



# WA Testing Guidelines for COVID-19 and Other Respiratory Viruses

State Health Incident Coordination Centre (SHICC)  
Department of Health, WA

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## Version control and approval

This document should be considered a 'live document' and will be reviewed and updated regularly in response to:

- New legislation or statutory directions;
- Changes in advice based on emerging evidence or national guidelines;
- Learnings from outbreak management locally, in other jurisdictions and internationally; or
- Stakeholder engagement and feedback.

Review and update of this document is coordinated by the State Health Incident Coordination Centre (SHICC) Planning Cell which can be contacted with feedback at [shicc.phab@health.wa.gov.au](mailto:shicc.phab@health.wa.gov.au)

Version	Date	Author	Approved by	Comments on revision
2.1	13 October 2022	CDCD	Dr Revle Bangor-Jones, Deputy Incident Controller	Updates to reflect changes in legislation
2.0	15 August 2022	SHICC Planning Cell	Dr Andrew Robertson, Chief Health Officer	Minor revisions to dates and references
1.0	11 July 2022	SHICC Planning Cell	Dr Andrew Robertson, Chief Health Officer	Original version

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## Introduction

The goal for the management of COVID-19 in Western Australia (WA) transitioned from elimination, throughout 2020 and 2021, to suppression of community transmission to a level that did not overwhelm health services, at the beginning of 2022. As of mid-2022, WA is learning to 'live with COVID'.

In parallel with the changes to COVID-19 testing recommendations, COVID clinics have been scaled back and the way people access polymerase chain reaction (PCR) testing for respiratory infections is transitioning to a pre-COVID model. The testing modality for COVID-19 has already shifted to a predominant use of rapid antigen tests (RATs), with progressive decline in demand for PCR testing.

In considering the ongoing management of COVID-19 and influenza in the community, protection of the most vulnerable members of the community remains a priority for the Department of Health (DoH).

This paper provides guidance for testing for ARIs, including COVID-19, in WA.

## National testing recommendations

WA continues to be guided by the advice of expert groups such as the Australian Health Protection Principal Committee (AHPPC), Communicable Diseases Network Australia (CDNA), and Public Health Laboratory Network (PHLN) regarding testing for SARS-CoV-2 and influenza.

## Priority groups for testing

WA is moving to a 'test-to-treat' model where priority groups for testing include symptomatic people who have or are at risk of severe disease, people who are at risk of severe illness who are household contacts of people with COVID-19, and any other people who would benefit from early diagnosis and treatment.

## Testing methods

### Rapid antigen testing (RAT)

In response to established community transmission of COVID-19, RATs have been used extensively as a diagnostic tool. Widespread access and availability of RATs enables testing in symptomatic, low-risk cohorts and in high risk settings.

### Nucleic acid amplification testing (NAAT)

NAAT remains the gold standard test for diagnosis of COVID-19. Both PCR for COVID-19, and multiplex PCR testing that identifies COVID-19, influenza and other respiratory infections, will continue to be important testing modalities, particularly in high-risk vulnerable cohorts that are at risk of severe illness, those that benefit from early diagnosis and treatment, as well as those presenting to health care facilities with severe disease.

## Access to testing

The model for testing is transitioning from an open access model, back to the pre-COVID model of access to testing via a clinician referral.

Under the open access model, PCR testing is available at designated clinics without the requirement for a referral. The testing is funded under the National Partnership Agreement (NPA) on COVID-19 response. This is a 50:50 cost shared arrangement between the Commonwealth Government and the State. This arrangement is set to cease in December 2022.

Access to multiplex PCR testing currently requires a clinician referral. Over the next few months, open access to PCR for COVID-19 will cease and all PCR testing will require a clinician referral.

## Surveillance activities

### Sentinel testing

The Australian Sentinel Practices Research Network (ASPREN) is a network of sentinel general practitioners and nurse practitioners who report de-identified information on influenza like illness (ILI) and other conditions seen in general practice.<sup>1</sup>

The Influenza Complications Alert Network (FluCan) is a national sentinel surveillance program for severe influenza in both adults and children. The network collects real-time clinical and laboratory data on patients hospitalised with influenza to help assess influenza severity and vaccine effectiveness, to help guide public health policy.<sup>2</sup>

### Wastewater testing

Wastewater surveillance has been demonstrated to be a sustainable, cost-effective, flexible, and equitable population-based approach to monitoring COVID-19 in the community.

The SARS-CoV-2 Wastewater Surveillance Program, led by the DoH, commenced on 17 September 2020 with a qualitative focus, reporting on the presence or absence of the SARS-CoV-2 virus.

The DoH has transitioned the wastewater surveillance program to a quantitative program to provide information on community prevalence of COVID-19. Whole genome sequencing (WGS) of wastewater identifies the presence and proportion of SARS-CoV-2 variants of concern (VOCs). Quantitative analysis and WGS can be used to inform decision-making related to the COVID-19 public health response.

### Whole genome sequencing

The Communicable Diseases Genomics Network (CDGN), PHLN and CDNA has released a sampling strategy for [SARS-CoV-2 genomic surveillance](#). This strategy guides the genomic surveillance activities of PathWest.

## Legislative considerations

As of 12.01 am on 14 October 2022, there is no longer a legal direction mandating testing.

## WA Acute Respiratory Infections Testing Framework

The framework, shown in Table 1, is set out in two phases, with the first phase reflecting the current state, and the second phase outlining the 'test-to-treat' model.

Objectives of the framework include:

- 1. Minimise mortality and morbidity relating to COVID-19 and influenza**
  - a. Equitable access to testing by:
    - i. RAT and PCR for SARS-CoV-2
    - ii. Multiplex PCR testing for SARS-CoV-2, influenza and other respiratory viruses for accurate early diagnosis for those with severe disease and those at risk of severe disease from SARS-CoV-2 or influenza
  - b. Equitable and timely access to antivirals (for COVID-19 and influenza) for those eligible
- 2. Support the health system**
  - a. Appropriate guidance<sup>3</sup> for testing of staff and patients to minimise the impact on health care facilities
  - b. Testing approaches in high-risk settings (including healthcare, residential care and correctional settings) that enable early treatment for those eligible
- 3. Perform ongoing surveillance to assess impacts on health services**

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<sup>1</sup> [The Australian Sentinel Practices Research Network \(ASPREN\)](#)

<sup>2</sup> [The Influenza Complications Alert Network \(FluCAN\)](#)

<sup>3</sup> The COVID-19 [Framework](#) for System Alert and Response

- a. Population surveillance mechanisms for monitoring of disease burden and VOCs through:
  - i. Passive surveillance of clinical specimens submitted for respiratory virus testing
  - ii. ASPREN and FluCAN programmes
  - iii. WGS of targeted clinical specimens in keeping with PHLN guidance
  - iv. Wastewater surveillance including quantitative analysis and WGS
- 4. Ensure ongoing access to testing as the model of access transitions to a business as usual model**
  - a. Continued access to RATs
  - b. Continued access to PCR testing for SARS-CoV-2
  - c. Managed step down from open access model for SARS-CoV-2 to integration of testing with business as usual (BAU), where clinician referral for PCR testing is required
  - d. Clear communication on the testing guidelines to:
    - i. the general public
    - ii. clinicians, including hospitals, specialists and primary care providers

**Table 1. WA Acute Respiratory Virus Infections Testing Framework**

	Who	What	When	Where	How	Access
<b>Testing Guidelines Phase 1: Transition (as of August 2022)</b>						
Symptomatic	General population	SARS-CoV-2 RAT or PCR <sup>4</sup> , with a preference for RATs	At symptom onset  Symptomatic close contacts of a COVID-19 case with a negative RAT should repeat a RAT in 24 hours	<p>RAT:</p> <ul style="list-style-type: none"> <li>○ Self-testing (home or workplace)</li> <li>○ Hospital planned and unplanned (ED) admissions</li> </ul> <p>PCR:</p> <ul style="list-style-type: none"> <li>○ Public COVID clinics</li> <li>○ Public hospitals</li> <li>○ Remote communities with access to PCR point of care testing</li> <li>○ Private pathology providers (including in-reach in Residential Aged Care Facilities (RACFs)) with clinician referral</li> </ul>	<p>WA Government free RAT program</p> <p>Privately purchased RATs (individuals; workplaces)</p> <p>Funding under the National Partnership Agreement (COVID clinics, private providers)</p> <p>Kirby Institute GeneXpert program</p> <p>Regional point-of-care PCR (Cobas Liat,)</p> <p>Commonwealth Sonic Health contract for RACF in-reach testing</p> <p>Public communications strategy on everyone with symptoms 'getting tested' and 'staying home when sick'</p>	<p>Open access to PCR testing for SARS-CoV-2 at public COVID clinics</p> <p>Access to PCR testing for influenza or other ARI via clinician or GP referral at private pathology providers</p>
	Those with or at risk of severe disease, live or work with those at risk of severe disease who may benefit from early diagnosis/treatment	<p>SARS-CoV-2 RAT or PCR<sup>5</sup></p> <p>Multiplex PCR testing for SARS-CoV-2, influenza and other respiratory viruses</p>				

<sup>4</sup> Note: clinicians may refer patients for influenza or respiratory panel PCR testing funded by the Medicare Benefits Schedule (MBS)

	Who	What	When	Where	How	Access
Asymptomatic	Close contacts of a COVID-19 case	SARS-CoV-2 PCR or RAT	If symptoms develop	RAT self-testing (home or workplace)		
	High-risk settings <sup>5</sup>	SARS-CoV-2 RAT				
<b>Testing Guidelines Phase 2: Test-to-treat (when TBD)</b>						
Symptomatic	Those with or at risk of severe disease or others who may benefit from early diagnosis/treatment	Multiplex PCR  (a RAT may be performed first for SARS-CoV-2)	At symptom onset	RAT: <ul style="list-style-type: none"> <li>○ Self-testing (home or workplace)</li> </ul> PCR: <ul style="list-style-type: none"> <li>○ Public and private pathology providers (including in-reach in RACFs)</li> <li>○ Hospitals</li> <li>○ Remote communities with access to PCR point of care testing</li> </ul>	Public communication strategy on 'seeing a GP for testing and management, if at risk of severe illness'  Clinician guidelines for testing  MBS funded (on test referral)	Access to PCR testing for SARS-CoV-2, influenza or other ARI via clinician or GP referral

<sup>5</sup> Note: Refer to specific guidance for high-risk setting regarding asymptomatic testing