

A suspected case is currently defined in the *Communicable Diseases Network Australia (CDNA) National Guidelines for Public Health Units* as meeting the criteria in any of the following three categories.

### 1. If the patient satisfies epidemiological and clinical criteria

**Epidemiological criteria** – International travel in the 14 days before illness onset OR close contact in 14 days before illness onset with a confirmed case of COVID-19.

A close contact is defined as requiring EITHER greater than 15 minutes face-to-face contact in any setting with a confirmed case in the period extending from 24 hours before onset of symptoms in the confirmed case, OR sharing of a closed space with a confirmed case for a prolonged period (eg more than 2 hours) in the period extending from 24 hours before onset of symptoms in the confirmed case. Further information is available in the *National Guidelines for Public Health Units*.

**Clinical criteria** – Fever ( $\geq 38^{\circ}\text{C}^*$ ) or history of fever (eg night sweats, chills), OR Acute respiratory infection (eg shortness of breath, cough, sore throat) with or without fever.

**2. If the patient has severe bilateral community-acquired pneumonia (critically ill\*) and no other cause is identified, with or without recent international travel, they are classified as a suspect case.**

\*Requiring care in ICU/HDU, or for patients in which ICU care is not appropriate, respiratory or multiorgan failure. Clinical judgement should be exercised in considering the likelihood of COVID-19.

**3. If any healthcare worker with direct patient contact has a fever ( $\geq 38^{\circ}\text{C}^*$ ) AND an acute respiratory infection (eg shortness of breath, cough, sore throat), they are classified as a suspect case.**

### Current testing criteria

Patients can be tested at or through any of the following if they fulfil the current epidemiological and clinical criteria (check your current local state/territory guidelines on the [RACGP website](#)):

- GP (if accessible in your state/territory)
- private pathology (if accessible in your state)
- public system.

### Positive test result

GP to:

- notify Public Health Unit (if private testing) for contact tracing
- provide clinical care in the primary care setting
- provide any further clinical advice via telehealth options as required.

The current [CDNA guidelines](#) provide the following advice.

**Confirmed cases with mild illness who did not require hospitalisation.**

The case can be released from isolation if they meet all of the following criteria:

- at least 10 days have passed since the onset of symptoms; and
- there has been resolution of all symptoms of the acute illness for the previous 72 hours.

The case should be advised to continue to be diligent to hand hygiene and cough etiquette and practise social distancing, as is indicated for the rest of the community.

### Negative test result

GP to advise patient to:

- continue to self-isolate until 14 days since last contact with a confirmed COVID-19 case or from arrival back in Australia
- self-monitor using the [healthdirect Coronavirus \(COVID-19\) Symptom Checker](#)
- call GP if any changes to condition.

MILD clinical illness	MODERATE clinical illness	SEVERE clinical illness
Mild respiratory symptoms + no fever + no risk factors present	Moderate respiratory symptoms with or without fever, and the presence of one or more COVID-19 risk factors such as age or comorbidity	Severe symptoms suggestive of pneumonia – for example, fever and breathing difficulty, or frequent, severe or productive coughing episodes
<p><b>Testing – yes, if meets testing criteria</b></p> <p><b>Patients who don't fulfil criterion for testing</b></p> <p>GP to advise patient to:</p> <ul style="list-style-type: none"> <li>self-isolate until 24 hours after symptoms resolved</li> <li>self-monitor using the healthdirect Coronavirus (COVID-19) Symptom Checker</li> <li>call GP if any changes to condition.</li> </ul> <p>GPs can access more detailed risk assessment criteria in their local HealthPathways.</p>	<p><b>Testing – yes, if meets testing criteria</b></p> <p>GP to:</p> <ul style="list-style-type: none"> <li>perform a risk assessment for safe home isolation; consider age, social support, comorbidities and residential situation.</li> </ul> <p><b>Low- to moderate-risk patients</b></p> <p>GP to:</p> <ul style="list-style-type: none"> <li>consider referral to local respiratory assessment clinic for face-to-face clinical assessment if concerned and unable to provide assessment in general practice setting</li> <li>consider offering high-intensity telehealth support and review.</li> </ul> <p>GP to advise patient to:</p> <ul style="list-style-type: none"> <li>self-manage at home with high-intensity telehealth medical support and review</li> <li>self-monitor symptoms using healthdirect Coronavirus (COVID-19) Symptom Checker</li> <li>call GP if any changes to condition/s for telehealth consultation.</li> </ul> <p><b>High-risk patients</b></p> <p>GP to:</p> <ul style="list-style-type: none"> <li>contact emergency department (ED)</li> <li>follow usual ED transfer protocols, or transfer by ambulance.</li> <li>GP to advise patient to:</li> <li>wear a mask and use social distancing during transfer.</li> </ul> <p>GPs can access more detailed risk assessment criteria in their local HealthPathways.</p>	<p><b>Testing – no testing in general practice</b></p> <p>GP to:</p> <ul style="list-style-type: none"> <li>check if the patient has an Advance Care Directive</li> <li>seek guidance from patient regarding palliative care</li> <li>contact emergency department (ED)</li> <li>follow usual ED transfer protocols, or transfer by ambulance.</li> </ul> <p>GP to advise patient to:</p> <ul style="list-style-type: none"> <li>wear a mask and use social distancing during transfer.</li> </ul> <p>GPs can access more detailed risk assessment criteria in their local HealthPathways.</p>

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