
**MINISTRY OF HEALTH AND MEDICAL SERVICES**

# STANDARD OPERATING PROCEDURE
# COVID-19 TESTING CRITERIA (COMMUNITY)

| Ministry of Health and Medical Services | STANDARD OPERATING PROCEDURE | SOP # | 24/06/2021 |
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## 1 Introduction

Laboratory testing is a critical element of Fiji's response to the Covid 19 pandemic. It is essential that all staff involved in this response understand and are aware of who should be tested for COVID-19 in order to the process effectively manage COVID-19 in the community setting.

## 2 Purpose

This document provides a description of the criteria to be used when making decisions in relation to who should have a swab taken for testing in the community.

## 3 Scope

This SOP applies to:

- All health facilities
- Contact tracing teams
- Screening teams
- Community based quarantine and isolation settings.

## 4. Who should have a swab collected for COVID-19 testing?

**Suspected cases:**

a) Persons with any symptoms of an acute respiratory infection or influenza like illness. Symptoms could include: rhinorrhoea, nasal congestion, sore throat, cough, shortness of breath, fever, headache, or body ache. This would also include all cases of severe acute respiratory infection (SARI). Persons with acute onset of anosmia or loss of taste should also be swabbed. A low threshold should be maintained for swabbing of symptomatic patients within areas within containment areas or areas with known community transmission – atypical presentations should be considered, including diarrhoeal symptoms. Persons with symptoms should self-isolate until test results are known.

**Contacts of cases:**

b) Primary contacts of cases: anyone that has been face-to-face with a case (2m and under) for at least 15 minutes during the infectious period (48 hours before onset of first symptom or 48 hours before first positive test result if asymptomatic). Or there is history of physical contact. Or the person has been in a contained space with case for at least an hour. This includes all household contacts. In accordance with the contact tracing SOP, primary contacts must be quarantined for at least 14 days from last contact with the case, and swabbed on day 1, day 4, and day 12 of quarantine. They should also be swabbed if they develop symptoms at any point during quarantine.

c) Casual contacts: anyone that has had contact with the case during the infectious period but does not fulfill the criteria for a primary contact. Example: the person has been in confined space with the case but for less than 1 hour. The casual contact should be swabbed if symptomatic. Otherwise a risk assessment should be undertaken to decide whether to swab a casual contact of a case.

d) Secondary contacts of cases: A secondary contact would become a primary contact of a primary contact of a case, should that primary contact test positive. In accordance with the

contact tracing SOP, secondary contacts must be quarantined for at least 4 days from last contact with the primary contact of a case. The secondary contact should be swabbed if they are symptomatic. There may be other reasons to swab an asymptomatic secondary contact based on risk assessment. Otherwise, if the primary contact tests negative on day 1 and day 4 of their quarantine (or on day 1 and day 4 from last contact with the secondary contact) then the secondary contact can be released from quarantine. If a primary contact tests positive on day 1 or day 4 – then the secondary contact becomes a primary contact of a case and must follow the swabbing and quarantine process for a primary contact.

**Other high-risk groups:**

e) All inpatient admissions to the 3 divisional hospitals and private hospitals; this will include swabbing for transfers between hospitals. Swabbing of admissions to subdivisional hospitals should also be considered based on risk assessment and availability of testing.

f) Healthcare and other frontline workers in quarantine/isolation facilities. They should be monitored regularly for illness (not just respiratory symptoms) and swabbed and isolated if present. A system of regular asymptomatic swabbing should also be in place. [1]

g) Healthcare workers in containment areas or areas with known community transmission (asymptomatic and symptomatic swabbing). The workers should be monitored regularly for illness (not just respiratory symptoms) and swabbed and isolated if present. A system of regular asymptomatic swabbing should also be in place.[1]

h) All healthcare workers must be regularly monitored for illness (not just respiratory symptoms) and swabbed and isolated if present.

i) Contact tracing and other frontline COVID-19 response teams. They should be monitored regularly for illness (not just respiratory symptoms) and swabbed and isolated if present. A system of regular asymptomatic swabbing should also be in place.[1]

j) Persons within highly mobile populations, those with large numbers of contacts, or are in high risk occupations, should be monitored for symptoms and swabbed and isolated if present: e.g. taxi/bus/minivan drivers, inter island shipping workers, police, supermarket workers, aged care facility workers, essential service workers etc. A system of swabbing of asymptomatic persons in this group should also be considered.

## 5 Responsibility

Responsibility for dissemination and implementation rests with the COVID-19 Taskforce, the Incident Management Team (IMT), and all respective divisional and health facility heads.

## 6 Monitoring and Review

Responsibility for monitoring and review rests with **Dr Aalisha Sahukhan** (Head of Health Protection, MHMS) **and the COVID-19 Taskforce.**

[1] Timing of scheduled asymptomatic swabbing for high risk groups will depend on the specific setting – individual guidance will be developed for each setting.