



Clinician alert #48 – all clinicians

Effective from **5 March 2021**

New information

The following sections of the [COVID-19 CDNA National Guidelines](#) (COVID-19 SoNG) have been updated:

- case definition
- testing
- case management
- release from isolation
- close contacts
- outbreak investigation and management in high risk settings
- special situations on aircrew
- appendix B: risk assessment and identification of close contacts in air crew
- appendix C: guidance on the management of air crew.

Case definition

A **confirmed** case requires laboratory definitive evidence and is not classified as a historical case. Laboratory definitive evidence now includes:

‘SARS-CoV-2 IgG seroconversion or a four-fold or greater increase in SARS-CoV-2 antibodies of any immunoglobulin subclass including ‘total’ assays in acute and convalescent sera, in the absence of vaccination’.

A **historical** case requires laboratory suggestive evidence supported by either previous (prior to the past 14 days) clinical evidence OR previous (prior to the past 14 days) epidemiological evidence.

A historical case should not have symptoms of COVID-19 (or not have had symptoms of COVID-19 for the past 14 days). For information on the steps for determining a historical infection, please see Release from Isolation.

Laboratory suggestive evidence:

1. Detection of SARS-CoV-2 by polymerase chain reaction (PCR) on two specimens at least 24 hours apart with high Ct values on both specimens AND detection of IgG or total antibody, in the absence of vaccination; OR

2. Negative PCR result AND detection of IgG or total antibody, in the absence of vaccination; OR

3. High PCR Ct result on first result, and higher PCR Ct result or negative PCR result on second test, taken >24 hours apart.

A **suspect** case must meet clinical **AND** epidemiological criteria. The epidemiological evidence has been expanded to include:

- Workers supporting designated COVID-19 quarantine and isolation services

- International border staff
- Air and maritime crew
- Health, aged or residential care workers and staff with potential COVID-19 patient contact
- People who have been in a setting where there is a COVID-19 case
- People who have been in areas with recent local transmission of SARS-CoV-2.

Testing

A testing framework has been developed to guide local approaches to testing, the [CDNA and PHLN Testing Framework for COVID-19 in Australia](#). The Testing Framework identifies key priority groups for targeted testing based on the likelihood of infection and the epidemiological situation.

Case management

The section now includes advice on whole genome sequencing.

Release from isolation

This section now includes advice on historical infections for which further isolation is not required. Refer to the [Release from isolation guidelines](#) .

Close contacts

Identification of secondary contacts may be more applicable in household settings; situations where there are communication challenges with contacts; where the primary close contact may already be infected; settings where there may be delays in receiving testing results (e.g. remote settings); or where secondary contacts work in settings where there is a high transmission risk (e.g. residential aged care).

[Historic infection](#) with COVID-19 does not mean that vaccination is not required.

Triaging patients presenting to health services

All health services should continue to assess people's COVID-19 risk on presentation, and clinicians are reminded to stay alert for potential COVID-19 infection especially in those who work in a high-risk setting (e.g. border workers, quarantine centre workers).

Testing is still available at the usual COVID Clinic locations available on [HealthyWA](#).

Refer to the [Testing criteria](#).

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