

21 September 2020

Public Health Laboratory Network statement on the prioritisation of diagnostic testing for COVID-19

Diagnostic testing for SARS-CoV-2 (the virus that causes COVID-19) is vital to suppressing and containing the COVID-19 pandemic in Australia. PHLN encourages decision makers¹ to ensure testing is targeted, to strike the right balance between maintaining epidemic control and protecting the sustainability of laboratory capacity. This includes, where appropriate, prioritisation of diagnostic testing requests for COVID-19.

In Australia, testing for COVID-19 is done in accordance with epidemiological and clinical criteria in the *COVID-19 Communicable Diseases Network Australia (CDNA) National Guidelines for Public Health Units (National Guidelines)*.² CDNA is a committee of communicable disease experts, with representatives from state and territories, the Australian Government and invited experts. The current approach to testing for COVID-19 focuses on testing people with clinically compatible symptoms for example:

- a fever;
- cough;
- shortness of breath;
- a sore throat;
- loss of smell or taste; and
- other symptoms such as blocked and/or runny nose, diarrhoea, nausea and vomiting, when appropriate.

Large-scale, non-clinically indicated testing of asymptomatic people in Australia's current low incidence environment is not recommended.³ This is not an effective or efficient approach to identifying disease transmission. However, PHLN notes there is a role for asymptomatic testing in specific contexts for disease control and surveillance purposes. This may include during an outbreak in a high-risk setting where there is

¹ Senior pathologists, laboratory managers, referring practitioners and approved specimen collection personnel.

² Coronavirus Diseases 2019 (COVID-19), CDNA National guidelines for public health units
<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

³ AHPPC Statements on 21 August 2020. Australian Health Protection Principal Committee (AHPPC) updated statement on the role of asymptomatic testing. <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-updated-statement-on-the-role-of-asymptomatic-testing>.

evidence of a risk for rapid spread and ongoing chains of infection (as defined in the National Guidelines).¹ The Testing Framework for COVID-19 in Australia sets out the recommended prioritisation of COVID-19 testing.⁴

The average testing turnaround time for COVID-19 is between 24–48 hours. This is from the time of receipt of a sample into the laboratory to authorisation of a result. PHLN encourages referring medical practitioners and approved specimen collection personnel to identify high risk or suspect COVID-19 cases on the referral form. This will enable prioritisation of testing where possible.

In line with the Testing Framework for COVID-19 in Australia, testing requests that should be considered for prioritisation include (although is not limited to⁵):

- Hospitalised patients suspected of having COVID-19 on clinical grounds.
- Requests to confirm a presumptive positive or discrepant COVID-19 result.
- Close contacts of a confirmed COVID-19 case.
- People travelling from a place of higher prevalence.
- Healthcare workers (including aged care workers), and key support workers in vulnerable populations with direct patient contact.
- People living in a residential care facility or receiving in-home care support e.g. aged care, disability care.
- People with major barriers to self-quarantine, including due to understanding or compliance; persons at risk of absconding; domestic overcrowding; or inadequate housing.
- People with suspected COVID-19 and a large number of contacts, e.g. who may have attended a recent mass gathering.
- People who have lived in or travelled through a geographically localised area with elevated risk of community transmission, as defined by public health authorities.
- Organ donors (including all unrelated haemopoietic stem cell donors) and recipients.
- Residents, staff members or frequent attendees of high-risk settings where there is evidence of a risk for rapid spread and ongoing chains of infection, and people who are at a higher risk of experiencing complications. This includes:
 - Aboriginal and Torres Strait Islander peoples;
 - correctional and detention facilities;
 - quarantine facilities;
 - meat processing facilities; and
 - people with mental health concerns.

PHLN emphasises that prioritising testing while preferable, will depend on a range of aspects. This includes laboratory-specific resources, the level of testing demand at any given time and the needs of respective population cohorts according to local priorities.⁶

⁴ Australian National Disease Surveillance Plan <https://www.health.gov.au/resources/publications/australian-national-disease-surveillance-plan-for-covid-19>

⁵ PHLN members acknowledge that prioritisation is possible when relevant information is provided on the patient referral/request form.

⁶ In accordance with advice from jurisdictional public health units.