
Laboratory services: COVID Response

28th April 2020

LABORATORY TEST REQUESTS – UPDATE FOR LEVEL THREE: LABTESTS AND NORTHLAND PATHOLOGY LABORATORY

Laboratories in the Auckland region continue to perform large numbers of COVID tests each day, and will continue to do so in the weeks and months to come.

At Alert Level 3, social distancing measures remain in place and staff will not be back working their normal shifts. In addition our laboratories still require staff, particularly from the Microbiology Department, to process COVID tests. Our laboratories do therefore continue to need to consider test volumes, where reagents, machines or people are required for COVID testing, particularly in areas identified as low clinical value.

This is an evolving situation and further notifications may follow. We continue to ask that referrers think carefully about the clinical utility of tests before they request them.

Restrictions / Limitations

- Testing for **STIs** (chlamydia, gonorrhoea) is now unrestricted, [see recent update](#).
- Testing for **faecal pathogens, urine, and sputum culture** is now unrestricted.
- Other molecular testing (**VZV, HSV, HCV**) continues to be limited as these use the same instruments and/or personnel as COVID testing at the hospital laboratory.
- **Skin sensitivity testing** continues to be on hold for the time being, and will be until Alert Level 2.
- Some **microbiology** culture tests e.g. wound, throat, ear swabs, require appropriate clinical details in order for testing to proceed (see table below).
- Other restrictions **prior to February 2020** remain in place.

We really appreciate the assistance we have had from referrers in meeting the challenges associated with COVID-19 and would also like to acknowledge and thank you for the important work that you have all done over the last few weeks and months under extraordinary circumstances.

Table: Acceptable clinical details for processing of microbiology samples

Site	Appropriate clinical details
Wound/ skin swab	Impetigo Boil /abscess Cellulitis (discharge) Wound infection Infected ulcer (discharge, redness) Infected burns Recurrent infection
Throat swab	Epidemiological or clinical risk factors for rheumatic fever: <ul style="list-style-type: none"> • Maori ethnicity • Pacific ethnicity • Possible rheumatic fever • Personal or family history of rheumatic fever • Living in crowded circumstances or socio-economic deprivation Scarlet fever
Ear swab	Failed empiric treatment Recurrent otitis externa/media with discharge Chronic otitis externa/media with discharge Malignant otitis externa

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