GP assessment and management of patients with suspected COVID-19

Place alerts on practice website and alert signage at entrance to practice. If possible, assess patients initially by telephone triage and/or telehealth consultation.

COVID-19 MBS telehealth items

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

<table>
<thead>
<tr>
<th>Confirmed case</th>
<th>Historical case</th>
<th>Suspect case</th>
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</table>
| 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 | A person who 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) OR has detection of SARS-CoV-2 neutralising or IgG antibody AND has either clinical OR epidemiological evidence and is not a confirmed case | A person who meets epidemiological AND clinical criteria

Isolate until a negative test is returned AND symptoms have resolved

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

Testing in Queensland

Test anyone with any COVID-19 symptoms, no matter how mild: fever or history of fever, cough, shortness of breath, sore throat, loss of smell, loss of taste, fatigue, runny nose, acute blocked nose (congestion), muscle pain, joint pain, diarrhoea, nausea/vomiting, loss of appetite

A person with a clinically compatible illness should isolate at home until a negative test is returned AND symptoms have resolved

Epidemiological criteria

In the 14 days prior to illness onset:
- Close contact with a confirmed 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, acute blocked nose (congestion), muscle pain, joint pain, diarrhoea, nausea/vomiting and loss of appetite

Clinical and public health judgement should be used to determine if individuals with sudden and unexplained onset of one or more of these other symptoms should be considered suspect cases

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 may include, but are not limited to:
- Residential settings such as aged care facilities, congregate disability accommodation, 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, Hospitals, Nightclubs and bars

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 or suspected COVID-19

• Preferably with your local pathology provider, fever clinic, or respiratory clinic (if available)
• In your practice, if PPE¹ available and you are confident collecting adequate upper respiratory samples for PCR testing (i.e. a deep nasal swab and an oropharyngeal swab)

Evidence for the use of PPE in COVID-19 situations is limited. The use of PPE is to be determined by the healthcare professional and setting.

Unless exemption criteria are met as per Chief Health Officer public health directions², 14 days quarantine is required for all persons entering Queensland who have:
- been overseas in the last 14 days (excluding travel on a quarantine free flight from a safe travel zone country)
- been in a COVID-19 hotspot in the last 14 days or since the hotspot was declared (whichever is shorter), and the place is a COVID-19 hotspot at the time the person enters Queensland
- been in close contact with a confirmed case 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:


³Fact sheets:

⁴For further information on home isolation, please refer to the current COVID-19 CDNA National Guidelines for Public Health Units:

⁵In Queensland, patients are defined as a setting where there is evidence of a risk for rapid spread and ongoing chains of infection


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