COVID-19 CASE DEFINITION

Suspected Case

A) A person who meets the clinical **AND** epidemiological criteria:

Clinical Criteria:

- Acute onset of fever AND cough; OR
- Acute onset of ANY TWO OR MORE of the following signs and symptoms:
 Fever, cough, general weakness/fatigue¹, headache, myalgia, sore throat,
 coryza, dyspnea, anorexia/nausea/vomiting¹, diarrhea, altered mental
 status.

AND

Epidemiological Criteria:

- Residing or working in an area/locality with high risk of transmission of virus: closed residential settings, institutional settings such as prisons, immigration detention depots (DTI); anytime within the 14 days prior to sign and symptom onset; or
- Residing or travel to an area with community transmission anytime within the 14 days prior to sign & symptom onset; or
- Working in any health care setting, including within health facilities or within the community; any time within the 14 days prior of sign & symptom onset.

B) A patient with severe acute respiratory illness:

(SARI: acute respiratory infection with history of fever or measured fever of \geq 38°C; and cough; with onset within the last 10 days; and requires hospitalization).

Probable Case

- **C)** A person (alive or dead) with a positive **RTK-Ag**.
- **D)** A **suspected case with chest imaging** showing findings suggestive of COVID-19 disease².
- **E)** A patient who meets **clinical criteria** above **AND** is a **contact of a probable or confirmed case or** linked to a **COVID-19 cluster**.
- **F)** A person with recent onset of **anosmia** (loss of smell) or **argeusia** (loss of taste) in the absence of any other identified cases.
- **G) Death**, not otherwise explained, in an adult with **respiratory distress** preceding death AND **was a contact of a probable or confirmed case** or linked to a **COVID-19 cluster**.

Confirmed Case

- H) A person with a positive RTK-Ag in pre-determined areas/locality with prevalence of COVID-19 \geq 10%³.
- I) A person (alive or dead) with a positive molecular test (RT-PCR or rapid molecular).

Note:

- Chest radiography: hazy opacities, often rounded in morphology, with peripheral and lower lung distribution
- **Chest CT:** multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution
- Lung ultrasound: thicken pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms.

¹ Signs separated with slash (/) are to be counted as one sign.

² Typical chest imaging findings suggestive of COVID-19 include the following:

³As determined by State and National CPRC

Close Contact Definition

- Health care associated exposure without appropriate PPE (including providing direct care for COVID-19 patients, working with health care workers infected with COVID-19, visiting patients or staying in the same close environment of a COVID-19 patient)
- Working together in close proximity or sharing the same classroom environment with a COVID-19 patient
- Travelling together with COVID-19 patient in any kind of conveyance
- Living in the same household as a COVID-19 patient.