

Recommended Testing target groups/settings by rate of transmission

Target group/setting	Symptomology	Low transmission (no surge) or low-risk setting	Medium transmission (escalating and/or de-escalating) or risk setting	High transmission (surge) or high-risk setting
Factors for service managers to consider in assessing transmission: hospital bed capacity + laboratory testing capacity + capability + testing supplies + staffing levels + demands for testing services + case rates + hospitalisation rates				
People with COVID-19-compatible symptoms (diagnostic testing) for clinical or public health purposes	Symptomatic public	General population (community and self-testing) - RAT If RAT is negative, and symptoms are COVID-19-compatible, repeat RAT in 24 and 48 hours	Escalating: advise to keep a RAT supply at home. Both PCR and RAT are reasonable testing options, and the choice depends on other factors (for example, test availability, workforce capacity, lab capacity ¹) RAT may also be used to inform immediate clinical care while waiting for the PCR test result. Consider using repeat RAT (for example, in 24, 48, and 72 hours) in rural or other areas where access to PCR is limited.	RAT for clinical and public health management decisions: in general, there is no need to confirm result by PCR unless WGS is required. In some instances, a confirmatory PCR may be judged clinically appropriate (for example, for complex medical conditions generating significant considerations before antivirals are prescribed; HCW before implementing isolation in the face of workforce shortages). If RAT result is negative, and the symptoms are COVID-19-compatible, repeat RAT in 24 and 48 hours. Use PCR for people at higher risk of infection or with severe disease or where a result can influence treatment options.
	Symptomatic patient presenting to General Practice (GP) – please refer to the COVID-19 Testing Operational Guidance for General Practice and Urgent Care			
	Symptomatic international arrival	Self-test with RAT - if positive, get a PCR to enable WGS		
People with known exposure to SARS-CoV-2	Asymptomatic	Household contacts: for definition, testing, and management see here Healthcare workers, including household contacts: for definition, testing, and management see here		
People at higher risk of exposure to SARS-CoV-2 or a setting where disease amplification is likely (asymptomatic)				
ARC, Corrections, Community Residential Care Facilities (disease amplification is likely)	Symptomatic	PCR (if available) or RAT If RAT is negative, and symptoms are COVID-19-compatible, repeat RAT in 24 and 48 hours	RAT or PCR (depending on the time to receive a result and action required) If RAT is negative, and symptoms are COVID-19-compatible, repeat RAT in 24 and 48 hours	RAT PCR if available for priority and vulnerable residents
	Asymptomatic	Asymptomatic testing is not recommended (unless for public health purposes) For the case close household-like contacts, refer to the above guidance	Consider asymptomatic RAT testing for people (staff and visitors ² , new/transferring residents) entering these settings	Consider asymptomatic RAT testing for people (staff and visitors, new/transferring residents) entering these settings ³
Hospital care⁴	Symptomatic	Rapid PCR or LAMP: when available and meets turn-around time (TAT) requirements (for all hospitalised positive PCR ⁵ cases, refer samples for WGS) or RAT (in absence of rapid PCR service): if the RAT result is positive, follow up with PCR for WGS (if practicable) for ICU and patients hospitalised due to COVID-19	Rapid PCR or LAMP (for all hospitalised positive PCR cases refer samples for WGS) or RAT (in absence of rapid PCR service): if the RAT result is positive, follow up with PCR for WGS (if practicable) for ICU and patients hospitalised due to COVID-19	RAT (in the absence of timely PCR service or insufficient PCR capacity or as per local hospital guidelines) and/or Rapid PCR or LAMP for priority and vulnerable population groups Follow up with PCR for WGS (if practicable) for ICU and patients hospitalised due to COVID-19
	Asymptomatic	No routine screening recommended unless it is a known close contact of a case. However, RAT screening of visitors and/or staff may be appropriate in settings/facilities with high-risk patients/residents (for example, haematology and oncology - please refer to Guidance: Hospitals & secondary based care facilities) No routine screening for visitors	Vulnerable and priority patients requiring admission RAT to inform clinical and public health management decisions No routine screening for visitors	Emergency admissions to hospital or high-risk dependency unit - please refer to Guidance: Hospitals & secondary based care facilities RAT to inform clinical and public health management decisions No routine screening for visitors
Outpatients, specialised clinics	Symptomatic	If unwell, encourage to stay at home, and not attend non-urgent care appointments If urgent care is required, RAT is recommended as per local guidance		
	Asymptomatic	Testing is not recommended (unless for public health purposes)		
Emergency service patients (ambulance and FENZ)	Symptomatic	RAT to inform immediate clinical care		
	Asymptomatic	Testing is not recommended (unless for public health purposes or household contacts)		

¹ For specific guidance on Primary Care and other clinical-based settings, please refer to **Guidance: Primary care and other clinic-based settings**.

² For specific guidance for healthcare settings, please refer to **Guidance: Hospitals & secondary based care facilities**. Where staff testing is undertaken, a regime of RATs on at least three days per week is recommended (i.e. repeat testing to improve sensitivity).

³ For specific guidance on ARC and Closed Facilities, please refer to **Guidance: Aged residential care and closed facilities**. Where staff testing is undertaken, a regime of RATs on at least three days per week is recommended (i.e. repeat testing to improve sensitivity).

⁴ For extreme high-risk patients in specific settings in hospitals, please refer to specific guidance to **Guidance: Hospitals & secondary based care facilities**.

⁵ Some hospitals may use LAMP instead of a RAT/PCR to aid a patient's disposition. PCR testing is strongly recommended for patients referred to ICU for WGS.