



Testing Criteria for SARS-CoV-2 in Western Australia #40

Effective from 15 July 2022

These testing criteria are guided by the [CDNA National Guidelines](#). New information is highlighted.

1. Testing Criteria

- Anyone with COVID-19 compatible symptoms should continue to be tested for SARS-CoV-2.
- Nucleic acid amplification testing (NAAT) e.g. reverse transcription polymerase chain reaction (RT-PCR) is the gold standard for diagnosing acute symptomatic SARS-CoV-2 infection.
- Rapid antigen tests (RATs) are an alternative testing method that can be used to diagnose COVID-19.
- **In patients at higher risk of severe illness, consider testing for SARS-CoV-2 and other respiratory viruses such as influenza to assist with timely diagnosis in those eligible for treatment.**

1.1 COVID-19 compatible symptoms

COVID-19 usually presents with symptoms similar to other acute respiratory infections (ARI). An ARI is defined as a recent onset of new or worsening acute respiratory symptoms: cough, breathing difficulty, sore throat, or runny nose/nasal congestion with or without other symptoms.

Other symptoms may include:

- headache, muscle aches (myalgia), fatigue, nausea or vomiting and diarrhoea. Loss of smell and taste and loss of appetite can also occur with COVID-19, but may be less common with new variants of the disease
- fever ($\geq 37.5^{\circ}\text{C}$) can occur, however is less common in elderly individuals
- in the elderly, other symptoms to consider are new onset or increase in confusion, change in baseline behaviour, falling, or exacerbation of underlying chronic illness (e.g. increasing shortness of breath in someone with congestive heart failure).

1.2 Priority groups for testing

In the context of widespread community transmission PCR testing should be prioritised to ensure availability for:

- people who need to be considered for treatment, including those at high-risk of severe disease
- people who require hospital level care for their symptoms
- high risk settings e.g. healthcare settings, residential aged care facilities, correctional and detention facilities
- when there is concern regarding a new variant of concern (VOC).

RATs may be used for other symptomatic people when PCR is unavailable or there is need to relieve pressure on laboratory systems. A positive RAT result will not require a confirmatory PCR and should be treated as a case. Anyone with a positive RAT should register this result.

1.3 Testing after release from isolation for reinfection

Natural infection with SARS-CoV-2 provides some protection against reinfection, but reinfection is possible. Those who are significantly immunocompromised are at higher risk of reinfection.

- People with COVID-19 compatible symptoms do not routinely need to be retested for SARS-CoV-2 within 4 weeks after release from isolation.
- Anyone with COVID-19 compatible symptoms 4 or more weeks after release from isolation should be tested for SARS-CoV-2.

1.4 People who develop new symptoms within 4 weeks of release from isolation

- Recovered cases who develop new symptoms within 4 weeks of release from isolation should:
 - stay home until symptoms resolve
 - be tested for respiratory viruses, including SARS-CoV-2, in situations where a diagnosis will inform clinical or public health management.

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 be tested.

3. Rapid antigen tests

PCR or RATs may be used for the diagnosis of COVID-19. Testing, isolation and quarantine protocols are available in the [WA COVID-19 TTIQ \(Test, Trace, Isolate and Quarantine\) 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.

Free RAT kits are available to every WA household through the [WA Free RAT Program](#).

RAT kits are available for purchase at supermarkets, pharmacies and other retailers.

3.2 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>.

3.3 Inconclusive RAT result

Anyone who returns an inconclusive/invalid result should repeat the test. If a repeat test is again invalid, the person should be tested by PCR. 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, however testing may be considered for people with severe immunocompromise.

- 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 [HealthyWA](#). Tests can also be performed by domiciliary specimen collectors organised by a GP.
- 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.
- The requesting medical practitioner who orders a COVID-19 test is responsible for ensuring a system is in place for informing the patient of their test results.
- If a person's 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](#).
- If a person's PCR or RAT test is negative for COVID-19, patients should be advised to remain home until their symptoms have resolved.
- Close contacts with symptoms who return a negative RAT result must repeat the RAT in 24 hours. Close contacts should follow guidance for [COVID-19 close contacts](#).
- Use of RATs may be of benefit in certain other 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.

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.