

COVID-19 Testing: Straightforward or difficult to access?

9 June 2020

Via Health Consumers Queensland's COVID-19 Community of Interest and Facebook page, consumers and carers were offered the opportunity to respond to the following:

The message from Queensland Health is that we need more people tested for COVID-19.

- *Is it clear to you when you should be tested?*
- *If you feel you need to be tested, where would you go to get the process started?*
- *Does Qld Health's COVID-19 Testing page give you the information you need to know what to do and where to go?*

From this invitation, 28 consumers from the COVID-19 Community of Interest discussed the topic at the weekly Consumer Conversation via videoconference. Five consumers responded via email.

Key Points

- Consumers continue to be **unclear about eligibility criteria for testing**, what testing entails, and what other measures need to be taken either side of testing.
- **Confidence in the reliability of the test** differs between consumers.
- Some are **reluctant to seek out a test**, citing the need to isolate and lack of importance of mild symptoms as barriers.
- The **term "fever clinic"** causes concern and confusion.
- People note the **inconsistency between HHS and Qld Health communications**.
- Some **positive feedback on Qld Health messaging**, but with many suggestions for improvement.
- There is a strong desire for **regular, centralised government messaging in keeping with methods established during natural disasters**.

Confusion about eligibility

While the criteria to obtain a test have changed over the course of the COVID-19 period, many consumers have not stayed up to date with this information. Consumers related vastly differing ideas about eligibility, including:

- Needing to have returned from overseas
- Need a doctor's referral
- Don't need a doctor's referral
- Runny nose is enough

"Information does not indicate how long a person had to have symptoms for before they should think about getting tested."

Uncertainty about details

Eligibility is not the only area of confusion. The effect people's personal circumstances have on their need to test is unclear for many:

"Should I be tested if I am going in and out of hospital?"

"When do you test a child to send them back to school? [after they have had COVID-19 or if they've had symptoms]?"

"Testing of family members of people who have had symptoms. What family members need to be tested?"

Reluctance to test

Consumers expressed a reluctance to seek a test for a variety of reasons. The need to isolate while waiting for results was a disincentive for several participants, and many felt that mild symptoms such as a runny nose were not worth the trouble of seeking a test.

"I think the sore throat and runny nose symptoms are just too vague. A large proportion of the population will get these but feel that this is just normal so don't bother getting tested especially if it appears to be a hassle for them to be tested."

The reliability of the test was a concern for some, with worries about the effectiveness of the test, testing at the wrong point of the incubation period, and false positive results all mentioned.

While consumers may be given all the information they need during the process of testing, consumers want the reassurance of a fuller picture of what testing entails before the need arises. Uncertainty of what to expect when being tested, appears to be contributing to reluctance to seek testing.

Where to go

Very few participants expressed full confidence in their knowledge of where to seek a COVID-19 test.

The term Fever Clinic was a consistent source of concern and confusion. As understanding of COVID-19 symptoms develops and fever is no longer the key indicator, this legacy terminology is problematic. To enhance public understanding, consumers feel strongly that testing centres be consistently referred to as COVID Testing Clinics.

"The name fever clinic implies you need a fever to be tested. This is not the case but the name implies only testing if you have a fever."

Hot spots

There is significant concern about testing in hotspots. It's important to learn lessons where there have been local hot spots to ensure the best communication strategies are used including a range of media. Consumers suggest clear, simple and consistent messaging across media and coming from health staff. Suggesting people contact 13 HEALTH for more information when 13HEALTH staff don't have the latest relevant local information is problematic.

“There is a panic in [the Bundaberg] community. Local radio or mechanism so that people not on Facebook or internet can hear about clear messaging.”

Queensland Health Website and Communication Channels

Website

There were mixed responses to the testing information on Queensland Health’s COVID-19 web page, with a several consumers noting that they had not previously been aware of the page. However, those who did review the page responded positively, with exceptions: more accessible, everyday language and translated versions were suggested improvements.

“Does Qld Health’s COVID-19 Testing page give you the information you need to know, what to do and where to go? My feedback = YES. It is very clear and also works well on both desktop and mobile. Well done QLD Health.”

“Can the page on Qld Health be translated into different languages for CALD people to utilise more. Some have said they don't want to go because they don't always understand what is being said.”

“What does asymptomatic mean??? Even our Premier got it wrong!!!”

Facebook

A link to access the Queensland Health chatbot to try out was sent out to the group ahead of the meeting. Those who were familiar with the chatbot concept thought it worked well, but some felt that it would be inaccessible to many.

“I also thought the chatbot on FB was very good information, very detailed. However you do need to have good tech skills to access it. Would be a barrier to older persons and CALD persons.”

Natural disasters provide lessons in effective communication

Many consumers strongly encouraged use of communication channels and methods typically used during natural disasters. These are preferred, familiar and trusted modes of information: ABC local radio, local newspapers, news broadcasts, local health services, notices in public areas such as shopping centres. People look to the modes and patterns of information that have been established through times of natural disaster, and recognise them as sources of truth, comfort and practical advice. Consumers recognise the parallels between the COVID-19 situation and a natural disaster, and are looking for those familiar patterns of communication.

“Need better use of local radio.”

“A blitz advertising on all media forums, right now saying “anyone can get tested, get tested now”, would help too.”

“Qld Health could do a segment on local news and radio to just guide people on what they should be doing instead of just saying how many they have tested.”

“How about Qld Health engaging disaster recovery expertise. They are able to provide relevant info on a street to street basis. This expertise in utilising local radio to inform can be useful.”

“I argue that Qld Health has made poor use of local radio. Evidence presented today in which people felt that information was not reaching the public suggests that Qld Health has wrongly assumed that websites and such like are enough.”

“During disasters regular local radio information provides information to the public... communication relative to the local area effects a state of acute awareness in the public mind.”

Modes of Communication: Local preferred, but consistency is key

Community members appear to be looking to their local community for COVID-19 information, but are not necessarily finding reliable sources. COVID-19 is a hot topic of conversation on locally-based social media groups, and the reliability of the information found there varies greatly. Despite that, those who do not access social media feel at a disadvantage when it comes to accessing information.

Regardless of the mode of communication, consumers expressed a strong preference for regular updates from the Queensland Government while ensuring that local and state information is consistent.

“What does QH do with regard to quality checks on how HHS’s are communicating with the locals... Wandoan and Barcaldine are two instances where Central office messaging appears to be communicated differently to the locals.”

Consumers also appreciated creative ideas around communication:

“I was driving around a bit yesterday and was impressed by the COVID messages on the illuminated road signs”

“Is there a possibility of Health accessing the mobile numbers of patients of health centres and health services, to send out informative SMSs?”