diagnosis:</p> <ul style="list-style-type: none"> • Where a symptomatic individual is suspected to have COVID-19 but has returned a negative supervised RAT result (that could therefore be a false negative) • Where diagnosis may affect management of an individual (for example starting antivirals) • To alert staff to a possible facility outbreak (eg.aged residential care) <p>In some places, PCR may not be readily available, therefore repeat a RAT or patient management based on clinical judgement is recommended.</p>
Relevant guidance	<p>Links:</p> <p><u>Guidance for Testing and Isolation in Aged Residential Care facilities</u></p> <p><u>Guidance for Testing and Isolation in Community Residential Care facilities</u></p> <p><u>Guidance for return to work for healthcare workers</u></p> <p><u>Testing Operational Guidance in General practice</u></p>

Corrections facilities

Purpose	Protect
Modality and who to test	<p><i>Inmates:</i></p> <p>Symptomatic: RAT</p> <p>At discretion of a health professional to inform clinical management: PCR</p> <p>To support public health management of outbreak risks: PCR</p> <p>Symptomatic and RAT negative: recommend a PCR</p> <p>Testing not required to release cases from isolation.</p>
	<p><i>Staff (non-healthcare):</i></p> <p>Voluntary asymptomatic: RAT</p> <p>Symptomatic: RAT</p> <p>At discretion of a health professional to inform clinical management: PCR</p> <p>To support public health management of outbreak risks: PCR</p> <p><i>Staff (healthcare):</i></p> <p>Refer to 'Healthcare (including in-home healthcare) and Emergency Service workforce'.</p>
	<p><i>Visitors:</i></p> <p>Follow facility guidelines.</p>

Air Border arrivals or returnees

Purpose	<p>Protect</p> <p>Support public health management</p> <p>Surveillance regulatory requirement</p>
Modality and who to test	<p>Asymptomatic travellers and returnees: RAT on day 0/1 and 5/6</p> <p>Symptomatic: RAT</p> <p>Border arrivals who are RAT positive: PCR with whole genomic sequencing (WGS) for variant surveillance purposes</p>
Relevant information	<p>Links</p> <p><u>Travelling to New Zealand</u></p> <p><u>Travel to New Zealand by Air</u></p>

Education

Purpose	Protect Support public health management
Modality and who to test	<p>Staff: Symptomatic: RAT At discretion of a health professional to inform clinical management: PCR To support public health management of outbreak risks: PCR Voluntary twice weekly testing of staff (until end of term 3) only in:</p> <ul style="list-style-type: none"> ○ Specialist schools ○ Special needs units ○ Boarding hostels
	<p>Visitors: Follow facility guidelines.</p>
Relevant information	Additional information on COVID-19 relating to Education can be found here: <u>Te Mahau</u>

Further information on various testing modalities

Please note, this section is currently under review and will be included in the next iteration