

## Suspected case of SARS-CoV-2 infection

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

### Clinical Criteria<sup>1</sup>:

- Acute onset of fever AND cough; OR
- Acute onset of **ANY THREE OR MORE** of the following signs or symptoms: Fever, cough, general weakness/fatigue<sup>1</sup>, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting<sup>1</sup>, diarrhoea, altered mental status.

**AND**

### Epidemiological Criteria<sup>2</sup>:

- Residing or working in an **area with high risk of transmission of virus**: closed residential settings, humanitarian settings such as camp and camp-like settings for displaced persons; anytime within the 14 days prior to symptom onset; or
- Residing or travel to an **area with community transmission** anytime within the 14 days prior to 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 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).

**C** Asymptomatic person not meeting epidemiologic criteria with a **positive SARS-CoV-2 Antigen-RDT<sup>2</sup>**

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

<sup>2</sup> NAAT is required for confirmation, see [Diagnostic testing for SARS-CoV-2](#)

See [Antigen detection in the diagnosis of SARS-CoV-2 infection using rapid immunoassays](#)

**Note:** Clinical and public health judgment should be used to determine the need for further investigation in patients who do not strictly meet the clinical or epidemiological criteria. Surveillance case definitions should not be used as the sole basis for guiding clinical management.

## Probable case of SARS-CoV-2 infection

**A** A patient who meets **clinical criteria** above **AND** is a **contact of a probable or confirmed case**, or linked to a **COVID-19 cluster<sup>3</sup>**

**B** A **suspect case with chest imaging** showing findings suggestive of COVID-19 disease<sup>4</sup>

**C** A person with recent onset of **anosmia** (loss of smell) or **ageusia** (loss of taste) in the absence of any other identified cause.

**D** **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<sup>3</sup>**

## Confirmed case of SARS-CoV-2 infection

**A** A person with a positive **Nucleic Acid Amplification Test (NAAT)**

**B** A person with a **positive SARS-CoV-2 Antigen-RDT** **AND** meeting either the **probable case definition or suspect criteria A OR B**

**C** An **asymptomatic person with a positive SARS-CoV-2 Antigen-RDT** who is a **contact of a probable or confirmed case**

<sup>3</sup> A group of symptomatic individuals linked by time, geographic location and common exposures, containing at least **one NAAT-confirmed** case or at least **two** epidemiologically linked, symptomatic (meeting clinical criteria of Suspect case definition A or B) persons with **positive Ag-RDTs** (based on  $\geq 97\%$  specificity of test and desired  $>99.9\%$  probability of at least one positive result being a true positive)

<sup>4</sup> Typical chest imaging findings suggestive of COVID-19 include the following:

- **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**: thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms.