COVID-19 TESTING OPERATIONAL GUIDANCE FOR GENERAL PRACTICE

2 March 2022

CLINICAL ASSESSMENT

People presenting to general practice with symptoms should receive a clinical assessment regardless of the test provided (RAT or PCR). The appropriate type of test will depend on the individual and their personal circumstances and those of their household/whānau, and will need to be guided by clinical discretion. The testing principles provided in this document are intended to guide general practices.

TESTING PRINCIPLES

- Test to inform public health management, such as when it is necessary for a case or a household contact to isolate.
- Test to inform patient management, such as access to antivirals, ensuring timely access to care in the community or admission to hospital, if required.
- Test to return/continue activity, such as through the Close Contact Exemption Scheme (CCES).

The following table outlines the testing plan for asymptomatic and symptomatic persons that are likely to be seen in general practice.

Cohort	Asymptomatic, not a contact	Asymptomatic household contact	Symptomatic people
General population	No test	Household contacts use RAT when symptoms develop or when case reaches day 3 and day 10	RAT immediately. Repeat if negative result and symptoms persist or worsen. PCR at clinical discretion

TESTING TYPE

In Phase 3 of the Omicron Plan, Rapid Antigen Testing (RAT) becomes the primary testing diagnostic tool for COVID-19, for most of the population. A positive RAT result does not require a PCR test as confirmation.

PCR tests should only be used for people who are at higher risk of severe illness, including members of priority populations. Situations where PCR testing may be considered include where:

- an individual cannot self-administer a RAT and a supervised RAT is not available
- if a patient returns a negative RAT but symptoms are persistent, a PCR test could be considered if confirmation of the diagnosis will inform the clinical management and care of an individual – for example if they are immunosuppressed and confirmation of diagnosis will determine if therapeutics can be used. For lower risk patients, a repeat RAT can be used instead.

The clinical utility of the PCR test depends on the timeliness of the result and this means local laboratory capacity should be considered.

As prevalence of COVID-19 in the community increases, a positive RAT is less likely to be a false positive but the likelihood of a false negative increases. This supports the reason to shift to using RATs as a diagnostic tool in high prevalence situations. As a negative RAT could still mean that someone is infected (the specificity of the test makes this number very small), therefore, if someone has worsening symptoms after a negative RAT, a clinical assessment is important, and a PCR test considered.

SUPERVISED RATs

It is voluntary for general practices to participate in providing supervised RATs. General practices can opt in to provide supervised RATs depending on their workforce capacity and practice set-up to support the service.

A supervised RAT should be conducted where a person is symptomatic, needs an in-person clinical assessment and is unable to self-administer a RAT (for example due to a language barrier, literacy, disability or technology issue). This includes people with higher needs, for example those unable to self-manage with COVID-19 in the community. These people will often be known to the practice.

It will be up to the discretion of the clinical team as to whether a patient needs to stay at the practice until a RAT result is available. Where clinically safe to do so, patients should be encouraged to return home to await their test results.

Refer to the **Guidance for the Supervision of Rapid Antigen Testing** on the Ministry of Health website if you need more information on providing supervised RATs.

UNSUPERVISED RATs (also known as self-administered RATs)

After performing a clinical assessment, clinicians at a general practice may choose to send a patient home with a RAT to undertake on their own. Clinical discretion is needed to determine if a patient can self-administer a RAT.

Information to assist patients with self-administering a RAT is available on the Ministry's website: **How to take a RAT.** Healthline is also available to answer general questions and provide advice on RATs.

RATs FOR THE HOUSEHOLD

Following the clinical assessment, a general practice can provide a symptomatic patient, their household contact or an asymptomatic critical worker who is a household contact, with a supply of RATs to take away to test themselves and their households. Symptomatic patients and household contacts are given at least three tests for each member of the household to monitor themselves.

TEST RESULTS

A person with a positive RAT or PCR result is to be treated as a case and managed according to clinical guidance available on HealthPathways.

When a test result is entered in HealthLink, the patient will receive an automated text message with their result and details of the next steps.

If a patient tests negative using a RAT but has COVID-19 symptoms, they can be advised to perform another RAT the following day if their symptoms persist or worsen. This could be another supervised test at a general practice, or if they are confident to perform a test themselves, then the practice can provide a RAT for them to take home. If a patient's condition is deteriorating, it is advised to prioritise managing the patient's symptoms rather than waiting for further test results, particularly as a PCR test result could take several days.

RECORDING OF RAT RESULTS

General practices will need to enter data on persons undertaking a supervised RAT or receiving a RAT to self-administer in HealthLink. Select *Supervised Rapid Antigen Testing,* which will open the page where the information is entered. Data within HealthLink will be utilised to determine how many supervised and unsupervised/self-administered RATs have been made available to eligible members of the public.

ORDERING AND DISTRIBUTION

RATs can continue to be ordered through the Ministry's PPE portal. Any queries relating to HealthLink and IT support can be directed to the HealthLink service desk on 0800 288 887.

Those who do not need a clinical assessment, or are a household contact, or a critical worker using the CCES, can be directed to an unsupervised RAT distribution collection centre listed on HealthPoint at https://www.healthpoint.co.nz/covid-19/.

FUNDING FOR TESTING

General practices will be funded $120 (excl GST) to undertake a combined clinical assessment and provide a test (either a RAT or PCR). In Phase 3, the test will predominately be a RAT and only PCR where clinically indicated. The RAT can either be supervised at the practice or unsupervised if the patient is able to self-administer the RAT themselves at home. This includes the provision of RATs for symptomatic patients and household contacts. They should be provided with at least three RATs for each member of the household. This funding will be reviewed at the end of March 2022.

Once a case is confirmed COVID-19 positive (either via a RAT or a PCR), general practices will have access to the COVID-19 Care in the Community general practice funding. This includes funding for further assessments, reviews and clinical escalation.

All funding and claiming will be made available through existing payment mechanisms with DHBs and PHOs.

CONTACT

If you have any queries regarding information contained in this guidance, please email COVID-19testing@health.govt.nz, with 'GP Testing Query' in the heading.