

TO: ALL HEADS OF DIVISIONS / DIRECTORATES / CHIEF DIRECTORATES / HEADS OF INSTITUTIONS / REGIONS / DISTRICTS AND SUB-STRUCTURES

CIRCULAR NO. H 205 /2021

UPDATED COVID TESTING CRITERIA DURING A SURGE IN INFECTIONS

Purpose

To update the provincial COVID testing criteria in Circular H80/2021 which were relevant for the inter-wave period, but now require amendment. This circular seeks to assist our staff to cope with and respond, in the most effective and efficient manner, to the rapid upsurge in of COVID-19 infections, which we are now experiencing. This circular replaces the previous circulars in this regard i.e., Circulars H175/2020; H186/2020; H222/2020; H231/2020; H17/2021, H37/2021 and H80/2021.

Background

The coronavirus epidemic is continuing its steady increase as we enter a period of a rapid upswing in infections in many areas in the province. We are consequently rapidly approaching the point at which the number of COVID-19 tests are becoming too large to cope with, due to a lack of sufficient resources to swab and test, and additionally the turn-around times for PCR test results will soon rise. Hence at this point implementing restrictions on testing, as were done in each of the previous three waves, is appropriate. Testing should be restricted to people who have severe disease and require admission, to those who are likely to develop severe disease (the elderly and those with co-morbidities), and to special groups who are at higher risk of further spreading the disease, such as people within congregate settings.

Rapid Antigen Point of Care Tests are an important tool, as they allow an increased ability to effectively isolate coronavirus infected patients and rapidly quarantine their close contacts. The results of the Antigen test are available much quicker than for PCR tests (result available in 20 minutes) and they currently do not cost us anything, as we have a large donation of them. The Antigen test has high specificity (>99%) and hence all those who test positive are treated as coronavirus positive. However, the Antigen test has lower sensitivity, and this becomes particularly important when the point prevalence of COVID-19 is high, as is the case now, as then the proportion of false negatives obtained by the antigen test rises significantly. Therefore, all patients who test negative via the Antigen test, during a period of high point prevalence, MUST have a follow-on PCR test, as the patients have a high likelihood of being false negatives. Patients that have tested negative on the Antigen Test should then NOT be told that they have tested negative but should instead be informed that a further test is being performed. A separate swab for PCR testing should be taken. It is best to take this swab at the same time as the antigen swab.

Policy Position

COVID Testing Criteria are modified to the following situations:

1. People with coronavirus symptoms admitted to hospital.

2. People with coronavirus symptoms **AND** who are in a confined setting (such as an old age home, prison, hostel, workplace, school, etc) at which there is an outbreak or a suspected outbreak.
3. People with coronavirus symptoms **AND** who are at high risk of severe disease (those aged >50 years; those of any age who have one or more of the following co-morbidities: Diabetes, Obesity, Heart disease, Lung disease, Kidney disease, Cancer, Tuberculosis and poorly controlled HIV).
4. Pre-operative testing of coronavirus symptomatic and asymptomatic patients awaiting surgery (should be tested 3 days or less before their operation).
5. Natural deaths who had coronavirus symptoms.
6. All Health Care Workers with coronavirus symptoms
7. Health Care Workers who are in quarantine and asymptomatic at day 7 (to allow early return to work).
8. Those who previously tested positive, but have developed new coronavirus symptoms, should only be tested 90 days after their first test.

While the above criteria would cover the vast majority of circumstances, it is accepted that not all possible circumstances can be pro-actively provided for, and hence for unusual circumstances the attending clinician should exercise their clinical judgement around whether to provide a COVID test to a patient, or not, based on the specific circumstances.

Type of COVID Test to use:

1. The Antigen test is strongly encouraged to be done as the preferred first line test.
2. The Antigen test can be done on all patients who meet the COVID testing criteria above, except for the following situations, where it should **NOT** be done:
 - a. Pre-operative testing of patients before elective surgery
 - b. Natural deaths who had coronavirus symptoms
 - c. Health Care Workers who are in quarantine and asymptomatic at day 7
3. All patients who test negative via the Antigen test, **MUST** have a follow-on PCR test.

Managing patients with coronavirus symptoms who will not be tested

All patients who have coronavirus symptoms, but who do not fit the criteria above, and hence will not receive a PCR or an Antigen test, should be informed that they need to isolate for 10 days and their close contacts need to quarantine for 10 days.

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DDG: CHIEF OF OPERATIONS

DATE: 09/12/2021