



DSHS Surveillance Case Definitions for 2019 Novel Coronavirus Disease (COVID-19)- Revised: May 11, 2020

In accordance with The Council of State and Territorial Epidemiologists (CSTE), DSHS has adopted the following case classification strategy;

Confirmed: A case that is laboratory confirmed (detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test)

Probable: A case that:

- Meets clinical criteria AND epidemiologic linkage criteria with no confirmatory laboratory testing performed for COVID-19,

OR

- Using a method approved or authorized by the FDA or designated authority, meets presumptive laboratory evidence of
 - Detection of specific antigen (Ag) in a clinical specimen, **OR**
 - Detection of a specific antibody in serum, plasma, or whole blood indicative of a new or recent infection,
- **AND** meets either clinical criteria OR epidemiologic linkage criteria.

OR

Meets vital records criteria (death certificate lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death) with no confirmatory laboratory testing performed for COVID-19.

Clinical criteria:

- At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s); **OR**
- At least one of the following symptoms: cough, shortness of breath, or difficulty breathing; **OR**
- Severe respiratory illness with at least one of the following: clinical or radiographic evidence of pneumonia, or acute respiratory distress syndrome (ARDS)

AND

- No alternative more likely diagnosis

Epidemiologic linkage criteria:

One or more of the following exposures in the last 14 days before onset of

symptoms:

- Close contact* with a confirmed or probable case of COVID-19 disease
- Close contact* with a person with clinically compatible illness AND linkage to a confirmed case of COVID-19 disease.
- Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2.
- Member of a risk cohort as defined by public health authorities during an outbreak (ex. symptomatic residents of a nursing home where at least one laboratory confirmed COVID-19 case has been identified).

*Close contact is defined as being within 6 feet for at least a period of 10 minutes to 30 minutes or more depending upon the exposure. In healthcare settings, this may be defined as exposures of greater than a few minutes or more. Data are insufficient to precisely define the duration of exposure that constitutes prolonged exposure and thus a close contact.

Proposed Prioritization of COVID-19 Case Investigations in Texas:

DSHS recognizes that some jurisdictions in Texas may not have the capacity to investigate all confirmed and probable cases included as part of the CSTE definition, a proposed prioritization of investigation is as follows;

- 1. First Priority:** investigation of all *confirmed* cases of COVID-19.
- 2. Second Priority**:** investigation of *probable* cases of COVID-19 with presumptive laboratory evidence (detection of a specific antigen in a clinical specimen or an antibody in serum, plasma or whole blood) AND must include either clinical criteria OR epidemiologic evidence.
** An investigation must be completed to determine if an individual with a positive serologic test meets criteria as a probable case.
- 3. Third Priority:** investigation of *probable* cases of COVID-19 which meet the clinical and epidemiologic criteria but have no confirmatory laboratory testing performed for COVID-19.
- 4. Fourth Priority:** investigation of *probable* cases of COVID-19 that meet vital records criteria (death certificate lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death) with no confirmatory laboratory testing performed for COVID-19.