
To:	General Practices, After-Hours Centres and Emergency Departments in the greater Wellington and Wairarapa regions
From:	Dr Craig Thornley, Medical Officer of Health & Clinical Head of Department
Date:	24/07/2020
Title:	Director-General of Health update to health sector: community testing for COVID-19

Please distribute the following information to relevant staff in your organisation.

All public health alerts are available at www.rph.org.nz/publichealthalerts

Director-General of Health update to health sector: Community testing for COVID-19 and ensuring access to testing facilities

The Ministry of Health has circulated the attached letter from Dr Ashley Bloomfield, Director-General of Health, concerning guidance on community testing for COVID-19.

Key points from the letter are as follows:

- “We are trying to lift the overall level of testing for COVID-19 and need your support.
- All patients presenting with symptoms consistent with COVID-19 should be offered a test.
- All tests should be free of charge to the patient.
- The Higher Index of Suspicion (HIS) criteria are unchanged and represent those who are our highest priority for testing. See the letter and the [Ministry of Health website](#) for more detail.
- The drive to also test all patients presenting with symptoms consistent with COVID-19 is part of our broader disease surveillance.
- Providers should work together to ensure access to testing facilities, including reasonable hours of operation and mobile services.”

Kia ora koutou,

Key points

- We are trying to lift the overall level of testing for COVID-19 and need your support.
- All patients presenting with symptoms consistent with COVID-19 should be offered a test.
- All tests should be free of charge to the patient.
- The Higher Index of Suspicion (HIS) criteria are unchanged and represent those who are our highest priority for testing. See below and [our website for more detail](#)
- The drive to also test all patients presenting with symptoms consistent with COVID-19 is part of our broader disease surveillance.
- Providers should work together to ensure access to testing facilities, including reasonable hours of operation and mobile services.

Thank you for your continuing hard work to keep COVID-19 out of our community.

I'm writing to you as we are seeing lower rates of testing currently, which puts our ability to pick up a border breach at significant risk. There are several reasons for the lower rates, including much lower rates of influenza-like illness following the lockdown in March and April, school holidays, and reluctance to have a test by some members of the public. However, this should not detract from our overall drive to increase the level of testing.

Testing is an essential part of our response to COVID-19. We are seeing outbreaks internationally in regions that were previously thought to have the virus under control. The recent events in Melbourne are a demonstration of how COVID-19 can spread following seemingly minor quarantine breaches.

We are working closely with the sector to increase testing in the community. I am aware that a survey has gone out to those providing testing and encourage you to participate - it will provide valuable information for our long-term testing programme.

Please see below the new and clarified information about who to test for COVID-19. In brief, **our essential groups for testing remain** (given below); however, we are asking you to renew your efforts **to swab all those with clinical criteria for COVID-19**.

Who to test

1. **It is critical that you continue to encourage all patients presenting with symptoms consistent with COVID-19 to be tested.** The assessment and swabbing for these patients are at no charge to the individuals. 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, anosmia, with or without fever.

Monitoring of surveillance test numbers

The Ministry of Health will be closely monitoring these test volumes regionally, and may ask providers to respond quickly if we see swabbing fall or exceed expected numbers. This is to ensure sufficient testing coverage by region and ethnicity. Thank you in advance for your flexibility on this.

Preferred method of swabbing

A nasopharyngeal swab is the preferred method to test for COVID-19, as it is more likely to pick up the virus than an oropharyngeal (throat) swab, especially if someone is asymptomatic.

However, if a nasopharyngeal swab cannot be taken for any reason, a throat swab can be used.

A throat swab is more likely to detect the virus if the patient is symptomatic and in the early stages of illness (first week).

Please note that the swabbing of the throat needs to be sufficiently deep and robust to ensure there is adequate pharyngeal tissue sampled.

2. To reiterate, our **essential groups** for community testing are:

Who	Test
<p>Has symptoms of COVID-19 and meets the higher index of suspicion (HIS) criteria, as follows: In the 14 days prior to illness onset, person has:</p> <ul style="list-style-type: none"> • 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 	<p>Test and notify the Public Health Unit. The individual must self-isolate while test is pending.</p>
<p>Meets the HIS criteria, and has one or more of the following less typical symptoms: fever, diarrhoea, headache, myalgia, nausea/vomiting, or confusion/irritability, and there is not another likely diagnosis.</p>	<p>Test and notify the Public Health Unit. The individual must self-isolate while test is pending.</p>
<p>Has symptoms of COVID-19. Does not meet HIS criteria but is:</p> <ul style="list-style-type: none"> • Healthcare worker • Aged care worker 	<p>Test</p>
<p>Has symptoms of COVID-19. Does not meet HIS criteria but is at greater risk of poor health outcomes if they were to contract COVID-19:</p> <ul style="list-style-type: none"> • Māori • Pasifika • Seniors • Pre-existing conditions (for example: chronic obstructive pulmonary disease, high blood pressure, heart disease, diabetes.) 	<p>Test</p>
<p>Asymptomatic border worker groups. This includes those who work at Managed Isolation and Quarantine Facilities</p>	<p>Test if they present with a referral/letter</p>
<p>Asymptomatic New Zealand-based air crew</p>	<p>Test if they present with a referral/letter*</p>

- More information on requirements for international airline crew is available here <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-resources-border-sector/covid-19-aviation-sector>

Access to testing

We have asked DHBs to work in partnership with PHOs, General Practice, and Urgent Care to support access to testing.

- All those with symptoms consistent with COVID-19 or who meet the criteria in the above table who present to a dedicated testing facility should be offered a test.
- People who arrive without direction from Healthline or a GP should not be turned away. If the testing facility is not able to provide clinical assessment/triage they should be assisted to obtain this from Healthline. A referral from a GP is not required.
- Please ensure all people in your region have access to testing facilities, with reasonable hours of operation, and options for those who may not have transport or who live rurally. Mobile services may be required.
- There is no charge to the patient for assessment and swabbing if they are in any of the above groups, or if they present with symptoms consistent with COVID-19.
- Payment for assessment and swabbing should be made to the providers in a timely manner.

I want to acknowledge there have been several communications in recent weeks, as we continue to respond to the changing landscape here in New Zealand and internationally. We will be ensuring all communications from here are clear as I understand this hasn't always been the case.

Thank you to the College of Urgent Care, College of GPs, Council of Medical Colleges, DHBs, and Healthline for working with us on this advice. We will continue to work with these groups on the content and dissemination of this advice, as well as our messaging to the public.

Thank you for continuing to work in partnership with us to keep COVID-19 out of our communities. We have done well so far and I know you are as committed as we are to keeping New Zealanders safe and well.

Ngā mihi,

Dr. Ashley Bloomfield

Director-General Health