



TO: ALL SMS MEMBERS/ CHIEF DIRECTORATES / DIRECTORATES / REGIONAL & DISTRICT OFFICES,
SUB-STRUCTURES / ALL FACILITY MANAGERS/ CITY OF CAPE TOWN

CIRCULAR H 80 /2021

UPDATED CORONAVIRUS PCR AND ANTIGEN TESTING CRITERIA

Purpose

To update the provincial PCR testing criteria in Circular H17/2021 (PCR testing) and H37/2021 (Antigen testing), to allow our staff to cope with and respond in the most effective and efficient manner to the continuing upsurge (third wave) of COVID-19 infections. This circular replaces the previous circulars in this regard i.e. Circulars H175/2020; H186/2020; H222/2020; H231/2020; H17/2021 and H37/2021.

Background

The coronavirus epidemic is continuing its steady increase as we enter the third wave with a progressively upward swing in most 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, test and contact trace, and additionally the turn-around times for PCR test results will soon rise. This is exacerbated by the need to second staff to maintain and increase, if possible, our vaccination campaign. Hence at this point implementing restrictions on testing, as were done for the first and second waves, are 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 test are available much quicker than PCR tests (result available in 20 minutes) and they are much cheaper than PCR tests (less than a quarter of the cost).

The Antigen Point of Care test has high specificity (>99%) and hence all those who test positive are treated as coronavirus positive. However, the Antigen Point of Care test has lower sensitivity and this becomes particularly important when the point prevalence of COVID-19 is high, 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 such as in the third wave, **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. If Antigen testing is done at a facility that has an on-site NHLS laboratory, then the same swab used for antigen testing can be sent for PCR testing. If Antigen testing is done at a facility that does NOT have an on-site NHLS laboratory, then a separate swab for PCR testing should be taken. It is best to take this swab at the same time as the antigen swab.

A previous Circular (H03/2021) has provided details around how to access Antigen test kits, how to perform the Antigen point of care test, and how to capture Antigen test results electronically.

Policy Position

The PCR Testing Criteria are modified to the following situations:

1. People with coronavirus symptoms admitted to hospital.
2. People with coronavirus symptoms **AND** who reside in large group confined congregate spaces (old age homes, care homes, hostels, prisons).
3. People with coronavirus symptoms **AND** who are at high risk of severe disease (those aged >45 years; those of any age who have one or more of the following co-morbidities: Diabetes, Obesity, High blood pressure, Heart disease, Lung disease, Kidney disease, Cancer, Tuberculosis and HIV).
4. Pre-operative testing of coronavirus *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 PCR positive, but have developed new coronavirus symptoms, should only be tested 30 days after their first PCR 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 PCR test to a patient, or not, based on the specific clinical picture.

The Antigen Testing Criteria are modified to the following situations:

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 PCR testing criteria above, except for the following situations, where it should **NOT** be done:
 - a. Pre-operative testing of COVID-19 asymptomatic 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

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