The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

COVID-19 and the defunding of Rapid Antigen Tests (RATs)

Health New Zealand | Te Whatu Ora (HNZ) announced that from 1 October 2024, Rapid Antigen Tests (RATs) would no longer be funded.

This does not mean that COVID-19 is no longer a clinical risk. COVID-19 and other respiratory infections remain a clinical risk, and general practice should continue to play a leading role in providing advice and support in this area.

Below are responses to questions that have been raised by our members and their wider teams about testing for COVID-19 and the use of RATs.

Please note this information is correct as of June 2025 and may be subject to change if new or updated advice is received.

Removing RATs funding for clinician use may result in another cost barrier for vulnerable patients, particularly those who qualify for anti-viral treatment. It is our view that the more diagnostic tools clinicians have at their disposal, the less likely that antibiotics will need to be prescribed. The College is in discussions with HNZ to reinstate free RATs for clinicians, but in the meantime, patients will need to pay for RATs used during their appointment or purchase them via a local pharmacy or other provider.

Messages to the public

COVID-19 and other respiratory infections remain a clinical risk for communities and clinicians. For that reason, general practices should continue to manage infection control carefully, particularly as winter approaches and with it an increase in acute respiratory illnesses (ARIs).

Practices should continue to maintain infection control measures to ensure that:

- Patients entering a practice feel confident that their health is a priority.
- Vulnerable patients in practice waiting areas are not unnecessarily exposed to patients with respiratory illnesses.
- Clinicians and practice staff are not unnecessarily exposed to respiratory illnesses. This reduces the consequential risk to other patients and ensures that the practice can continue to operate in an efficient manner for other patients.

Should RATs still be used in the primary care setting?

Patients presenting at a general practice with a respiratory illness can expect a diagnosis of their condition. To that end, RATs, along with influenza, RSV and bacterial swabbing are all considered diagnostic options.

Although practices may have been liberal in their use, and distribution, of RATs since 2020, this change now brings a barrier of cost for many and for children under the age of 14 it makes what has previously been a "free" service into a chargeable one.

The College's view is that these diagnostic tools, along with an explanation for the cost, needs to be discussed with patients during their consultations. This particularly applies to those who qualify for antiviral medications as there may be real medico-legal implications if complications occur.

Triaging/streaming patients with respiratory infections

When it comes to the issue of triaging patients, members have raised the following:

1. Who should be doing the triaging as it does take up a significant amount of time for the receptionists and/or nurses currently.
2. Who is paying for this extra time that is takes to screen for respiratory symptoms and provide advice to the patient and medical team?

This is not a new issue, but it was highlighted throughout the COVID-19 pandemic. There is no one-size-fits-all approach and this should be discussed and resolved within your own teams as options and solutions will vary from practice to practice.

"Red/green streaming" was a core element of good practice in the early days of the COVID-19 epidemic; however, this along with phone triage appears to be becoming less stringent.

Practices that have respiratory spaces, two waiting rooms and/or spare consulting room capacity to separate infectious patients may well continue with these activities; however, for many practices this is something that has already been relaxed.

In 2023, the College advised that strict isolation of patients with ARIs was no longer necessary. It is now normal to ensure that there is adequate separation of these patients from others. This may be done by maintaining adequate distancing or by having one section of the waiting room devoted to these patients.

Should clinical and administrative staff still test if they fall ill?

Yes. In July 2024, Health New Zealand | Te Whatu Ora advice specifically stated that staff should have access to RATs and should stay off work until their symptoms have resolved. It will now be expected that either the staff member or the practice should pay for the RAT.

That same advice recommends that staff should have home access to RATs and if they become positive, they should test daily from day 3 can return to work after day 4 if they have two negative tests. If the RAT remains positive, the staff member can return to work after 8 days providing their symptoms are "mild", but they should wear a mask. The definition of "mild" is defined in this document.

We acknowledge that this may put extra burden on the practice team and staff members without adequate sick leave. There have been anecdotal reports that staff are often unwilling to take time off if they don't have sick leave available. To address this, Health New Zealand Te Whatu Ora has indicated that it is reviewing this advice.

Practice premises

International data has shown that poorly ventilated and overcrowded areas, particularly where unwell patients congregate, are a health risk in their own right. New Zealand's general practices have listened to that message and have made changes accordingly.

Ensuring that all consulting and waiting rooms have clean indoor air is vital. The aim should be to have at least six changes of air per hour, and it is likely that these changes have become part of the "new normal" since the COVID-19 pandemic.

Likewise, the regular cleaning of all surfaces and instruments that come into contact with patients has had a greater focus in the last three years and become part of our "new normal".

Conclusion

The College will continue to advocate for general practices to have access to free RATs, possibly supplied in a manner like the current MPSO process, and we will keep members updated of progress in this area.