Te Whatu Ora
Health New Zealand

Appendix 1: Table A1: Recommended Testing by Target Group

Symptomology	RECOMMENDED TESTING	
Factors for service managers to consider implementing testing and response to management of an outbreak: hospital bed capacity + laboratory testing capacity + capability + testing supplies + staffing levels + demands for testing services + case rates +hospitalisation rates		
Symptomatic	**General population (community and self-testing)**	**RAT** If RAT is negative, and COVID-19 symptoms persist, repeat RAT in 24 and 48 hours
	Facilities (Aged Residential Care, Community Residential Care, Hospices, Correctional and Youth Justice) **Hospitals** **Outpatients** **Emergency services**	**RAT (to inform clinical and public health management decisions)** If RAT is negative, and COVID-19 symptoms persist, repeat RAT in 24 and 48 hours PCR where a result can influence treatment options for priority people[1] and those at risk of severe illness from COVID-19(vulnerable)[2] (For all hospitalised positive PCR cases, refer samples for Whole Genome Sequencing WGS)
	Priority People[1] and those at higher risk of severe illness from COVID-19 (vulnerable)[2]	**SELF-TEST RAT** If unable to self-test - ASSISTED RAT (Community Provider or GP) If RAT is negative, and COVID-19 symptoms persist, repeat RAT in 24 and 48 hours PCR 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 Whole Genome Sequencing (**WGS**)	
Asymptomatic (household contacts)	**Household contacts**: for definition, testing, and management **see here** No other asymptomatic testing is recommended	

Priority people1 are defined as those who are inequitably impacted by COVID-19. People in this group are eligible for targeted assessments regarding additional clinical and social support. The COVID-19 pandemic has exacerbated existing inequities for specific groups, including: **Māori** who experience greater inequity and disadvantage due to COVID-19 resulting in poorer outcomes, **Pacific People** who have had the highest age-standardised hospitalisation rates for COVID-19, and experienced age-standardised mortality rates 2.4 times greater than European and other population groups. Other priority groups within our population who may also experience inequity due to poorer health or social outcomes and/or barriers to accessing testing include: **Elderly (65 years and over)** experience inequity as this age group collectively has the highest rate of poor outcomes including total numbers hospitalised, average length of stay and/or death from COVID-19. Māori and Pacific people are overrepresented in case numbers for the 65 years and over age group as well as other age groups **Disabled people** (including tāngata whaikaha Māori and Pacific disabled people) experience inequities due to greater barriers to access, and for some within this group, increased susceptibility to COVID-19 infection and/or complications. **People with severe mental health and addiction, other inequitably impacted populations** including refugee and asylum seekers, remote and rural people1, rough sleepers and those in transitional housing, and those not enrolled in primary practices.

The following group are those at higher risk of severe illness from COVID-19 **(vulnerable people)[2] People with high-risk medical conditions (long-term health conditions and/or immunocompromised)** are **inequitably impacted due to increased susceptibility to COVID-19 infection and/or complications**, **Pregnant people**. (Note this group includes Māori, Pacific people and the elderly over 65).