



CIRCULAR NO H 82 /2020

TO: ALL HEADS OF DIVISIONS / DIRECTORATES / CHIEF DIRECTORATES / HEADS OF INSTITUTIONS / REGIONS / DISTRICTS AND SUB-STRUCTURES THAT SUBMITS COVID-19 SPECIMENS FOR LABORATORY INVESTIGATIONS

PURPOSE:

The circular serves to provide an overview of the testing capacity and constraints of the Western Cape Pathology Laboratories; to provide a practical guide on how to prioritise the samples of hospitalised PUIs and HCWs, as well as to optimise the pre-analytical processes of a COVID-19 and other laboratory samples.

OVERVIEW - COVID-19 TESTING CAPACITY:

The NHLS as well as the private sector laboratories are facing severe challenges to keep pace with the increasing demand for COVID-19 testing. The main challenge across laboratories is the slow delivery and short supply of reagents from suppliers. There is an international shortage of reagents and COVID-19 testing kits with pathology services across the world are competing for the limited stock available.

As part of the NHLS scaling up strategy, there has been a diversification of their testing by procuring different types of testing platforms to mitigate the risk of being dependent upon a single supplier.

Furthermore, the Department has also reached out to the private sector to determine their ability to assist with testing. However, the accredited private pathology services have indicated that they do not have substantial additional capacity and that they are facing similar capacity challenges with their testing capacity.

The increased volume of samples and the erratic supply of test kits and reagents to laboratories, has resulted in a significant backlog at all laboratories.

PRIORITIZATION OF SAMPLES:

Considering the unforeseen predicament in which laboratories are in, with increased backlogs and prolonged turn-around time (TAT), necessitates the need to prioritize samples for COVID-19 tests into different streams.

With immediate effect, priority to be given to the samples of hospitalised PUIs, followed by Health Care Workers (HCW)s and then samples collected as part of Community Screening and Testing strategies.

It is of utmost importance to clearly mark the samples of the hospital PUIs and HCWs for the NHLS to differentiate and prioritise urgent samples from the routine samples.

COVID-19 SAMPLES OF HOSPITAL PUIs & HCWs NEED TO BE LABELLED AND PACKAGED AS FOLLOWS:

1. Ensure that both the sample and accompanying laboratory request form are clearly marked with the patient's details.
2. Put a red sticker / label on the outside of the package and write "URGENT COVID-19 Hospital PUI" or "URGENT COVID-19 HCW" on the packaging.
3. In the absence of a red sticker or label, write "URGENT COVID-19 Hospital PUI" or "URGENT COVID-19 HCW" on a coloured piece of paper and affix it to the laboratory request form inside the packaging. The coloured piece of paper should be clearly visible through the plastic bag.
4. Keep the urgent samples of hospital PUIs and HCWs separate and hand these to the courier separately from the routine samples.
5. The NHLS couriers when collecting the samples, will be instructed to keep these urgent/HCW samples separate until they deliver the samples at the laboratory.
6. The colour coded packages (red sticker/label and/or colour coded paper note) will assist the NHLS to identify and prioritise the above-mentioned streams of samples.

PRE-ANALYTICAL SAMPLE OPTIMIZATION:

The laboratory request form is the only communication that the NHLS receives together with the sample of the patient. It is the responsibility of the HCW to ensure that the patient's information is written on the request form in a legible handwriting.

The following documentation and mandatory information is required when submitting samples to the NHLS laboratories for COVID 19 and other testing.

DOCUMENTATION:

Completed Laboratory N1 PHC or Clinical Pathology laboratory request form. (It is no longer a required to complete the PUI form).

MANDATORY INFORMATION TO BE PROVIDED ON THE LABORATORY REQUEST FORM:

- Patient Name & Surname
- Patient Date of Birth
- Patient Gender
- Patient ID number or Passport number if available
- Patient Residential / Physical Address
- Patient Contact number + an additional Contact Number
- The cell phone number of the patient is crucial to allow an automated SMS notification to the patient in the event of a negative COVID-19 test result.
- Date and time sample was collected from patient
- Specimen type
- Name and contact details of the Requesting Physician
- Facility name and Ward
- For Community Screening and Testing
 - provide the name of the geographically nearest PHC facility in the "Facility Name" block
 - write Community Test and Screen (CST) in the "Service Point" block

RESULTS REPORTING:

COVID-19 laboratory results are available on Single Patient Viewer as well as on TrakCare WebView.

Results on TrakCare WebView:

Search for results per test type.

Expand the search field to do an advanced search (see screen-print below).

Select the Province / District / Facility.

Add a date 'from' and a date 'to' (short period for better results).

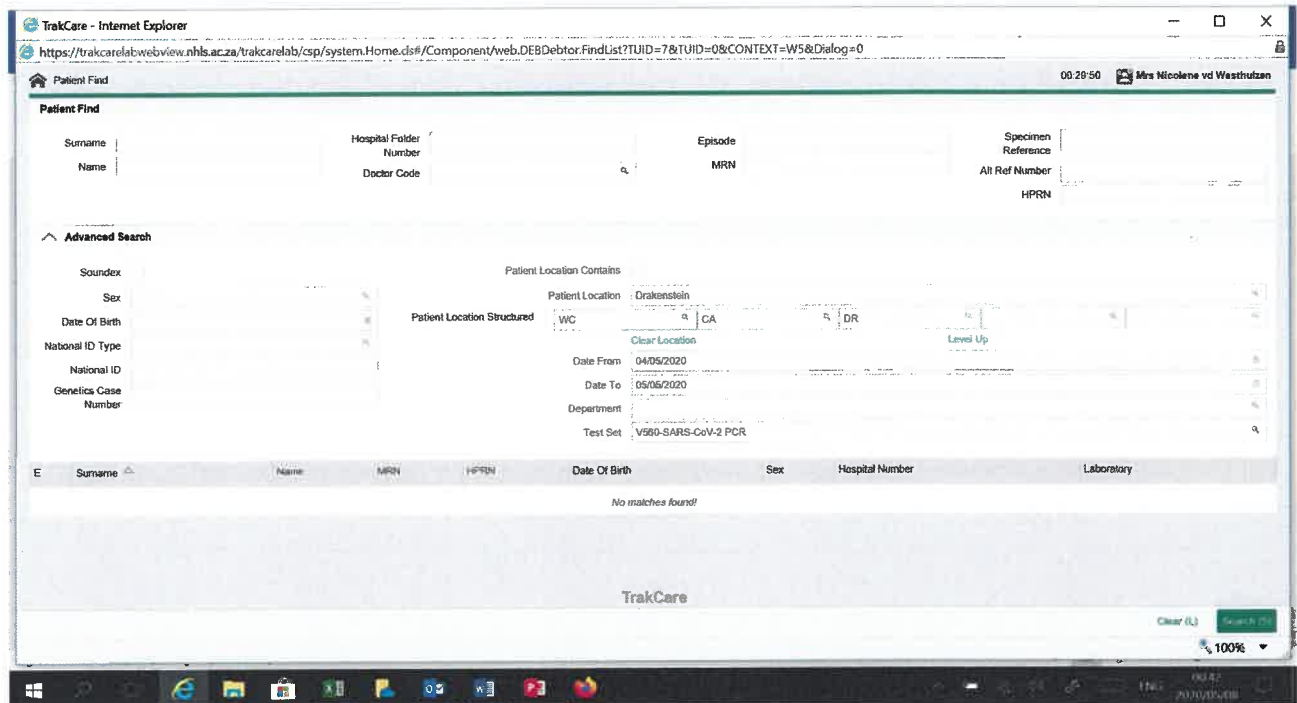
Type the test name and select the correct test code.

E.g. Type "SARS: in the test set field and select the V560-SARS-CoV-2 PCR test.

Click on search

A list of patients whom had the SARS-CoV-2 test done, will show.

Patient results to be viewed individually.



Continuous work is also being performed to improve communication of the results to the patient. It is however important to optimise the pre-analytical processes in order to optimise the analytical and post-analytical processes.

The quality of data on the laboratory request form, directly impacts on all downstream reports and processes.

Example:

If no patient contact details are available, then no contact tracing will be possible.

If no patient cell phone number is provided, then no automated SMS notifications will be possible.

If no facility name is included, the result and account cannot be linked to the correct facility.

We are also in ongoing conversations with the private sector to see how they can support our testing strategy and will send further communication in this regard.

Your cooperation is much appreciated.

DR S KARIEM

COO: Chief of Operations

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