



Testing Criteria for SARS-CoV-2 in Western Australia #42

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

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.**
- **PCR testing will continue to be available to ensure effective and fast diagnosis for people who are at high-risk of severe COVID-19 and death, to minimise their risk and to enable timely treatment for people who may benefit from antiviral therapies.**
- **Rapid antigen tests (RATs) are an alternative testing method that can be used to diagnose COVID-19 in most cases.**
- **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

PCR testing should be prioritised for:

- people who need to be considered for treatment, including those at high-risk of severe disease from COVID-19 and long-COVID
- people who require hospital level care for their symptoms

- high risk settings e.g. healthcare settings, residential aged care facilities, correctional and detention facilities, particularly where there is a suspected outbreak of COVID-19
- when there is concern regarding a new variant of concern (VOC).

Population groups at high-risk of severe disease from COVID-19 and long-COVID may include Aboriginal people, older Australians, people from culturally and linguistically diverse backgrounds, people with disability, people living in rural and remote areas, and people experiencing homelessness.

RATs are useful for other symptomatic people when PCR is not readily available or there is need to relieve pressure on laboratory systems, can be self-administered, and provide fast results. A positive RAT result will not require a confirmatory PCR and should be treated as a case.

1.3 Testing after COVID-19 infection

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 35 days** of an acute COVID-19 infection.
- However, recovered cases who develop new symptoms within 35 days of an acute COVID-19 infection 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.
- Anyone with COVID-19 compatible symptoms **35 or more days** after being a COVID-19 case should be tested for SARS-CoV-2 and other respiratory pathogens.

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

RATs may be used for the diagnosis of COVID-19.

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

3.2 Positive RAT results

The WA Department of Health no longer requires registration of positive RAT results.

3.3 Inconclusive RAT result

Anyone who returns an inconclusive/invalid result should repeat the test. Further guidance for RAT use is available at [HealthyWA](#).

4. Testing advice

4.1 Specimen request information

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

4.2 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 hospitals or pathology clinics with a referral from a doctor
- Appropriate PPE must be used to ensure protection of staff and patients. Please see [here](#) for further information.

4.3 Patient advice

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.

Visit [COVID-19 \(coronavirus\) \(healthywa.wa.gov.au\)](#).