

COVID-19 testing prioritisation



Laboratory testing for SARS Co-V 2 (COVID-19)

Through autumn and winter there are always a large number of different respiratory viruses circulating in the Australian community. In this context, however, the pre-test probability that a person has COVID-19 should determine whether a test is performed.

Testing has two important functions:

- confirm diagnosis and assist in management of patients with COVID-19
- to assist in the public health effort to limit the spread of COVID-19.

Prioritisation of testing for clinical management

Prioritisation of case testing, using Rt-PCR on nasal swab samples, has been developed and implemented.

Prioritisation of testing for public health purposes

Early detection of COVID-19 is always important and in certain institutional and community settings it can significantly change management. Settings where this is considered to be important include:

- aged care facilities
- residential care facilities
- correctional facilities
- other institutions
- remote Aboriginal communities

Testing can determine whether an outbreak is in progress. Where a positive test would significantly change the management of an infection outbreak, then these tests should be prioritised.

Prioritisation of testing to maintain essential services

Currently all agencies and businesses are advised to facilitate working from home. Further, workers located on work premises should be checked each day and sent home if unwell. Social distancing must be facilitated in the workplace. Where prolonged close contact is inevitable appropriate PPE should be worn.

These two practices, i.e. social distancing and use of personal protective equipment, should significantly control the likelihood of disease transmission at work and thus minimise the requirement to perform staff testing to maintain essential services. Where a public health or clinical need is evident then testing should be prioritised.

How to prioritise testing for public health purposes

1. The samples need to be identified as high priority at the time of collection.

Where possible testing, for these prioritised samples, should be performed at a NSW Health Pathology Laboratory.

2. The sample needs to be correctly labelled

Clearly mark (written plus yellow highlighter marker) both the sample container and request form as urgent, with category:

- a. "Urgent – ICU inpatient"
- b. "Urgent – ED inpatient"
- c. "Urgent – Ward inpatient"
- d. "Urgent – Healthcare Worker"
- e. "Urgent – Public health outbreak control"
- f. "Urgent – Essential Services Workers" (e.g. Police)

3. Send the sample and request form to your local hospital laboratory as soon as possible following agreed transport procedures.
4. Call your NSWHP hospital laboratory using Central Specimen Reception (CSR) contact details and identify the specimen as needing urgent transport to the nearest dedicated COVID-19 testing laboratory.
5. Results notification procedures are provided as follows:
 - a. Positive results are managed by pathology services as a 'High Risk Result' and reported immediately to the local Public Health Unit and referring doctor, who are responsible for notifying the patient.
 - b. Negative results will be notified to the patient as per normal local laboratory procedures or if the patient has registered in an assessment clinic via SMS.
 - c. In the unusual circumstances where the material is unsuitable for testing or the test has been technically compromised the notification for repeat testing will be managed by the referring clinical or public health service staff.

SARS-CoV-2 (COVID-19) Nucleic Acid Testing (NAT) flowchart

Last updated: 9 April 2020

Hospital clinician to assess if the patient fits within the NSW Health testing criteria:

<https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus-professionals.aspx>

- **Emergency Department, Fever Clinic or ward staff will collect specimens.**
- **Recommended specimens:**
 - one nasopharyngeal viral swab in universal transport medium (UTM)
 - a lower respiratory tract sample (if obtainable). This can include sputum.
 - one serum tube for storage for SARS-CoV-2 serology, according to local protocols.

Note: Relevant hospital staff to take appropriate PPE precautions when collecting respiratory specimens.

- **Samples to be marked 'Urgent' and taken to local pathology specimen reception area. Please specify if patient is an ED inpatient, ward inpatient or Healthcare Worker.**

Samples are received in local pathology specimen reception area.

- The nasopharyngeal swab and serum tube (if collected) and lower respiratory tract specimen (if available) are to be sent for SARS-CoV-2 testing using standard packaging and transport arrangements. This package should be clearly marked as 'Specimens for Urgent SARS-CoV-2 testing'.
- The samples for SARS-CoV-2 testing are to be referred to one of the designated NSWHP SARS-CoV-2 testing laboratories (using usual sendaway arrangement):
 - NSWHP-ICPMR Westmead
 - NSWHP-Randwick (SAViD)
 - NSWHP-Liverpool
 - NSWHP-Royal Prince Alfred
 - NSWHP-John Hunter
 - NSWHP-Royal North Shore
 - NSWHP-Lismore
 - NSWHP-Concord
 - NSWHP-Nepean
- The nasopharyngeal swab sample can be tested at the local laboratory for common respiratory pathogens.

Testing is performed and results notified by the testing laboratory to the requesting clinician and Public Health Unit.

Lab contacts

**NSWHP-ICPMR,
Westmead CIDMLS**

BH: (02) 8890 6255

AH: Call (02) 8890 5555 and ask for on-call clinical microbiologist

**NSWHP-Randwick
SAViD**

BH: (02) 9382 9133 or (02) 9382 9207

AH: Call (02) 9382 2222 and ask for on-call clinical microbiologist

NSWHP-Liverpool

BH: (02) 8738 5124 or (02) 8738 5140

AH: Call (02) 8738 3000 and ask for the on-call clinical microbiologist.

NSWHP-Royal Prince Alfred, Camperdown

BH: (02) 9515 6437

AH: Call (02) 9515 6111 and ask for on-call clinical microbiologist.

NSWHP-John Hunter

BH: 1800 801 949 or (02) 4921 4000

AF: Call (02) 4921 3000 and ask for on-call clinical microbiologist.

NSWHP-Royal North Shore, St Leonards

BH: (02) 9926 4333

AH: Call (02) 9926 7111 and ask for on-call clinical microbiologist.

NSWHP-Lismore

BH: (02) 6620 2921

AH: (02) 6620 2928

NSWHP-Concord

Mon-Fri 8.30am-9pm

Sat-Sun 8.30am-5pm

(02) 9767 6658 or 9767 6642. Outside these hours call (02) 9767 5000 and ask for Infectious Diseases lab.

NSWHP-Nepean

BH: (02) 4734 2180

AH: (02) 4734 2000 and ask for on-call clinical microbiologist.



**Health
Pathology**

**NSWHP-Public Health
Pathology**

Email: Vishal.Ahuja@health.nsw.gov.au

**NSW Public Health
Units 1300 066 055
(24 hours)**

SARS-CoV-2 (COVID-19)

Nucleic Acid Testing (NAT) ICU flowchart

Last updated: 9 April 2020

ICU clinician to assess if the patient fits within the NSW Health testing criteria:

<https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus-professionals.aspx>

- **ICU staff will collect the specimens.**
- **Recommended specimens for ICU patients:**
 - one nasopharyngeal viral swab in universal transport medium (UTM)
 - a lower respiratory tract sample (if obtainable).
 - one serum tube for storage for SARS-CoV-2 serology.* For LRT samples, a sputum sample is at least recommended.
The other samples would depend on whether the patient is intubated.

Note: Relevant hospital staff to take appropriate PPE precautions when collecting respiratory specimens.

- **Samples to be marked 'Urgent- ICU patient' and taken to local pathology specimen reception area.**

Samples are received in local pathology specimen reception area.

- The nasopharyngeal swab, serum tube (if collected) and lower respiratory tract specimen (if available) are to be sent for SARS-CoV-2 testing using standard packaging and transport arrangements. This package should be clearly marked as 'Specimens for Urgent SARS-CoV-2 testing'.
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– NSWHP-Randwick (SAViD)	– NSWHP-Lismore
– NSWHP-Liverpool	– NSWHP-Concord
– NSWHP-Royal Prince Alfred	– NSWHP-Nepean
– NSWHP-John Hunter	
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