

TESTING OPERATIONAL GUIDANCE FOR GENERAL PRACTICE

21 September 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 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.

More information on all the testing requirements and setting can be found in the [Testing Plan and Testing Guidance](#).

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 complete a daily RAT for 5 days from when the first case in the household tests positive and use RAT if symptoms develop	RAT immediately. Repeat if negative result and symptoms persist or worsen. PCR at clinical discretion

TESTING TYPE

Rapid Antigen Testing (RAT) is 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 results 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.

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 or their household contact with a supply of RATs to take away to test themselves and their households. Symptomatic patients and household contacts are given a box of five RATs or five individual RATs (if from a bulk pack of RATs) 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.

REINFECTION

At 28 days or less after the onset of a previous infection (day 0 is the day of symptom onset or positive test) testing for reinfection is discouraged, as reinfection within this period is uncommon and difficult to confirm without specialist input. Those who are higher risk, or becoming more unwell, should seek advice from their healthcare provider or Healthline. People who have recently been a case, with an onset of COVID-19 infection within the last 28 days, are not considered household contacts and are not recommended to test.

At 29 days or more after the onset of a previous infection, individuals with new symptoms consistent with COVID-19 or who are household contacts, are recommended to test with a Rapid Antigen Test (RAT) and upload all positive or negative results to My Covid Record. Isolation requirements are the same as for first COVID-19 infections and household contact testing guidance applies.

All people who develop COVID-19 symptoms at 29 days or more are recommended to test with a RAT and if positive, as a case they can be treated in the same manner, whether it is a first infection or new infection. Healthcare providers still have discretion to do a PCR test, where a person is symptomatic but RAT negative or to inform clinical management in either case (first or new infection).

Asymptomatic testing, other than for household contacts or specified surveillance, is not recommended.

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, can be directed to an unsupervised RAT distribution collection centre listed on HealthPoint at <https://www.healthpoint.co.nz/covid-19/>.

Information on use of face masks in the community, including where they must be worn and where it is strongly recommended can be accessed using this link: [Information on use of face masks in the community](#)

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). 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 a box of five RATs or five individual RATs (if from a bulk pack of RATs) for each member of the household.

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 Te Whatu Ora Districts 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.