

# COVID-19: Updated advice for health professionals as of 31 March 2020

## Situation update

- The number of COVID-19 cases in NSW continues to increase, with cases arising in travellers from overseas, close contacts of confirmed cases, specific gatherings including cruise ships, weddings, religious gatherings, aged care and health care settings. Some patients have no known links to known clusters.
- All travellers arriving from overseas must be quarantined for 14 days after return.
- A broad range of social distancing measures have been mandated by government to minimise transmission in the community.
- Note that the Australian Technical Advisory Group on Immunisation (ATAGI) recommends influenza vaccination from April onwards. See the [ATAGI Statement on seasonal influenza vaccines in 2020](#).

## Testing for COVID-19 in NSW

Testing is recommended for a person with fever ( $\geq 38^{\circ}\text{C}$ ) or history of fever (eg, night sweats, chills) **or** acute respiratory infection (e.g. cough, shortness of breath, sore throat) who meets one or more of the following criteria:

- a close contact in the 14 days prior to illness onset with a confirmed case
- international travel in the 14 days prior to illness onset
- a cruise ship passenger or crew member who has travelled in the 14 days prior to illness onset
- a healthcare worker
- an aged care or other residential care worker
- in a geographically localised area with elevated risk of community transmission – see [Locally acquired cases and clusters in NSW](#).

Testing is recommended for a person with fever ( $\geq 38^{\circ}\text{C}$ ) or history of fever (e.g. night sweats, chills) **or** acute respiratory infection (e.g. cough, shortness of breath, sore throat) in the following settings where there are two or more cases of illness clinically consistent with COVID-19:

- aged care and other residential care facilities
- military operational settings
- boarding schools
- correctional facilities
- detention centres
- Aboriginal rural and remote communities, in consultation with the local Public Health Unit
- settings where COVID-19 outbreaks have occurred, in consultation with the local Public Health Unit – see [Locally acquired cases and clusters in NSW](#).

Testing is recommended for hospitalised patients with fever ( $\geq 38^{\circ}\text{C}$ ) **and** acute respiratory symptoms (e.g. cough, shortness of breath, sore throat) of an unknown cause.

Please note that these criteria have recently been expanded to recommend testing of individual patients with symptoms or fever suspected to have COVID-19:

- who live in communities with local transmission, see: [Confirmed cases in NSW by Local Government Area](#)
- who live in remote Aboriginal communities
- who have been referred by their GP or public health unit to a COVID-19 clinic for testing
- whose clinician, after taking a full history, has reason to suspect that the patient may have COVID-19.

## For GPs managing patients with mild to moderate symptoms

- Check the availability of [private COVID-19 pathology collection centres](#) and [public COVID-19 clinics](#).
- If taking samples yourself, use standard, contact and droplet transmission precautions when managing suspected cases and taking specimens: long sleeved gown, gloves, protective eyewear/face shield and a surgical mask.  
For more information see part 2 Laboratory Testing in [Coronavirus Disease 2019 \(COVID-19\) CDNA National Guidelines for Public Health Units](#).
- Take a single swab (combined oropharyngeal and nasopharyngeal), and sputum if obtainable. For specimen collection information see Appendix A in the [Coronavirus Disease 2019 \(COVID-19\) CDNA National Guidelines for Public Health Units](#).
- For infection control procedures, see [Infection Prevention and Control - Novel Coronavirus 2019 \(2019-nCoV\) – Primary and Community Care](#).
- Note that the practice remains responsible for informing the patient about their test results.
- Refer patients with severe symptoms to your local ED for assessment. Please call ahead.

## For hospital clinical staff managing patients with severe symptoms (e.g. dyspnoea or severe cough)

- See information sheet, [Infection Prevention and Control Novel Coronavirus 2019 \(2019-nCoV\) – Hospital setting](#).
- Add airborne precautions when collecting respiratory specimens from patients with severe symptoms and during aerosol-generating procedures.
- In addition to the samples above, collect an endotracheal tube aspirate where available.
- Advise public health and infection control of suspected patients who require hospitalisation on clinical grounds.

## Advice to give to patients sent home

- Advise patients to self-isolate while they wait for their COVID-19 test result – this may take 72 hours.
- Provide the [self-isolation fact sheet](#).
- Patients already in home quarantine must continue to self-isolate for 14 days since last travel or exposure even if the test is negative. This includes patients who:
  - have returned from overseas
  - were a close contact of a confirmed case.
- Other patients can stop self-isolation if they are COVID-19 negative, but they should stay home until well.

## Contact the Public Health Unit (1300 066 055)

If you are notified of a positive COVID-19 test result, need advice, or have concerns about the ability of a patient to self-isolate, e.g. if they live in a residential facility, contact the Public Health Unit on 1300 066 055.

<https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus-update.aspx>