COVID-19 Public Health Alert No. 13 / 7 May 2020

This Public Health Alert expands on determining which patients or staff should be tested for SARS-CoV-2, whether to isolate people who are tested and consequent notification requirements.

Patients presenting for assessment for COVID-19 should be screened for clinical and epidemiological criteria. Those meeting clinical and epidemiological criteria for suspected or probable cases should progress onto nasopharyngeal and oropharyngeal swab for PCR testing for SARS-CoV-2 viral presence.

Testing other than suspected cases

Ambulatory patients who do not meet the suspect case clinical or epidemiological criteria1 and in hospitalised patients, clinical judgement should be used to determine the need for PCR testing on appropriate respiratory samples.

- Asymptomatic cases
  There are no current clinical indications for asymptomatic testing for SARS-CoV-2 at this time (outside specialist public health medicine indications directed by a public health unit (PHU) or the COVID-19 Incident Management Team).

- Symptomatic cases
  Under enhanced testing, persons with fever (≥38°C), history of fever (e.g. night sweats, chills) or acute respiratory infection, where no other clinical focus of infection or alternate explanation of the patient's illness is evident and no epidemiological criteria, should be tested.

Isolation of tested patients pending results

A person who meets the suspect case definition should be advised to isolate pending test results. For these people, the epidemiological risk factors place them at heightened risk of infection. For people with an ARI who have no epidemiological risk factors, clinical judgement should be used in relation to isolation pending test results. Where the risk of COVID-19 transmission is low (e.g. communities with no known current cases), that person does not need to remain in strict isolation until the test result returns (SoNG, 1/5/2020). Clinical judgement is necessary to determine whether to isolate patients to reduce transmission of whatever acute respiratory infection is causing their illness, pending test results and clinical resolution.

Notification of COVID-19

Suspected, probable and confirmed cases of COVID-19 are notifiable in Queensland. Confirmed cases will be notified from the laboratory testing, but clinical information from primary care medical services are considered valuable for integrating the clinical information around these cases. Notification could be done at a reasonable time available to the practice/service. Confirmed cases should be isolated. If suitable home isolation is not available, then referral to the Hospital and Health Service or Community Services should be considered to ensure these cases are isolated appropriately.

Suspected cases should also be notified and isolated as discussed elsewhere in this alert. In the case of a suspected case from high-risk environments, an immediate notification is requested – either by fax to the PHU or telephone to the PHU, on-call Public Health Physician or COVID-19 Incident Management Team.

Patients with ARI not fulfilling epidemiological criteria, who are tested under enhanced testing, are not suspected case and do not need to be notified unless subsequently becoming a confirmed case.

Public Health Incident Controller, Communicable Diseases Branch Incident Management Team