

Case Classification	Clinical Information	Epi Information	Lab Information
<b>Confirmed</b>	N/A	N/A	Positive by any molecular amplification detection test (PCR positive OR NAAT positive)
<b>Probable</b>	Meets clinical criteria <sup>1</sup>	Close contact <sup>2</sup> to a confirmed or probable COVID-19 case during the 14 days before illness onset	No testing OR PCR (-) OR Any Antigen results OR Any Antibody results
	Meets vital records criteria <sup>3</sup>	N/A	
	N/A	N/A	Antigen (+) <sup>1</sup> from a respiratory specimen
<b>Suspect<sup>4</sup></b>	N/A	No prior history of being a confirmed or probable case	Any Antibody (+) OR Antigen (+) from an autopsy specimen
<b>Not a Case<sup>4</sup></b>	Does not meet any of the case classifications described above		

<sup>1</sup>A positive antigen test that is determined to be a false positive is not classified as a probable case.

### 1. Clinical criteria:

In the absence of a more likely diagnosis:

- At least two of the following: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, (nausea or vomiting), diarrhea, fatigue, (congestion or runny nose)
- OR**
- Any one of the following: cough, shortness of breath, difficulty breathing, new olfactory disorder, new taste disorder
- OR**
- Severe respiratory illness with at least one of the following:
  - Clinical or radiographic evidence of pneumonia
  - Acute respiratory distress syndrome (ARDS)

### 2. Close contact

- Close contact is generally defined as being within 6 feet for a total of at least 15 minutes within 24 hours (either consecutive or cumulative). However, this depends on the exposure level and setting. For example, any duration of an aerosol-generating procedure in healthcare settings without proper personal protective equipment (PPE) may be defined as close contact.

- Data are insufficient to precisely define the duration of exposure that constitutes prolonged exposure and thus a close contact.
- The final decision on what constitutes close contact is made at the discretion of public health based on the details of the specific exposure.
- Close contact can also be defined as a member of a risk cohort as defined by public health authorities during an outbreak.

### 3. Vital Records Criteria

A death certificate that lists COVID-19 disease or SARS-CoV-2 as an underlying cause of death or a significant condition contributing to death. Central Office will assign probable cases based on these criteria.

4. TDH does not expect HDs to conduct a case investigation or follow-up on “Suspect” or “Not a Case” investigations at this time. This is subject to change as we learn more about antibody testing.

### Distinguishing a new case of disease:

TDH is not counting persons with repeat positive tests for SARS-CoV-2 RNA using a molecular amplification detection test as new cases for surveillance purposes. This is subject to change as we learn more about reinfection.

### Creating COVID-19 Investigations in NBS

Decisions about the creation of NBS investigations are based on surveillance/reporting and the expected course of illness.

- Each NBS patient should have only one investigation that is used in case counts (case status: “Confirmed” or “Probable”). All other investigations for this patient should be marked as “Not a Case”, with the exception of a “Suspect” investigation that occurred before a “Confirmed” or “Probable” investigation.
- If the first investigation is “Confirmed”, all future lab reports will be associated with this investigation. Note: As we learn more about re-infection, additional PCR (+) results after a specified time period may trigger the creation of a new “Confirmed” investigation.
- If the first investigation is “Probable”, the case status can move up to “Confirmed”. It cannot move in reverse.
- If a PCR (-) test is received, link it to an existing “Confirmed”, “Probable”, “Suspect” or “Not a Case” investigation. If there is no investigation, open a new investigation and mark as “Not a Case”.
- If the first investigation is “Not a Case”, any positive labs (or clinical + epi information) should trigger the creation of a new investigation. Note: There should not be any positive lab results associated to investigations marked as Not a Case.

If the first investigation is...	And then you receive...	You should...
Confirmed <sup>1</sup>	Any lab results <sup>1</sup>	<b>Associate</b> the results with this investigation
Probable	PCR (+) or NAAT (+)	<b>Associate</b> the results with this investigation and <b>update</b> the case status to "Confirmed"
	Antigen (+) OR Antigen (-) OR PCR (-) OR Antibody (+) IgM, IgG or Total Antibody results OR Test not performed, Specimen Unsatisfactory, or similar result OR a relevant death certificate <sup>2</sup>	<b>Associate</b> the results with this investigation
Suspect <sup>3</sup>	PCR (+) or NAAT (+)	<b>Create a new investigation</b> and mark the case status as "Confirmed"
	Antigen (+) from a respiratory specimen	<b>Create a new investigation</b> and mark the case status as "Probable"
	Clinical and epi information compatible with the probable case definition OR a relevant death certificate <sup>2</sup>	<b>Create a new investigation</b> and mark the case status as "Probable"
	PCR (-) OR Antigen (-) OR Antigen (+) from an autopsy specimen OR Antibody (+) OR Test not performed, Specimen Unsatisfactory, or similar result	<b>Associate</b> the results with this investigation
Not a Case	PCR (+) or NAAT (+)	<b>Create a new investigation</b> and mark the case status as "Confirmed"
	Antigen (+) from a respiratory specimen	<b>Create a new investigation</b> and mark the case status as "Probable"
	Clinical and epi information compatible with the probable case definition OR a relevant death certificate <sup>2</sup>	<b>Create a new investigation</b> and mark the case status as "Probable"
	Antigen (+) from an autopsy specimen OR Antibody (+)	<b>Create a new investigation</b> and mark the case status as "Suspect"
	PCR (-) OR Antigen (-) OR Antibody (-) OR Test not performed, Specimen Unsatisfactory, or similar result	<b>Associate</b> the results with this investigation

1. As we learn more about re-infection, additional PCR (+) results after a specified time period may trigger the creation of a new "Confirmed" investigation.
2. A relevant death certificate in this case is a death certificate that lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death.