

Covid Hub Guide to Retesting for Possible COVID-19 Reinfection

With increasing numbers of people contacting their GP, Covid Hub and Community Based Testing Stations (CBAC) or presenting to an Emergency Department to determine if they have become re-infected with Covid, the following guidance is proposed.

It is important to obtain details about when the patient's first confirmed Covid diagnosis took place. If the re-infection was 28 days or less, the patient will require a clinical assessment to ascertain if a re-infection is likely or probable.

Where a clinical assessment is required (virtual or face to face), this should be undertaken by the patients enrolled GP practice. Where the patient does not have a registered primary care provider, or it is challenging for the patient to contact their GP the patient should be directed to the Covid Hub on 0508 436 374. The Covid Hub will contact the patient to undertake the clinical assessment, or facilitate the connection back to primary care.

Prior to a further test it is important to ask, **Does the patient need a confirmed diagnosis for their illness?** If the answer is yes then pcr+ct is required.

Below are some of the other reasons why a patient might need a confirmed diagnosis:

1. For employment/pay reasons – they need a definitive positive Covid test
2. Being admitted to hospital – for appropriate isolation or cohorting
3. At risk of severe disease
4. A high risk household where it is important to know definitively for the safety of others
5. If the patient needs access to the Covid Hub Welfare / Manaaki support
6. If a treatment/pharmaceutical requires a definitive diagnosis
7. With a prolonged illness in a severely immuno-compromised case to assess if they still require isolation (case likely to be hospitalised)
8. At the patient's request – patients have a right to access definitive testing

Where the GP, Covid Hub or CBAC determine an additional test is required, the following shall apply:

- PCR is recommended for confirmation of infection.
- CT is required ONLY where it is important to know if the current symptoms reflect current vs historic infection.

If the patient returns a positive test result, the result should be recorded as per the current process. There is provision within the reporting to identify the new result as a reinfection. The positive result will show in CCCM and the patient will be supported by their primary care practice or the Covid Hub, as per the current Covid support pathways.

Please note the Isolation requirements for household contacts differs with a reinfection between 4 and 12 weeks. *Please refer to accompanying guide from Ministry of Health, 16 May 2022.*

Where a PCR/CT test is not required or does not take place, but the patient has recorded a positive RATS on the basis of their symptoms, this result can still be recorded,¹ but this does not constitute a confirmed Covid reinfection, it remains as probable.

¹ People entering a second positive RAT into the system within 28 days of their original infection will have a Case Event created but they will not be managed as a Case and will therefore not follow the typical Case pathways in NCTS and CCCM. However, a GP may decide that they should be managed as a new Case. In this instance, the GP can enter them into the system via CCCM. This will create both a Case Event and a Case Record, and will trigger the usual management pathways through NCTS and BCMS. A 'reinfection' tick-box under the Status Information section of the Case Record will indicate that this is a reinfection Case. Between 4-12 weeks RAT results can be registered as normal. The clinical professional may still suggest a PCR if re-infection is not clear from the clinical assessment.