

General practice quick reference guide COVID-19

Version 25 – Last Updated 22 February 2021

Who should be tested?

People without symptoms should *not* be tested except in special circumstances as directed by the department such as:

- as part of an outbreak investigation/response (active case finding)
- all primary close contacts and returned international travellers at the start and end of quarantine or as directed by the department.
- [prior to surgery as directed by the department](#)
- as part of department-led enhanced surveillance to:
 - investigate how widespread COVID-19 is in the community, or
 - detect and reduce transmission, particularly in Error! Reference source not found. and settings with a high risk of transmission.

Patients who meet the following clinical criteria should be tested:

Fever OR chills in the absence of an alternative diagnosis that explains the clinical presentation*

OR

Acute respiratory infection (e.g. cough, sore throat, shortness of breath, runny nose, loss of smell or loss of taste)**

*Clinical discretion applies; consider potential for co-infection (e.g. SARS-CoV-2 and influenza)

** Older people may present with other atypical symptoms including functional decline, delirium, exacerbation of underlying chronic conditions, falls, loss of appetite, malaise, nausea, diarrhoea, and myalgia.

Other clinical symptoms

People in the following groups should be tested if they have new onset of other clinical symptoms associated with COVID-19 (such as headache, myalgia, stuffy nose, nausea, vomiting, diarrhoea):

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Clinical judgement and reasoning should be used, including consideration of epidemiological risk factors for acquisition and transmission.

Confirmed case:

A person who tests positive to a validated specific SARS-CoV-2 nucleic acid test

OR

has the virus isolated in cell culture, with polymerase chain reaction (PCR) confirmation using a validated method.

Historical case

A person who:

- undergoes a seroconversion to or has a significant rise in SARS-CoV-2 neutralising or IgG antibody level (such as four-fold or greater rise in titre) **OR**
- has detection of SARS-CoV-2 neutralising or IgG antibody **AND:**
- has had a compatible clinical illness **OR**
- epidemiological evidence as below.

Epidemiological evidence

- Contact with a known COVID-19 case (confirmed or historical), involving a plausible mode of transmission, at a time when the case was likely to have been infectious.

OR

- International or domestic travel in a geographically localised area with elevated risk of community transmission, including travel on a cruise ship with known COVID-19 transmission on board

Confirmed and **historical** cases need to be notified to the department. Notify the department of confirmed cases as soon as practicable using the [online COVID-19 notification form](#) or by calling 1300 651 160, 24 hours a day.

General comments

- All patients being tested for COVID-19 should isolate until test results are available **unless advised otherwise by the department.**
- All patients should attend an emergency department if clinical deterioration occurs.

More detailed definitions of close contact are available in the Guidelines for health services and general practitioners: <https://www.dhhs.vic.gov.au/coronavirus-disease-2019-covid-19-guidelines-health-services-and-general-practitioners>

1. Mask and isolate the patient in a single room

- Provide a single-use surgical mask for the patient to put on.
- Isolate the patient in a single room with the door closed
- Any person entering the room should don droplet and contact precautions personal protective equipment (single-use surgical mask, eye protection, gown and gloves).

2. Determine whether the patient is a suspected case and requires testing

- Conduct a medical assessment, asking specifically about:
 - date of onset of illness and especially symptoms or signs of pneumonia
 - contact with confirmed cases of COVID-19 **or close contacts** of a confirmed case of COVID-19
 - travel history and occupation
 - history of contact with sick people, especially travellers or health care facilities
 - work or residence in:
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 - residence in a geographically localised area with elevated risk of community transmission, **see** <https://www.dhhs.vic.gov.au/case-locations-and-outbreaks>
- Patients who meet the clinical criteria (listed above) should be tested.
- Advise all patients who have clinical symptoms but are not tested to isolate at home **until their acute symptoms have resolved and they feel well.**
- **Quarantined people must continue to quarantine** until released by the department

3. Testing for COVID-19 in general practice

- Clinicians must limit testing to patients who meet the testing criteria above.
- If your patient does not have evidence of pneumonia it is appropriate to use droplet and contact precautions and you should follow the steps below. Patients with evidence of pneumonia should be managed in an emergency department or hospital – move to step 4.
- Perform hand hygiene before donning a gown, gloves, eye protection and a single use face mask.
- Take an oropharyngeal swab and then using the same swab (i.e. one swab per patient only), take a **deep** nasal swab from both nostrils for viral testing. See the [Guidelines for health services and general practitioners](#) for detailed description of sampling.
- Take blood in a serum tube for storage at VIDRL.

4. Consider whether the patient requires hospital transfer

- If the patient is well enough to return home, move to section 5.
- If the patient has clinical evidence of pneumonia, consider transfer to the emergency department. Call the admitting officer of the emergency department prior to transferring any patient.
- If the patient is clinically stable and has access to private transport, they may be transported via private vehicle to the emergency department. They must be driven by an existing close contact, not taxi or ride-share.
- If the patient is extremely unwell and requires immediate critical care, call Triple Zero (000) and advise that the patient may have suspected COVID-19.
- Provide a single use face mask for the patient and driver if being transferred to an emergency department by any means.

5. Advise isolation at home and provide a factsheet

- Advise a suspected case that has been tested that they must isolate at home until you provide them with their result (if negative) **or their symptoms resolve, whichever is longer, unless the department has advised them to isolate for longer.**
- Provide a [factsheet for a suspected case](#) from the department's [COVID-19 website](#)
- Provide a single use face mask for the patient to use to get home.
- At completion of consultation, remove personal protective equipment (PPE) and perform hand hygiene, wipe any contacted/contaminated surfaces with detergent /disinfectant.
- For droplet and contact precautions, the room does not need to be left empty after sample collection.

6. Provide test results

- **If the test is negative** for COVID-19:
 - provide the negative result from the laboratory to the patient
 - manage any other cause of illness you have assessed as requiring treatment
 - symptomatic patients should continue to isolate until their acute symptoms have resolved and they feel well
 - **quarantined people must continue to quarantine until advised otherwise by the department.**
- advise patient in the normal manner that medical review and repeat testing may be required if symptoms persist or condition deteriorates.
- **If the test is positive** for COVID-19:
 - notify the department using the [online COVID-19 notification form](#) or telephone **1300 651 160**
 - **confirmed cases must continue to isolate until released by the department or their nominated representative.**

Please see <<https://www.dhhs.vic.gov.au/health-services-and-professionals-coronavirus-covid-19>> for detailed guidelines on COVID-19 for health services and general practitioners.