Testing Criteria for SARS-CoV-2 in Western Australia #35
Effective from 18 February 2022

These testing criteria are guided by the CDNA National Guidelines. New information is highlighted.

1. Testing Criteria

- People who meet the clinical testing criteria should be tested by PCR.
- PCR remains the preferred test where laboratory capacity allows. If laboratory capacity is overwhelmed, testing via Rapid Antigen Testing (RAT) can be used.
- Testing should occur regardless of vaccination status.

1.1 Clinical testing criteria

Fever (≥37.5°C) or recent history of fever (e.g. night sweats, chills), without a known source, OR
Acute respiratory symptoms (including cough, shortness of breath, sore throat, runny nose) OR
Acute loss of smell or taste OR
A positive or inconclusive rapid antigen test result

Other reported symptoms of COVID-19 include: fatigue, headache, 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 tested.

Patients who present to an emergency department, and are subsequently found to meet testing criteria, should be tested regardless of whether they are subsequently admitted or discharged.

Recovered cases should be tested for SARS-CoV-2 if they develop new symptoms of COVID-19 at least 4 weeks after release from isolation.

1.2 Priority groups for testing

Testing is especially important for the following groups:

- People with COVID-19 compatible symptoms
- People with known recent exposure to SARS-CoV-2 (contacts of known COVID-19 cases)
- People at higher risk of exposure to SARS-CoV-2, including
  - With a travel history to areas with higher rates of COVID-19, through international or domestic travel,
  - Who care for people with COVID-19 or
  - Who have contact with people who are more likely to have an active infection
- People in high and special-risk settings, including where disease amplification is likely, or where people live or visit others who have an increased risk of severe disease and death. These settings may include:
2. Testing following a possible vaccine – related adverse event

If a vaccine recipient (who is not a suspect case) develops fever, headache, fatigue or other mild systemic symptoms within and lasting for less than 48 hours after receipt of a COVID-19 vaccine in the absence of respiratory symptoms (including loss of smell), it is more likely that they have an expected vaccine response. The local epidemiology should be considered when determining if SARS-CoV-2 testing is necessary. If symptoms persist past 48 hours post vaccination, these individuals should get tested.

3. Rapid antigen tests

PCR tests remain the gold standard for confirming a COVID-19 diagnosis and should be preferably used to test anyone with symptoms of COVID-19. If laboratory capacity is overwhelmed, testing via RAT can be used. WA moved to a high caseload environment on 8 February 2022, with RAT forming part of the new testing and isolation protocols for high and very high caseload environments as outlined in the WA COVID-19 TTIQ Plan.

3.1 Access to RAT kits
RAT kits approved by the Therapeutic Goods Administration are recommended for use. There are different types of RAT kits – some requiring nasal swabs and some requiring oral or saliva samples. Kits contain instructions for individuals on how to self-test.

RAT kits will be provided free of charge for testing required by a public health order. The Commonwealth government will be providing a limited number of free RAT kits to concession card holders which will be available at local pharmacies.

3.2 Private purchase
Kits will be available for purchase at supermarkets, pharmacies and other retailers. Private use of RATs may be of benefit in certain situations such as:

- Before attending a gathering with people in crowded indoor or outdoor places e.g. family gatherings, weddings, funerals, night clubs.
- Prior to visiting people who are elderly or immunocompromised.
- Prior to attending a high risk setting e.g. aged care facility, disability group home.
- On return from an area with high COVID-19 case numbers.

3.3 Positive RAT result
A mandatory registration system for positive RAT results is in place. A positive RAT result must be registered at https://www.healthywa.wa.gov.au/ratregister.

3.4 Inconclusive RAT result
Anyone who returns an inconclusive/invalid result should repeat the test. If a repeat test is again invalid, the person should get a PCR test. Further guidance for RAT use is available at HealthyWA.
4. Testing advice

4.1 Release from isolation

- Testing is not required for a person to be released from isolation after testing positive for COVID-19.
- Refer to the Release from Isolation Factsheet for further information relating to the criteria that need to be met for case clearance.

4.2 Specimen request information

All PCR test requests must include patient demographic information (name, residential address, date of birth, gender, mobile phone number, Indigenous status), date of test, clinical reason for testing, and location test was taken.

4.3 Specimen collection

To perform specimen collection for PCR testing, use a single swab for oropharyngeal sampling (via the mouth) followed by a deep nasal swab.

- Patients who are displaying severe symptoms should be referred to the nearest Emergency Department for assessment and testing (call ahead).
- PCR testing can be performed at WA government COVID clinics, hospitals, Commonwealth-endorsed GP respiratory clinics, and private pathology COVID collection centres approved by the Chief Health Officer, as listed on Healthy WA. Tests can also be performed by domiciliary specimen collectors. GPs can collect swabs in residential care facilities, prisons or for the homeless population.
- Regional testing can also occur in health centres and remote health clinics operated by WACHS, Silver Chain, Aboriginal Medical Services or the Royal Flying Doctor Service (RFDS).
- Appropriate PPE must be used in all testing locations to ensure protection of staff and patients as well as to ensure preservation of PPE supply. Please see here for further information.

4.4 Patient advice

- People who are tested for acute COVID-19 infection (by PCR or RAT) need to be advised to isolate until they receive their COVID-19 result. Both the requesting clinician and the specimen collector should provide this advice to the person to be tested. If the person cannot isolate, alternative accommodation can be organised by calling 13COVID and selecting 3 then 1.
- The requesting medical practitioner who orders a PCR test or serology is responsible for ensuring a system is in place for informing the patient of their test results.
  - If their PCR or RAT test is negative for COVID-19, patients should be advised to remain home until their symptoms have resolved. Those in quarantine as a close contact or due to travel must complete their 7-day quarantine period even if their test is negative for COVID-19.
  - If their PCR or RAT test is positive for COVID-19, patients must isolate at a suitable location and follow isolation guidance for a confirmed COVID-19 case.

4.5 Serology testing

Serology has utility for the diagnosis of past COVID-19 infection. Testing using serology before two weeks from the onset of symptoms can result in false negative results due to the time it takes to seroconvert. The clinician should provide the date of onset of symptoms to enable accurate interpretation of serology testing results.
No serological assays can reliably prove immunity to SARS-CoV-2 and the ability of serology to detect anti-spike antibody following vaccination for COVID-19 is unknown. The detection of anti-spike antibody cannot distinguish between natural infection and vaccination, and routine diagnostic serological testing is not recommended following COVID-19 vaccination.

5. Testing locations
For a comprehensive list of testing clinics, both public and private, please visit https://www.healthywa.wa.gov.au/articles/a_e/coronavirus/covid-clinics.