

**Important information for all General Practices, Community Pharmacies, Community Nursing and Aged Care Facilities – Please share this with everyone in your team**

We have been working through the implications of the new case definition in relation to the testing strategy. We are aiming to get changes made to Community HealthPathways and HealthInfo as soon as possible.

This is a summary of the current situation that will hopefully give you the detail you have been asking for.

## **Summary of Changes**

### **Case definition**

Symptoms that were 'suspect' for COVID-19 are now titled 'consistent with' COVID-19. A person with symptoms is no longer a suspect case unless they meet criteria for a higher index of suspicion.

### **Higher Index of Suspicion (HIS)**

These people have either in the 14 days prior to illness:

- Had contact<sup>1</sup> with a confirmed or probable case;
- Travelled internationally;
- Had direct contact with a person<sup>2</sup> who has travelled overseas (e.g. Customs or Immigration staff, staff at quarantine or isolation facilities); or
- Worked on an international aircraft or shipping vessel.

However...

### **Testing Strategy**

Test anyone presenting to primary or secondary care who has clinical symptoms consistent with COVID-19, with priority given to those who meet the new high index of suspicion (HIS) criteria.

We are being asked to maintain a level of community surveillance. What that level is, has not been specified, but the Ministry of Health will be looking to DHBSs to make sure they are keeping up with surveillance testing and maintaining equitable access.

## **Our Recommendations**

We have consulted with general practice and the Technical Advisory Group and the following is what we recommend for primary care. This is for guidance only, and you need to decide what is right for your patients and practice. Exercise clinical judgement at all times and maintain vigilance for conditions other than COVID-19.

### **Triage**

- Continue to triage patients either over the phone or at reception.
- Establish HIS criteria and manage appropriately.
- Nurse triage for respiratory symptoms.
- If not requiring GP assessment, advise swabbing no longer mandatory but is available if desired.

### **Streaming**

- Continue to stream patients with respiratory symptoms and ask them to wear masks if you are bringing them into the practice.
- Exercise high caution when managing patients who meet HIS criteria. Use full droplet precaution PPE for assessment.

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<sup>1</sup> Refer Advice for Health Professionals for close contact criteria:

<https://www.health.govt.nz/system/files/documents/pages/updated-advice-health-professionals-22may20.pdf>

<sup>2</sup> Excludes household and community contacts of air crew.

### Testing Adults

- We are being asked to maintain a level of surveillance in the community. We should continue to test most adults who are being seen in practice for assessment of symptoms that could be consistent with COVID-19.

### Testing Children

- Significant clinical concerns have been raised by the Child Health teams, laboratories and GPs around the high rates of testing in children.
- We recommend having sensible discussions with parents and prioritise testing in children who meet the HIS criteria, where you feel it is clinically indicated, or when a parent wishes to proceed with testing and it is not contraindicated.
- In a situation where a parent has similar symptoms to a child, you could consider testing the parent.
- Do not perform NP swab in children where it could increase respiratory distress, e.g., croup or wheeze.

### Interpreting the Case Definition

- The case definition allows us to exercise clinical judgement.
- With adjustments to the self-isolation information (see next section), most people with minor viral illness will likely choose not to be tested and not come into contact with healthcare. This will take a while to filter through. If a person meets the case definition and wants testing, this should still be performed.
- The Emergency Operations Centre (EOC) will continue to analyse the testing data in order to make sure we are maintaining equitable access and arrange additional surveillance testing as required.

### Self-Isolation

- People with symptoms consistent with COVID-19 who **do not** meet HIS criteria **do not** have to self-isolate. This applies to those who are tested *and* those who are not tested.
- They should, however, be advised to stay away from work/school/public places until they are 24 hours clear of acute symptoms. They should exercise strict cough and sneeze etiquette and hand hygiene at all times.
- You may want to consider offering medical certification following phone triage to reassure the workplace/education facility that testing is no longer mandatory.
- We are waiting for further confirmation of guidance for self-isolation in people meeting HIS criteria.
- We will update HealthInfo advice accordingly.

### Notification

- People who meet the HIS criteria should be notified to the Medical Officer of Health.
- C&PH are going to advise if they would like any other cases to be notifiable.

### PPE

- We recommend following the [Ministry of Health guidance on PPE use](#).
- Droplet precautions are still recommended for swabbing.
- Exercise strict precautions for people meeting HIS criteria.

### Funding

- You can claim as before, as outlined in [HealthPathways > COVID-19 Requests and Local Processes](#).
- Phone triage or clinic assessment that does not result in a referral to a CBAC or swabbing should not be claimed under the COVID-19 funding. Usual patient charges should apply.
- Please send us feedback if this is causing any issues or confusion.

### CBAC

- CBACs will continue to operate at the level that is needed to support primary care. General practice teams swabbed 59% of the people tested last week, out of a total of 3,092 tests. We will continue to monitor the situation.
- CBAC can be accessed via Healthline or ERMS referral.

Kind regards,

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