GP assessment and management of patients with suspected COVID-19

Does the patient meet the epidemiological AND clinical criteria¹ for COVID-19?

**Confirmed case**
A person who tests positive to a validated specific SARS-CoV-2 nucleic acid test; OR has the virus isolated in cell culture, with PCR confirmation using a validated method; OR undergoes a seroconversion to or has a significant rise in SARS-CoV-2 neutralising or IgG antibody level (e.g. 4-fold or greater rise in titre).

**Probable case**
A person who has detection of SARS-CoV-2 neutralising or IgG antibody AND has had a compatible clinical illness AND meets one or more of the epidemiological criteria in the suspected case definition.

**Suspect case**
A person who meets epidemiological AND clinical criteria.
Isolate until test results available.

**Testing in Queensland**
Test anyone with the following COVID-19 symptoms, no matter how mild: fever or history of fever, sore throat, rhinorrhea, cough, shortness of breath, acute fatigue, myalgia/arthritis, loss of smell, loss of taste.

Testing is particularly important for people who have symptoms suggestive of COVID-19 and: have been in a COVID-19 hotspot; have travelled internationally or interstate through a hotspot; or are in quarantine, or are residents in aged care, or are workers in health care; or are close contacts of confirmed or suspect cases, or have had a compatible clinical illness.

Clinical and public health judgement should be used in assessing if patients who do not meet the clinical or epidemiological criteria should be considered suspect cases.

Epidemiological criteria
In the 14 days prior to illness onset:
- Close contact with a confirmed or probable case
- International travel
- Passengers or crew who have travelled on a cruise ship
- Healthcare, aged or residential care workers and staff with direct patient contact
- People who have lived in or travelled through a COVID-19 hotspot¹

Clinical criteria
Fever (≥37.5°C) or history of fever (e.g. night sweats, chills) OR acute respiratory infection (e.g. cough, shortness of breath, sore throat) OR loss of smell or loss of taste.

Other reported symptoms of COVID-19 include fatigue, runny nose, muscle pain, joint pain, diarrhoea, nausea/vomiting and loss of appetite.

Action
- Test (PCR) Isolate until test results available

Do not order testing for asymptomatic persons
In certain high-risk outbreak settings public health units may consider testing asymptomatic contacts to inform management of the outbreak.

High-risk settings are defined as a setting where there is evidence of a risk for rapid spread and ongoing chains of infection.

High risk settings include but are not limited to:
- Places where people reside in groups e.g.
  - Residential settings such as aged care facilities, military residential groups, boarding schools, boarding houses, homeless shelters, correctional facilities, remote industrial sites with accommodation, migrant workers accommodation, remote communities
  - Workplace settings where previous outbreaks have shown large scale amplification e.g.
  - Abattoirs

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- **Provide a surgical mask**
- **Direct the patient to a single room and close the door**
- **Use dedicated or disposable equipment**

**Assess clinical status using appropriate PPE**
- If the patient has severe symptoms suggestive of pneumonia, they should be referred to the local Emergency Department
- Contact and droplet precautions are recommended for routine care of patients with confirmed, probable or suspected COVID-19

- **Arrange investigations**
- Preferably with your local pathology provider, fever clinic, or respiratory clinic (if available)³
- In your practice, if PPE is available and you are confident collecting adequate upper respiratory samples

- **Referral and communication**
- Notify your local public health unit² of suspected, probable and confirmed cases of COVID-19 (fax preferred)
- If referring patient for Emergency Department, notify Emergency Department and QAS in advance to ensure appropriate infection control precautions are in place
- If patient does not require hospital care:
  - Suspect cases should self-isolate pending COVID-19 test results.
  - Provide the person with surgical mask and fact sheets on home isolation³ and information for people with a suspected case⁴
  - If you have concerns about the ability of a patient to self-isolate, call your local public health unit⁵
  - It is the responsibility of the requesting clinician to inform the patients of their test results

Unless exemption criteria are met as per Chief Health Officer public health directions⁶, 14 days quarantine is required for all persons entering Queensland who in the 14 days prior:
- have been overseas
- have been in contact with a confirmed case of COVID-19
- have been in a COVID-19 hotspot⁷
- have or have had COVID-19 or symptoms of COVID-19

¹For further information on the latest case and contact definitions, laboratory testing and infection control recommendations, please refer to the current COVID-19 CDNA National Guidelines for Public Health Units:


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