



## Australian Government

### Department of Health

**Chief Medical Officer**

Dear Colleague

I am writing to you again about the COVID-19 outbreak situation in Australia.

The Department of Health has distributed the first of our newsletters with information about the current COVID-19 situation, and the Australian Government's health system response to manage the pandemic, including new Medicare telehealth arrangements.

However, there is a particular issue I want to write to you about directly, to ask for your help.

Unfortunately the extreme pressure on our PPE stocks continues, and the situation regarding pathology test kits, reagents and swabs is deteriorating rapidly, with kits no longer being available in some regions of the country.

Pathology collection centres have also experienced large backlogs in testing appointments in some parts of Australia, and emergency testing facilities have had to be established in some areas to ensure that urgent patients can get access to testing.

I am seeking your assistance in strictly applying the CDNA National Guidelines in deciding whether to refer a patient for a COVID-19 pathology test.

The Guidelines have been endorsed by the Australian Health Protection Principal Committee, and recommend testing only where a patient meets both the current epidemiological and clinical criteria for testing.

The epidemiological criteria include:

- international travel in the 14 days before illness onset; OR
- close or casual contact in the 14 days before illness onset with a confirmed case of COVID-19 (this needs to be interpreted sensibly, we do not have sufficient testing kits to test everyone who attends the same large concert as a person with COVID-19);

and the clinical criteria include:

- fever; OR
- acute respiratory infection (e.g. shortness of breath, cough, sore throat) with or without fever.

Note that if the patient has bilateral severe community-acquired pneumonia and no other cause is identified, with or without recent international travel, they are classified as a suspect case.

If the patient has moderate or severe community-acquired pneumonia (hospitalised) and is a healthcare worker, with or without international travel, they are classified as a suspect case.

Thank you for your assistance in managing the overwhelming demands on our health system presented by this pandemic.

Yours sincerely

A handwritten signature in black ink, appearing to read 'B Murphy', written in a cursive style.

Professor Brendan Murphy  
Chief Medical Officer

13 March 2020