

Testing Guidance for the health sector

Implementing the Aotearoa New Zealand COVID-19 Testing Plan

Effective 8 July to 18 August 2021

Key messages in this update

- The primary focus of the Testing Plan is testing at the border;
- The secondary focus is testing in the community to quickly identify and manage any cases of COVID-19, should it be present;
- People who have COVID-19 symptoms should be tested;
- It is particularly important to test anyone who is symptomatic during the winter months when colds and flu are more prevalent;
- People should be tested if symptomatic or subject to mandatory testing under the Required Testing Order, regardless of their vaccination status;
- Systemic reactions to COVID-19 vaccination are common, especially after the second dose. However, new respiratory symptoms, loss of smell or taste, fever of 38 degrees Celsius or higher, or muscle aches getting worse over time, warrant COVID-19 testing as they are not consistent with a post-vaccination reaction;
- People who meet the Higher Index of Suspicion (HIS) criteria or are contacts of a COVID-19 case should be tested for COVID-19 if they have atypical symptoms and there is not another more likely diagnosis;
- People in New Zealand under Quarantine-Free Travel (QFT) arrangements should be tested if symptomatic;
- Elderly people should be tested if symptomatic, whether they present with typical or atypical symptoms;
- Children should be tested if symptomatic and present with either typical or atypical symptoms, if they meet HIS criteria, are a contact of a case, if otherwise clinically indicated, or by parental request; and
- With the emergence, and now the increasing prevalence, of the highly infectious Delta variant of the virus, the default position should be to test anyone who meets the criteria above - including children and the elderly. While the decision may be made not to test in some circumstances, this should very much be the exception rather than the rule.

Purpose

1. This Guidance is aligned with our *Aotearoa New Zealand COVID-19 Testing Plan*.
2. This document updates the *COVID-19 Testing Guidance* that commenced on 5 September 2020 and has since been regularly reviewed and refreshed.
3. It will be implemented for the period 8 July to 18 August 2021, and will replace the *Testing Guidance* which has been in force since 27 May 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. All of New Zealand has been at Alert Level 1 since March, except for the greater Wellington region which spent five days at Alert Level 2 in late June before returning to Alert Level 1.
7. As at 4 July 2021, there were 32 active COVID-19 cases in New Zealand, all of whom were identified in Managed Isolation facilities and are now in Quarantine facilities. There were no community cases.
8. Over recent months, community testing numbers have generally averaged 15,000 to 20,000 a week nationwide while all of the country has been at Alert Level 1. They totalled 16,903 and 18,208 respectively for the weeks ended 13 and 20 June 2021, then rose to 31,670 for the week ended 27 June when the greater Wellington region had moved to Alert Level 2.
9. With the advent of winter and more people likely to present with respiratory complaints and other COVID-like symptoms, the Ministry expects community testing numbers should rise. The Ministry is working with DHBs to reinforce the need to be tested if symptomatic.
10. Recent community testing trends include:
 - a. Overall community testing rates for Māori (as measured by test numbers per 1,000 of population) continue to track lower than testing rates for non-Māori and non-Pacific in most regions.
 - b. Testing rates for Pacific peoples are higher than for non-Māori and non-Pacific peoples, particularly in the greater Auckland region.
 - c. Testing rates continue to be higher in the three Auckland region DHBs (Auckland, Waitemata and Counties Manukau) than for the rest of New Zealand – except for the week ended 27 June when rates in Capital & Coast numbers reached three times and Hutt Valley numbers 1.5 times the national average, after generally averaging close to (Capital & Coast) and at two-thirds of (Hutt Valley) the national average during previous months.

The testing approach

11. The primary focus of the *Testing Plan* is testing at the border to quickly identify and manage infections in those most at risk in order 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 the Air and Maritime Border Orders and Required Testing Order.
12. 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. There is emerging evidence that the newer variants of SARS-CoV-2 can present with flu-like symptoms and muscle aches and pain rather than respiratory symptoms. For people who meet the HIS criteria, if there is not another more likely diagnosis, they should be tested for COVID-19 if they have these symptoms. The full list of HIS criteria is contained in the more technical clinical guidance which is published on the Ministry's [website](#).
13. Anyone who is symptomatic should be tested as a priority, irrespective of region or other risk criteria. Testing anyone who is symptomatic is particularly important as we head into winter when colds and flu are more prevalent.

Similarly, anyone who is required to be tested by the COVID-19 Public Health Response (Required Testing) Order 2020 still needs to present for their 7-day or 14-day tests, regardless of their vaccination status. They should also be tested if they are symptomatic, even if they had a recent surveillance test.
14. 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.
15. 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.
16. 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.
 - b. 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.
17. We continue to focus on the border, including testing border workers and those in managed isolation and quarantine facilities.

Testing sites

18. The Ministry will continue working with DHBs, PHUs and community health providers to support equitable access to testing for Māori and Pacific peoples, and those in hard-to-reach and rural locations.
19. 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, their close contacts and family. We note 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 public messaging around when and where testing is available.
 - d. Testing information should be included in public health information provided at mass events.
20. 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.

Quarantine-free travel (QFT)

21. With quarantine-free travel, the general populations of Australia, New Zealand and the Cook Islands are considered ‘one big country’. If a person who has recently arrived in New Zealand is symptomatic, they should be offered a COVID-19 test at no cost. Recent arrivals from those locations should be managed as if they are part of the New Zealand population and be tested if symptomatic.

Testing the elderly and children

22. Elderly persons who are symptomatic should be tested, as the elderly and the settings in which they may reside are particularly vulnerable to the consequences of undiagnosed COVID-19. It is preferable that testing is carried out using a nasopharyngeal swab. If there is concern about tissue fragility, an oropharyngeal swab (preferably combined with anterior nares swabbing) can be considered as an alternative.
23. Children should be tested if symptomatic and present with either typical or atypical symptoms, if they meet HIS criteria, are a contact of a case, if otherwise clinically indicated, or by parental request.
24. In addition for children, even if not swabbing, it is still important to follow IPC recommendations (in particular streaming and PPE) for those who are symptomatic. The experience of the last year has ‘raised the bar’ on the management of respiratory illness in health care settings and shown that increased attention to IPC can impact the incidence of a range of respiratory infections.

25. 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 whānau who present to primary care services or Community Testing Centres. For Māori and Pacific children and young adults (3-35 years, especially those aged 4-19 years old) with a sore throat, it is also reasonable to take a throat swab to identify GAS and/or prescribe empiric antibiotics according to local guidelines.

COVID-19 symptoms vs post-vaccination reactions

26. As the COVID-19 Pfizer/BioNTech (Comirnaty) vaccine is particularly reactogenic, it will be common for people to present with symptoms post-vaccination. Post-vaccination symptoms have generally been more pronounced after the second dose of the vaccine. The systemic reactions to the vaccines can include fatigue, headache and muscle aches and pain, which are all also common symptoms of COVID-19 infection.
27. Because vaccine effectiveness is less than 100%, COVID-19 infection should ALWAYS be considered as a possible cause of symptoms, particularly for those at higher risk of exposure.
28. When endeavouring to distinguish COVID-19 symptoms from reactions to vaccines, refer for testing anyone who presents with one or more of the following symptoms within 48 hours of receiving the first or second dose of ANY vaccine:
 - a. loss of the sense of smell or taste
 - b. respiratory symptoms (e.g. sore throat, cough, shortness of breath, sneezing/runny or blocked nose)
 - c. generalised muscle aches which are worsening with time
 - d. fever of 38 degrees Celsius or higher.
29. People with fatigue, headache, localised not systemic muscle aches and pain, and low-grade fever/chills in the 48 hours after any vaccination, who do not have the specific symptoms listed in paragraph 35 above, generally do not need to be tested for COVID-19. There may be exceptions, guided by public health advice.

Other considerations

30. 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 and 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.

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- f. Anyone (excluding recovered cases¹) who has exited a MIQF within the last 14 days.
31. 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.