

Ministry of Health position statement on routine pre-consultation testing of unvaccinated individuals in healthcare settings

25 NOVEMBER 2021 Version 2.0

This statement has been updated to focus on the core issue of routine pre-consultation testing of unvaccinated patients in both community and secondary care settings.

The Ministry of Health position statement is in three parts:

- the principles on which the statement is based
- a discussion of the approach to pre-consultation testing of unvaccinated individuals seeking healthcare
- aspects of health equity and the potential impact of any pre-consultation testing of unvaccinated patients

Purpose

The purpose of this statement is to address concerns from clinicians and providers regarding in person consultations with unvaccinated patients, and in particular the issue of routinely requiring a negative test for COVID-19 prior to a non-urgent face to face consultation.

Vaccination offers the best protection against COVID-19 both for individuals and for those they interact with, including health care workers and other patients, however some New Zealanders do not qualify for vaccination and some have chosen not to be vaccinated. It is important that there is a consistent and scientifically logical approach to pre-consultation testing.

A range of guidance documents have been developed to minimise the risk of transmission of infection to the healthcare workforce.¹ The measures in these guidance documents have been largely effective. The rate of infection within health care settings has been very low, despite being one of the most at risk environments. These measures reduce the risks for both health care workers and patients.

What is the intent of pre-consultation testing?

There are two aspects to consider:

- a. Any reduction in risk to health care workers?
- b. Any reduction in risk to other patients?

To date strong public health and infection, prevention and control measures have protected both health care workers and patients. This protection has been further enhanced by the vaccination programme. Routine pre-consultation testing of unvaccinated individuals has not been part of this success.

¹ <https://www.health.govt.nz/our-work/diseases-and-conditions/COVID-19-novel-coronavirus/COVID-19-information-specific-audiences/COVID-19-personal-protective-equipment-central-supply/personal-protective-equipment-use-health-and-disability-care-settings>

Principles of this statement

Health services need to provide services in accordance with the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996. Appropriate justification is needed if a health service is proposing to refuse access to services or to not comply with rights under the Code.

The onus is on the provider to make that justification. Justification should be made based on a risk assessment that considers both the provider and the patient, the other patients they see, the risk of attending premises where there are unvaccinated persons present, and the requirements outlined in Clause 3 of the Code.

The Ministry is of the view that in most cases, with vaccinated staff and other precautions in place, that the risks are unlikely to be high enough to provide sufficient justification to not follow the Code. In other words, denying access to health care on the basis of vaccination status is unacceptable.

1. Access to health care is a fundamental right.
 - a. An individual seeking healthcare cannot be refused care because of their beliefs. In this case an individual who believes that a vaccine is harmful cannot be refused care for that belief.
 - b. A practitioner's personal beliefs should not influence that practitioner's duty of care for any individual. In this case a practitioner must not allow their opinion of an individual who refuses to be vaccinated to influence the care that they offer that individual.
2. Health care workers have a right to be safe in their workplace in accordance with the Health and Safety at Work Act 2015 (the Act).
 - a. All workers have a right to work within a safe environment. Healthcare settings are associated with some intrinsic risks, for example the risk of contracting an infectious disease from a member of the public seeking healthcare. Usually these risks are recognised, understood and a set of recommended actions are in place to reduce this risk to an acceptable level. This residual risk is not a zero risk.
 - b. The actions taken to mitigate any risks must be reasonable and proportionate to that risk.
 - c. Any actions taken to mitigate risk must be based, wherever possible on evidence.
3. Employers have a duty to ensure that their staff are able to work in a safe environment, in accordance with the Act.
4. Employees have a responsibility to follow reasonable guidelines set by their employers to ensure safety.

Individual patients have a responsibility to follow applicable health and safety guidelines and procedures when utilising a health service, such as the wearing of masks and observing distancing requirements where possible. If a patient refuses to do so and care can be safely be deferred, it may be reasonable to require a negative COVID-19 test prior to a subsequent consultation following a risk assessment as to whether it is required. However, vaccination of staff within a health care facility will also mitigate the risk and if it is known that the patient is unvaccinated, then steps can be taken to ensure that the risk to other patients in the facility are managed.

Summary

- Individuals cannot be refused access to health care. Restrictions to access to health care must be informed by a risk assessment, and the onus is upon the provider to justify that the risks are sufficiently high to support those restrictions.
- Total vaccination coverage and the prevalence of COVID-19 in the community are important factors in the efficacy of any mitigations aimed to prevent transmission.
- Other public health measures in place also contribute to reducing the risk.
- Vaccination status is one of many risk factors for infection and transmission. Unvaccinated patients who contract COVID-19 pose a high risk to themselves and to others. However, there is no evidence that the routine application of an approach incorporating pre consultation testing is justified.
- Individual patients have a responsibility to follow Health and Safety guidelines and procedures when utilizing a health service.
- Pathways exist for decreasing the risk of transmission from any asymptomatic individual. These pathways should be utilised effectively prior to the introduction of additional interventions such as pre-consultation testing.
- Children form a large group of individuals who are unable to vaccinated and as such are likely to form a majority the group managed through an alternative pathway. Specific consideration must be given to how this would impact on children's clinical care.

Testing unvaccinated people prior to health care

Testing as a screening tool vs targeted testing

Testing of individuals for COVID-19 can provide a high degree of reassurance that an individual does not have active infection. However, for health care workers, the risk of seeing a patient with asymptomatic infection is the more important issue, rather than the vaccination status of the patient. Vaccination significantly reduces the risk of developing severe infection and whilst vaccinated patients are much less likely to transmit the virus, transmission is still possible. This emphasises the need to focus on strong public health measures and vigilance for asymptomatic spread in the community based on thorough basic public health measures rather than on patient vaccination status alone (noting that vaccinated health care staff further reduces any risk).

Testing can be carried out for all individuals as a screening programme, or on groups or specific individuals considered to be at higher risk. As symptomatic individuals or those who are a contact of a positive case are considered high risk, whether vaccinated or not, testing as a screening tool will only apply to asymptomatic low risk individuals. As indicated above, current evidence does not support classifying unvaccinated individuals as being in a group of that should be routinely tested prior to a consultation to the exclusion of others.

There may be situations in which a combination of risk factors, such as known immunosuppression, may result in a medical justification for the testing of asymptomatic patients. Any such policy needs to apply to all patients irrespective of vaccination status as asymptomatic infection is the issue, not the vaccination status of the patient.

Note: When community spread is significant, there are significant risks to the health care system, including patients, especially unvaccinated asymptomatic, COVID-19-positive patients undergoing major planned care surgery. This may clinically support the need to test unvaccinated patients for COVID-19 prior to the procedure. This is a specific issue for secondary and tertiary care providers to address. Where any clinically justified reason exists to test asymptomatic unvaccinated patients, care must be taken to avoid unintended barriers to access and timeliness of care

Equity

Any approach that mandates a different approach to unvaccinated patients (including testing) prior to planned care, risks worsening access to health care for those already suffering health inequities. For example, access to testing is likely to be more difficult for shift workers, disability or transport issues. Furthermore, increased asymptomatic testing may result in delays to symptomatic testing worsening outcomes for those most at risk of COVID-19.

It is recognised that the impact of health care workers being unavailable because of acute illness can have a significant impact in areas where healthcare resources are restricted.

Plans to manage workforce shortages are required irrespective of the management for unvaccinated individuals, as healthcare providers are at risk of infection outside of their workplaces.