Regional Public Health
HAUORA Ā IWI KI TE ŪPOKO O TE IKA A MĀUI
Better health for the greater Wellington region

To:	General Practices, Pharmacists, After-Hours Centres and Emergency Departments in the greater Wellington and Wairarapa regions
From:	Dr Stephen Palmer, Medical Officer of Health and Clinical Head of Department
Date:	**07/04/2020**
Title:	**Public Health Alert: Change in required isolation period for essential workers testing negative for COVID-19**

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

PUBLIC HEALTH ADVISORY:

Change in required isolation period for essential workers testing negative for COVID-19

The following advice from the NHCC was updated with respect to "essential worker" such as Police and Fire and Emergency staff:

> "Clarification has been sought around the isolation expectations of essential workers who show symptoms consistent with the suspect case definition of COVID-19, but test negative for it. Staff showing symptoms are eligible for immediate testing. Current protocol for suspect cases is that the individual, if they are well enough and have mild symptoms, should isolate at home for at least 10 days after symptom onset and until 48 hours after symptoms resolve.
>
> The advice has been amended to recognise the serious potential resourcing impacts on some key services if individuals who have to isolate for 10 days.
>
> The updated advice is that where a test is negative, the individual will only be required to remain at home for 48 hours **providing** they remain symptom-free for that period. They are not required to complete the longer 10-day stand down.
>
> Please note that the 48 hours relates to when an individual is symptom free, not to the negative test. For example, if the negative test result comes back after 24 hours of being symptom free, individuals still have to wait for another 24 hours. If the negative test result takes a while to come back, they still have to wait for that negative test result, even if they have been symptom free for 72 hours."

As far as we can tell ambulance service staff are categorized as "health workers" rather than as "essential workers" and the updated advice probably does not apply to them.

Updated Case Definition

Most will be aware through other channels that the case definition was substantially broadened. The new case definition is included in this advisory for those who may have missed it.

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COVID-19

MINISTRY OF HEALTH
MANATŪ HAUORA
New Zealand Government

COVID-19 case definitions

3 APRIL 2020

The Ministry of Health has developed the following case definitions for COVID-19 based on expert advice from our Technical Advisory Group. The case definitions take into account New Zealand's current aim to eliminate COVID-19. This means that our suspect case definition needs to be broad enough to capture all those who may have the disease. As the symptoms of COVID-19 are similar to other viruses, many of those who meet the suspect case definition will not have COVID-19.

However, it is critical for our elimination goal that all people meeting the suspect, under investigation, probable or confirmed case definitions isolate themselves to reduce the risk to others.

Suspect case

A suspect case satisfies the following clinical criteria:

Any acute respiratory infection with at least one of the following symptoms: cough, sore throat, shortness of breath, coryza[1], anosmia[2] with or without fever.

Symptomatic close contacts of suspect or probable cases should be considered suspect cases.
View definitions of close and casual contacts.

Ideally all people meeting the suspect case definition for COVID-19, or where the clinician has a high degree of suspicion[3], would be tested to confirm or exclude a diagnosis. The following groups of people have been prioritised for testing at this stage.

Priority groups for investigation and testing

Suspect cases, where they or one or more of their household/bubble, meet one or more of the following criteria should be tested:

- people meeting the clinical criteria who have travelled overseas in the last 14 days, or have had contact, in the last 14 days, with someone else who has recently travelled overseas
- hospital inpatients who meet the clinical criteria
- health care workers meeting the clinical criteria
- other essential workers meeting the clinical criteria if they have had close or casual contact with a probable or confirmed COVID-19 case
- people meeting the clinical criteria who reside in (or are being admitted into) a vulnerable communal environment including aged residential care, or large extended families in confined household/ living conditions

[1] Coryza – head cold e.g. runny nose, sneezing, post-nasal drip

[2] Anosmia – loss of sense of smell

[3] Some people may not meet the suspect case definition but 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 have a link to a recent traveller, a confirmed, or probable case, consider testing.

- people meeting the clinical criteria who may expose a large number of contacts to infection (including barracks, hostels, halls of residence, shelters etc)

In addition, testing may be required

- on advice from the local Medical Officer of Health, when an outbreak or cluster is suspected, or being investigated

As local testing capacity allows:

- consider suspect cases presenting with new or worsening cough.

Testing of individuals who are asymptomatic is NOT recommended unless requested by the local Medical Officer of Health.

Note that close contacts of confirmed cases that meet the clinical criteria for a suspect case should be considered a probable case (epi-link to a case), and managed appropriately, including any contact tracing as appropriate, and therefore don't need to be tested. However, healthcare workers meeting the clinical criteria who are close contacts of confirmed cases should continue to be tested.

Under investigation case

A suspect or probable case that meets the prioritisation criteria for testing above, but information is not yet available to classify it as confirmed or not a case.

Probable case

A symptomatic close contact of a confirmed case (epi-link) OR a case that meets the clinical criteria where other known aetiologies that fully explain the clinical presentation have been excluded and either has laboratory suggestive evidence or for whom testing for SARS-CoV-2 is inconclusive

Laboratory suggestive evidence requires detection of coronavirus from a clinical specimen using pan-coronavirus NAAT (PCR).

Confirmed case

A case that has laboratory definitive evidence.

Laboratory definitive evidence requires at least one of the following:

- detection of SARS-CoV-2 from a clinical specimen using a validated NAAT (PCR)
- detection of coronavirus from a clinical specimen using pan-coronavirus NAAT (PCR) and confirmation as SARS-CoV-2 by sequencing
- significant rise in IgG antibody level to SARS-CoV-2 between paired sera (when serological testing becomes available).

Note: If all COVID-19 laboratory tests are negative, other respiratory pathogens should be excluded.

Not a case

An 'under investigation' case who has a negative test.

Not tested

The key principle is to reduce transmission from person to person. That means reducing the contact that people who may have the virus have with others while they are infectious.

If a person has symptoms consistent with the case definition for COVID-19 and are well enough, they should be considered a suspect case and isolate at home (if mild symptoms) till 48 hours after symptoms resolve and at least 10 days after symptom onset.

Managing close contacts of suspect cases

Any household or other close contacts of suspect cases should be meticulous with physical distancing, hand hygiene and cough etiquette. They should immediately isolate and phone Healthline if symptoms develop within 14 days of the last exposure to the suspect case.

Managing close contacts of cases under investigation

Any household contacts of cases under investigation should self-quarantine while awaiting test results. They should be meticulous with physical distancing, hand hygiene and cough etiquette, and immediately isolate and phone Healthline if symptoms develop.

Managing close contacts of a probable case

Household and other close contacts of probable cases who go on to develop symptoms should be considered a suspect case and consideration given as to whether they are in one of the priority groups for testing. Further advice on the management of close contacts of probable and confirmed cases is available in the Advice for Health Professionals.

Managing close contacts of a confirmed case

Household and other close contacts of those who have tested positive, and who go on to develop symptoms should not be tested unless they meet one of the red flags criteria below or are a healthcare worker. Otherwise, as above, if well enough they should be considered a probable case and should isolate and be managed at home with monitoring. Further advice on the management of close contacts of probable and confirmed cases is available in the Advice for Health Professionals.

Red Flags which should mandate urgent clinical review and potential hospital admission

- Respiratory distress
- Dyspnoea (included reported history of new dyspnoea on exertion)
- Haemoptysis
- Altered mental state
- Clinical signs of shock
- Unable to mobilise without assistance by carers
- Unable to safely provide self-care
- No alternate carers available
- Any other reason that may require hospital admission as assessed by a medical practitioner