



Testing Criteria for SARS-CoV-2 in Western Australia #33

Effective from 19 October 2021

These testing criteria are guided by the [COVID-19 Testing Directions](#) and the [CDNA National Guidelines](#). New information is highlighted.

1. Testing Criteria

PEOPLE WHO MEET THE CLINICAL TESTING CRITERIA SHOULD BE TESTED BY PCR. This should occur regardless of vaccination status.

1.1 Clinical testing criteria

Fever ($\geq 37.5^{\circ}\text{C}$) 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

Other reported symptoms of COVID-19 include: fatigue, **headache**, runny nose, 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 considered suspect cases.

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.

1.2 Epidemiological criteria

Testing is especially important for people with any of the following epidemiological criteria:

- Close contact with a confirmed case
- International travel, with the exception of green zone countries
- Workers supporting designated COVID-19 quarantine and isolation services
- International border staff
- International air and maritime crew
- Health, aged or residential care workers and staff with potential COVID-19 patient contact
- People who have been in a setting where there is a COVID-19 case
- People who have been in areas with recent local transmission of SARS-CoV-2.

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 (testing may not be required). If symptoms persist past 48 hours post vaccination, these individuals should get tested.

3. Testing of asymptomatic people

Testing of asymptomatic people is only permitted with [approval](#) of the Chief Health Officer. Further information about testing directions is available [here](#).

3.1 Testing of people who are entering Western Australia from a restricted location

Testing occurs after disembarking from an aircraft at Perth Airport, or within 48 hours of arrival, and on day 12.

Government officials and people issued with a modified quarantine direction are required to be tested within 48 hours and on days 6 and 12.

3.2 Testing of people who are issued a Centre Quarantine Direction in Western Australia

Testing occurs on days 1, 5, and 13 of quarantine, and on days 17 and 21 post-quarantine.

3.3*Testing for entry requirements for overseas governments

Testing under this circumstance can occur at private pathology collection centres and **should not** occur at WA government COVID Clinics. A GP referral is required, and the GP must sight evidence** of the requirement and document the reason for the test on the request form as:

“Entry requirement by overseas country for immigration or travel.”

**An official statement from the government of that country confirming that the patient requires a negative COVID-19 test.

3.4 Testing of international arrivals who are given a self-quarantine direction

Testing occurs within 48 hours of arrival and on day 12.

3.5 Testing of exposed on-board workers

Exposed on-board workers who work a non-compliant shift or transfer must present for testing within 48 hours of commencing the 14-day quarantine period and on day 12.

3.6*Testing of workers responsible for transport or freight and logistics services

People who are responsible for the provision of transport or freight and logistic services into or out of WA (drivers), and who have been in an extreme or high risk location in the 14 days before entering WA, must have been tested for COVID-19 by PCR in the 72 hours prior to entering WA. Drivers who have been in an extreme, high or medium risk location in the 14 days before entering WA, must undertake a rapid antigen test at the Eucla or Kununurra border. ALL drivers (from very low, low or medium risk location in the 14 days before entering WA) must present for testing within 24 hours of arriving in WA unless they can produce satisfactory evidence that they have been tested for COVID-19 in the five days before they entered WA. All drivers must continue to present for testing every 7 days, for a period of 14 days after entry into WA.

People in this category who are asymptomatic and present for testing at a private pathology collection centre do not require a referral from a GP.

3.7*Testing of Quarantine Centre Workers

Quarantine centre workers are required to:

- present for a nose and throat swab PCR test every 7 days (weekly), AND
- complete a self-collected mouth swab PCR test every shift (daily), noting that a mouth swab does not need to be collected on the day of the nose and throat swab. Self-collection kits will be provided to workers at the quarantine centres, AND

- present for testing in accordance with the absence presentation protocol or end of employment protocol, as appropriate.

3.8 *Testing of Quarantine Drivers

Quarantine drivers are required to:

- present for a nose and throat swab PCR test within 48 hours of completing their first shift, **AND**
- present for a nose and throat swab PCR test every 7 days (weekly).

3.9 *Testing of international airport workers

Airport workers who have contact with international arrivals are required to:

- present for a nose and throat PCR test every 7 days (weekly), **AND**
- complete a self-collected mouth swab PCR test every shift (daily), noting that a mouth swab does not need to be collected on the day of the nose and throat swab, **AND**
- present for testing in accordance with the absence presentation protocol or end of employment protocol, as appropriate.

Additional testing facilities are available at Perth airport.

3.10 *Before proceeding to organ donation or organ transplantation

The Chief Health Officer may give approval to a medical practitioner to request a COVID-19 test on people who are about to undergo a surgical procedure involving organ donation or organ transplantation.

3.11 *DETECT BORDERS program

Asymptomatic people working at WA's points of entry can have voluntary, free weekly [testing](#).

3.12 *People from another jurisdiction requiring testing in WA

Testing may be applicable for certain categories of people arriving into WA who are required to be tested in other jurisdictions.

3.13 *Testing of Health Care Workers involved in the care of an admitted patient with COVID-19

[Voluntary asymptomatic PCR testing](#) for both clinical and non-clinical staff who have been in the patient zone from admission until the patient is cleared of infection is encouraged:

- On day 5 and day 12 after first contact, followed by;
- Every 7 days until 14 days have passed since last entered a ward where a confirmed COVID-19 patient is receiving care or provided occasional or intermittent care to a confirmed COVID-19 patient.

*Exempt from self-isolation after testing in WA

4. Testing modalities

4.1 PCR testing

PCR is the **test of choice** for diagnosing acute COVID-19 infection. Contact public health on 1300 316 555 to discuss testing in a previously cleared COVID-19 case.

4.2 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. Serology can be considered for a person who meets the following criteria:

- **At least 2 weeks** have passed since the onset of COVID symptoms **AND** the patient meets one of the epidemiological criteria listed above. Serology **should not** be performed on someone who has previously tested positive to COVID-19 by PCR except if re-exposed to COVID-19 (see below).

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.

4.3 Serology testing for recovered cases re-exposed to COVID-19

Recovered COVID-19 cases exposed to COVID-19 eight weeks after symptom onset (or first positive PCR if asymptomatic illness), and immunocompromised recovered cases exposed any time after release from isolation, can be considered for serology testing.

5. Testing advice

5.1 Use of PCR tests in the clearance of cases from infection

- To inform infection control requirements in the hospital setting, testing a person to confirm clearance of COVID-19 infection can be undertaken by the clinician.
- For clearance purposes outside the hospital setting, public health will request testing for those who require it.

Refer to the [Release from Isolation Factsheet](#) for information relating to the criteria that need to be met for case clearance.

5.2 Specimen request information

All 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.

5.3 Specimen collection

To perform specimen collection, 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).
- 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.

5.4 Patient advice

- People who are PCR tested for acute COVID-19 infection 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 PCR test or serology is responsible for ensuring a system is in place for informing the patient of their test results if negative.
- If their PCR test is negative for COVID-19, patients **should** be advised to remain home until their symptoms have resolved. Those already in quarantine for the below reasons **must** complete their original 14-day quarantine period even if their test is negative for COVID-19:
 - they have returned from international or interstate travel, or
 - they have been informed they are a close contact of a positive case.
- If their PCR or serology test is positive for COVID-19, patients will be contacted by the Department of Health and provided further information.

5.5 Reporting

Notify WA Department of Health, Public Health Operations on 1300 316 555 (9328 0553 A/H) of a patient strongly suspected of having COVID-19 or of a patient who is unwell and is a close contact of a case.

6. Testing locations

Testing **can** occur at WA government [metropolitan and regional COVID clinics](#) (see below).

Metropolitan COVID clinics

- Armadale Health Service,
- Fiona Stanley Hospital
- Joondalup Hospital
- Royal Perth Hospital
- Rockingham General Hospital
- Sir Charles Gairdner Hospital
- St John of God Midland Hospital

Regional COVID clinics

- Broome Hospital
- Bunbury Health Campus
- Kununurra District Hospital

Regional Emergency Departments

- Albany Regional Hospital
- Geraldton Regional Hospital
- Port Hedland Regional Hospital (Hedland Health Campus)
- Kalgoorlie Regional Hospital

Emergency department of a public hospital that is located outside of the Perth metropolitan area.

Testing is not available at GP respiratory clinics or private pathology collection centres for asymptomatic persons unless otherwise specified.