



Communique: for Clinicians

Outbreak management and high priority coronavirus (COVID-19) tests

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Rapid, robust outbreak management is critical to ensuring suppression of the coronavirus (COVID-19) pandemic in Victoria. Even with physical distancing measures, COVID-19 outbreaks will occur in facilities, workplaces and other settings with large numbers of individuals in close contact. Outbreaks may occur in any setting but are particularly concerning when they occur in sensitive settings, such as healthcare settings or residential and aged care facilities (RACF).

In routine coronavirus (COVID-19) case management (whether a single case or in an outbreak setting), close contacts* **are notified by the department** that they may have been exposed to a risk and are provided with advice including to self-quarantine until 14 days after their last contact with the confirmed case. Close contacts of confirmed cases are advised to seek medical attention should symptoms develop, and to alert their doctor to the exposure.

When a doctor is aware they are assessing a close contact of a confirmed case, the department recommends that the doctor should record this information on the laboratory request form(s) to ensure priority testing, as outlined below.

Clinicians are being asked to provide more information on the **urgency of certain samples** collected for the novel coronavirus (COVID-19) testing. This document provides guidance to clinicians regarding 'at-risk' groups that are considered high priority for testing and the **requirements of labelling** these samples.

*A close contact is an individual whom has spent greater than 15 mins face-to-face, cumulative, or the sharing of a closed space for more than two hours, with a confirmed case without recommended personal protective equipment (PPE). Contact needs to have occurred during the period of 48 hours prior to onset of symptoms in the confirmed case until the confirmed case is no longer considered infectious to be deemed close contact.

Outbreak definition

The department's current definition of an outbreak of COVID-19 for the purposes of outbreak management is:

- A single confirmed case of COVID-19 in a resident or staff member of a residential and aged care facilities (RACF), OR
- Two or more epidemiologically linked cases outside of a household with symptom onset within 14 days.

Note: Transmission within one household does not constitute an outbreak but will become part of an outbreak response if linked to a high priority setting. Also, in some circumstances, the department may identify other settings that are sensitive and where a single confirmed case will trigger an outbreak response. Relevant parties will be informed if this occurs.

Testing advice for clinicians in an outbreak setting

When any symptomatic patient presents for testing, all clinicians must ask if that patient has had previous exposure to a known COVID-19 case within the past 14 days. If the patient confirms there has been an exposure of that kind, and the outbreak definition above is met, the test sample is to be treated as an 'outbreak sample'.

Guidance for sample labelling

To ensure all outbreak samples and other urgent priority samples are prioritised for testing in laboratories please follow these instructions:

1. The outside of the sample bag/s must be clearly labelled with a red sticker and marked for URGENT PRIORITY sample
2. The pathology slip must be clearly labelled with a red sticker and marked as URGENT PRIORITY sample with the PRIORITY GROUP 1, 2 or 3 e.g. Priority 1 - OUTBREAK to clearly identify the reason why the sample is urgent. See below for list of priority groups.
3. The sample should be clearly labelled with the patients name and date of birth and marked as P1, P2 or P3 to indicate the priority groups as below.
4. Samples should then be forwarded on for laboratory testing using normal processes.

This will ensure that certain samples are prioritised for testing in laboratories and results returned within a 24 to 48-hour turnaround time. Labelling becomes particularly important for laboratories in time of high-volume testing workloads.

Samples from outbreaks will be processed at the Victorian Infectious Diseases Reference Laboratory (VIDRL) at the Doherty Institute unless the outbreak occurs within a healthcare setting which has capacity for on-site COVID-19 testing. Outbreak samples may be sent to your usual pathology provider who will forward it on to VIDRL.

If an outbreak occurs within a healthcare setting which has capacity for on-site COVID-19 testing, then the testing can be conducted at these laboratories with appropriate liaison with VIDRL as required.

Priority groups for testing as of 19 May 2020

The following samples are considered URGENT PRIORITY samples and are listed in priority order:

Priority 1 (P1): OUTBREAK – including CLOSE CONTACT(s) OF CONFIRMED CASE, people located in QUARANTINE HOTEL(s), and SYMPTOMATIC resident or staff member of a known RACF OUTBREAK

Priority 2 (P2): SYMPTOMATIC HEALTH CARE WORKERS including AGED CARE WORKERS; SYMPTOMATIC aged care residents and hospital patients.

Priority 3 (P3): OTHER 'AT-RISK SETTINGS' – for SYMPTOMATIC people identified to be from other 'at-risk' settings as determined by the referring clinician.

Clinicians may determine other 'AT-RISK' SETTINGS to be:

- Prison/Justice settings (correctional facilities, detention centres)
- Aboriginal rural and remote communities
- Accommodation with shared facilities

- Defence force operational settings
- Boarding schools
- Other group residential settings (eg. disability)
- Schools
- Childcare centres
- Remote industrial sites with accommodation (e.g. mine sites)
- Certain high-risk work sites where workers are unable to undertake physical distancing or where outbreaks have been identified in the past:
 - Meat processing or other manufacturing plants
 - Restaurants/industrial kitchens
 - Workplaces with highly casualised workforces (who may be less likely to report symptoms)
 - Critical infrastructure dependent workplaces – such as electricity worker

Further information

Call the Department of Health and Human Services on 1300 651 160.

For Victorian updates to the current incident, go to: <https://www.dhhs.vic.gov.au/coronavirus>