

## Testing Guidance

Effective 17 May to 30 June 2022

**Note:** This testing guidance is intended for administering testing as part of the current management of COVID-19 and includes guidance for when all of New Zealand or any regions are at COVID-19 Protection Framework (CPF) Red or Orange. Specific updates may be issued with new guidance from the Ministry of Health in response to changing CPF (also known as the “traffic light system”) levels. This Testing Guidance may be superseded by any further national or regional guidance issued by the Ministry of Health to reflect changes in outbreak status or CPF levels.

### Purpose of this Guidance

1. This Guidance is aligned with our **COVID-19 Testing Plan** and **Omicron Plan** which the Ministry of Health has developed in response to the emergence of the Omicron variant of the virus. In particular, summarises and provides guidance on testing now that Aotearoa New Zealand is moving past the peak of the Omicron outbreak. In particular, it is aligned with Stage 1 of the Testing Plan which is scheduled to be followed by Stage Two on 1 July.
2. It is to be implemented from 17 May and is expected to remain in force until the Ministry issues revised guidance, most likely in late June. It replaces the *COVID-19 Testing Guidance* previously in force from 3 March 2022.
3. It takes into account the current situation in Aotearoa New Zealand and globally, including the current COVID-19 Protection Framework (CPF) colour and border status, local events and community factors.
4. It is intended to ensure we continue to:
  - a. Identify, where feasible, and manage any cases of COVID-19; and
  - b. Provide ongoing reassurance that the border is secure through ongoing mandatory testing.

### Context

5. New Zealand has been operating under the COVID-19 Protection Framework (CPF) – also known as the “traffic light” system – since 3 December 2021.
6. All of New Zealand moved down to CPF Orange at 11:59pm on Wednesday 13 April following a sustained reduction in COVID-19 case and hospitalisation numbers. The country had previously been at CPF Red since Sunday 23 January in response to the then increasing prevalence of the Omicron variant of the virus.
7. Based on current modelling, the Ministry forecasts that over May and June 2022 new COVID-19 cases should fall to around 4,500 a day, and then to around 1,000 a day by the end of September.
8. The expected decrease in demand for testing will enable a greater focus on providing testing for priority populations who have been disproportionately affected by COVID-19.

### The purpose of testing under Stage One of the Testing Plan

9. The purpose of COVID-19 testing for May and June 2022 is to:

- a. Identify if those most likely to have COVID-19, symptomatic individuals or household contacts are cases and therefore should isolate to reduce transmission and, if directed by a clinician, be given access to an appropriate anti-viral therapeutic (see paragraph 16 below);
- b. Improve COVID-19 related health outcomes for people most at risk of severe illness, particularly Māori, Pacific, disabled, people over 65 years and those with co-morbidities (especially respiratory illness) at a population, community and individual level;
- c. Protect vulnerable individuals, such as those in hospital, palliative care, outpatient or residential care facilities by testing symptomatic workers before they come into contact with these vulnerable individuals;
- d. Enable critical workers to go to work, via the Close Contact Exemption Scheme (CCES) when they would have otherwise had to self-isolate, reducing the impact on critical services and infrastructure;
- e. Contribute to the appropriate management of COVID-19 and the usual seasonal illness demands as well as other urgent and non-urgent health care needs;
- f. Maintain appropriate surveillance activities to ensure population level public health actions are appropriate to the threat and are justified.

## The testing approach

10. The testing approach outlined in this Testing Guidance is predicated on:
  - a. New case numbers tracking as per the modelling outlined above in paragraph 7; and
  - b. No new variants of concern crossing the border and entering the community.
11. RATs have been the recommended testing modality for most groups of people who are required to isolate and be tested since 23 February 2022. A follow-up PCR test is no longer required to confirm a positive RAT result in the community unless this advised by a health practitioner. However, all international arrivals who test positive are required to have a follow-up PCR test for variant surveillance purposes.
12. RATs are currently available free of charge from RAT collection sites (the location of sites is available on **Healthpoint**) for:
  - a. Asymptomatic critical worker who are household contacts and who are participating in the close contact exemption scheme. These critical workers will need to perform a RAT each day before they go to work.
  - b. Members of the public who are symptomatic, who are advised to take a RAT as soon as symptoms develop. If the RAT result is negative but symptoms persist, a second RAT is advised.
  - c. Household contacts of known cases. Those who are asymptomatic are advised to perform a RAT on days 3 and 7 of their isolation period (which starts from when the first case in their household tests positive). If at any time they become symptomatic, household contacts are advised to take a RAT immediately.
13. Supplies of RATs is also provided directly to healthcare providers (including hospitals and residential care facilities), corrections facilities, emergency services for their use for their staff and people in their care. Specific guidance has been provided to these sectors for their use of this supply of tests.
14. Other public agencies as well as private businesses may procure additional supplies of RATs from distributors.
15. RATs are now also available from health providers and also retail outlets such as pharmacies.

16. PCR testing is still conducted for priority groups such as vulnerable persons, including those in hospital or residential care facilities and those who are immunocompromised. For these groups, in most cases, a supervised RAT may be performed first to provide an indicative result. PCR may be used to provide a definitive diagnosis, such as where a symptomatic individual is suspected to have COVID-19 but has returned a negative supervised RAT result, that could therefore be a false negative. For these priority groups, the purpose of confirming the diagnosis is to inform the clinical management and care of an individual – for example if they are immunosuppressed and confirmation of diagnosis will determine if therapeutics can be used.
17. Symptomatic, vulnerable people who test negative with a RAT should get a PCR immediately. Symptomatic vulnerable and high-risk communities/people who test positive with a RAT can now be prescribed an antiviral therapeutic such as Paxlovid. Note, further information on Paxlovid and other COVID-19 therapeutics is available on the Ministry of Health [website](#).
18. The regular testing of border workers (including MIQ workers) has also been moved to RATs, with RATs supplies provided to border workforce PCBUs. The testing regime for border workers, as mandated by the COVID-19 Public Health Response (Required Testing) Order 2020, remains in place.
19. As of 28 February, with the commencement of the Reconnecting New Zealand Programme, all international arrivals are required to undertake two RATs, either self-administered or supervised, on day 0/1 and then again on day 5/6. PCR testing will be conducted to confirm positive RATs results to enable whole genome sequencing to be performed for variant surveillance.

## Testing for possible COVID-19 reinfection

20. The Ministry of Health has published on its [website](#) guidance and clinical advice for healthcare providers about how to manage patients who present with COVID-19 symptoms or return a positive COVID-19 RAT result within 90 days of a prior probable COVID-19 infection.

## Testing and vaccination status

21. The COVID-19 vaccination status of a person or their household members do not change the need or decision to test for SARS-CoV-2 or their right to access health care.

## Testing sites

22. The Ministry will continue working with DHBs, PHUs and community health providers to support equitable access to testing for Māori and Pacific peoples, and those in hard-to-reach and remote locations.
23. In developing local approaches, lessons learned to date need to be considered, including:
  - a. One size does not fit all — different approaches are needed for the different communities that require targeted testing.
  - b. Clear messaging for communities is needed, including what to do while waiting for a result and the implications of a positive test for the person, their close contacts and family. This has been an area of confusion for people at times, so alignment with Ministry guidance and consistency of messaging is important.
  - c. There should be clear public messaging around when and where testing is available, and also what testing is appropriate for a person's situation (e.g. when a rapid antigen test is or is not appropriate).
  - d. Public health information provided for mass events should include testing information.

24. DHBs and PHUs should ensure information in [Healthpoint](#) is kept up to date for the location of testing sites and their opening times.

## COVID-19 symptoms vs post-vaccination reactions

25. As COVID-19 vaccines are potentially reactogenic, people may present with symptoms post-vaccination. Post-vaccination symptoms have generally been more pronounced after the second dose of the vaccine, and they may also be more pronounced after a booster dose. The systemic reactions to the vaccines can include fatigue, headache and muscle aches and pain, which are all also common symptoms of COVID-19 infection.
26. Because vaccine effectiveness is less than 100%, COVID-19 infection should ALWAYS be considered as a possible cause of symptoms, particularly for those at higher risk of exposure such as MIQ, healthcare or frontline border workers.
27. When endeavouring to distinguish COVID-19 symptoms from reactions to vaccines, refer for testing anyone who presents with one or more of the following symptoms within 48 hours of receiving the first or second dose of ANY vaccine:
  - a. respiratory symptoms (e.g. sore throat, cough, shortness of breath, sneezing/runny or blocked nose)
  - b. generalised muscle aches which are worsening with time
  - c. fever of 38 degrees Celsius or higher
  - d. loss of the sense of smell or taste.
28. People with fatigue, headache, localised (not systemic) muscle aches and pain, and low-grade fever/chills in the 48 hours after any vaccination, who do not have the specific symptoms listed in paragraph 27 above, generally do not need to be tested for COVID-19. There may be exceptions, guided by public health advice.

## Other considerations

29. Consistent with the Testing Strategy, this *Testing Guidance* recommends focusing on risk-based testing of higher-risk groups rather than widespread, random asymptomatic testing of communities.
30. It is vitally important that key public health messages for all New Zealanders stay consistent.
  - a. Stay at home if you are unwell.
  - b. Get fully vaccinated and then get a booster as soon as you are eligible.
  - c. Clean your hands regularly using soap and water or sanitiser.
  - d. Maintain physical distancing.
  - e. Cough and sneeze into your elbow or a tissue.
  - f. In indoor settings where you cannot physically distance or where you are at home with people you don't know, wear either a reusable, well-fitted mask (three-layer minimum) or disposable medical mask.
  - g. Ring Healthline or your GP for advice if you are unwell.
  - h. For further advice on face masks and PPE, workers can visit the PPE page on the Ministry of Health [website](#).