COVID-19 Testing Guidance for the health sector

Effective 4 March to 14 April 2021

Purpose

1. This guidance is aligned with our *Aotearoa New Zealand COVID-19 Testing Plan*.
2. This document updates the *COVID-19 Testing Strategy* (now renamed *COVID-19 Testing Guidance*) that commenced on 5 September 2020 and has been regularly reviewed and refreshed.
3. It will be implemented for the period 4 March to 14 April 2021, and will replace the *Testing Guidance* in force for the period 28 January to 3 March 2021.
4. It takes into account the current situation in Aotearoa New Zealand and globally, including current alert level and border status, local events and community factors.
5. It is intended to ensure that we continue to:
    a. Implement a sufficient level of testing across Aotearoa New Zealand to ensure that any cases of COVID-19 are quickly identified and managed.
    b. Provide reassurance that the border is secure through continued mandatory testing protocols.

Context

6. As at 28 February 2021, there were 67 active COVID-19 cases in New Zealand, including 12 community cases, all of whom are in Quarantine facilities.
7. Consequently, Auckland is currently at Alert Level 3 and the rest of the country at Alert Level 2 for a seven-day period scheduled to end on 7 February, subject to the conditions necessary for easing to lower Alert Levels being met.
8. Testing numbers have varied significantly over the last two months. After falling to an average of 22,695 a week for the four weeks ended 19 January 2021 over the summer holiday season, testing numbers have since rebounded above their medium-term average of 25,000 – 30,000 a week. For the two weeks ended 14 February they averaged 3,904 a day or 27,328 a week, and in the following two weeks ended 28 February they have averaged 8,720 a day or 61,040 a week, largely due to extensive testing in Northland and Auckland in response to recent cases of community transmission.
9. Recent community testing trends include:
    a. Overall community testing rates for Māori (as measured by test numbers per 1,000 population) fell below rates for non-Māori in all regions except Counties Manukau during the last three months of 2020, after tracking higher than non-Māori rates

since testing began in January 2020. Over the last two months Māori testing rates have increased noticeably and are now close to or higher than rates for non-Māori in most areas. A contributing factor is the increased testing carried out in South Auckland and Northland in response to the recent cases of community transmission in those areas.

b. Similar, or slightly higher testing rates for Pacific people's testing rates than non-Pacific in most areas.

c. Higher testing rates in the Auckland region than for the rest of New Zealand, boosted by intensive community testing as a result of the recent community cases in Northland and Auckland.

10. The ability of the Northland and three Auckland region DHB to implement significantly higher-than-usual community testing levels was supported by their having in place surge testing plans which they developed, in consultation with the Ministry, leading up to the summer holiday season.

11. The Ministry will continue working with DHBs and PHUs to support any elevated testing activity deemed necessary to provide ongoing assurance that COVID-19 continues to be contained both at the border and in the community.

Testing approach

12. The primary focus of the *Testing Plan* is testing at the border to decrease the risk that COVID-19 enters New Zealand communities where it may spread undetected. The focus is on testing arrivals into New Zealand, international air and maritime crew, and border facing workers (including MIQ workers) – as mandated by Border Orders and Required Testing Orders.

13. Over the past month, the Ministry been reviewing the various Testing Orders currently in place, including reviewing the groups of workers included in the Order and the appropriate testing frequencies. With testing at the border being Aotearoa New Zealand's first line of defence against COVID-19, we are seeking to ensure that Testing Orders continue to serve to further strengthen our border defences to protect the community.

14. The continuing need to be vigilant and to scrutinize and, where necessary, bolster our border defences has been underscored by the emergence internationally, and the arrival at our border over recent months, of new and more transmissible variants of the virus.

15. The secondary focus of the *Testing Plan* is testing in the community to quickly test and identify any cases of COVID-19, should it be present. For this reason, the Ministry recommends testing all those who present with clinical symptoms consistent with COVID-19. However exceptions can be made, subject to clinician judgment, for young children and the elderly.

16. Note, the Director-General of Ministry, Dr Ashley Bloomfield, has recently advised that whereas symptoms consistent with COVID-19 have until recently generally been respiratory in nature, symptoms presented by people infected with the newer variants of COVID-19 recently recorded in New Zealand can include flu-like symptoms such as lethargy and sore muscles.

17. Anyone who is symptomatic should be tested as a priority, irrespective of region or other risk criteria (with the proviso, as noted above at paragraph 15, that exceptions can be made for young children and the elderly).

18. Anyone presenting to hospital with an acute respiratory infection, or who develops these symptoms while hospitalised, should be tested for SARS-CoV-2, irrespective of region or other risk criteria (with the proviso, as noted above at paragraph 15, that exceptions can be made for young children and the elderly).

19. Community testing needs to continue to focus on reducing barriers to testing and needs to include non-appointment-based options. To ensure that testing is equitably available for all those with symptoms, approaches should continue to be developed with Māori and Pacific communities, health leaders and health providers. DHB cultural and community liaison roles will have a key role in planning and implementing these approaches.

20. Taking the above into account, the testing approach for the next six weeks should continue to focus on:

    a. Testing anyone with symptoms of COVID-19 in all regions (with the proviso, as noted above at paragraph 15, that exceptions can be made for young children and the elderly).

    b. Groups that have been underrepresented in data over recent months, in particular Māori, whose testing rates have consistently been below rates for non-Māori but have improved in the last two months. Note that the focus should be on improving access and testing for those who are symptomatic within these groups.

    c. Testing as part of any wider case or outbreak investigation. In particular, targeted testing, for example by geographic locations or for specific populations, should be considered in this setting.

21. We continue to focus on the border, including testing border workers and those in managed isolation and quarantine facilities.

22. In developing local approaches, lessons learned to date need to be considered, including:

    a. One size does not fit all — different approaches are needed for the different communities that require targeted testing.

    b. Clear messaging for communities is needed, including what to do while waiting for a result and the implications of a positive test for the person and their family. We note that this has been an area of confusion for people at times, so alignment with Ministry guidance and consistency of messaging is important.

    c. There should be clear instructions for the sector on who should be tested.

    d. There should be clear public messaging around when and where testing is available.

    e. Testing information should be included in public health information provided at mass events.

23. Information on the location of testing sites and their opening times should be updated in Healthpoint and remain current. This continues to be the "one source of truth" for testing information

24. It is also important that group A streptococcal (GAS) throat infections, as well as other respiratory illnesses and illnesses which disproportionately affect Māori and Pacific communities such as measles and meningococcal disease are considered and managed appropriately in Māori and Pacific children and young people who present to primary care services or Community Testing Centres. For this priority population, it is also reasonable to take a throat swab to identify GAS and/or prescribe empiric antibiotics according to local guidelines.

25. This Testing Guidance does not recommend focusing on widespread asymptomatic testing of communities, unless as part of an outbreak or case investigation. However, consideration can be given to offering asymptomatic testing to the following groups if they present to primary care:

    a. Health workers, including Aged Residential Care workers.
    b. Hospitality workers, including hotel, restaurant staff.
    c. Public-facing tourism workers.
    d. Public-facing transport workers (e.g. bus, taxi, uber, commuter train).
    e. Close contacts of border workers.
    f. Anyone (excluding recovered cases[1]) who has exited a MIQ facility within the last 14 days

26. Key hygiene messages for all New Zealanders should stay consistent.

    a. Wash your hands regularly.
    b. Observe physical distancing.
    c. Cough and sneeze into your elbow or a tissue.
    d. Stay at home if you are unwell.
    e. Ring Healthline or your GP for advice if you are unwell.
    f. Get a test if you have any symptoms of COVID-19.

[1] A person who has recovered from COVID-19, and so is no longer infectious, will continue to have fragments of SARS-CoV-2 (the virus that causes COVID-19) in their system for up to several months beyond their infectious period. Although these fragments are neither alive nor infectious they would produce a positive result if the person had a PCR test. This is because the PCR test is designed to detect SARS-CoV-2 genetic material but cannot distinguish between alive and dead genetic material.