World Health Organization

Updated in Public health surveillance for COVID-19, 22 July 2022

Suspected case of SARS-CoV-2 infection (3 options)



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

Clinical Criteria:

Acute onset of fever AND cough (ILI)

OR

 Acute onset of ANY THREE OR MORE of the following signs or symptoms: Fever, cough, general weakness/fatigue¹, headache, myalgia, sore throat, coryza, dyspnoea, nausea/diarrhoea/anorexia.

OR

Epidemiological Criteria:

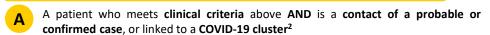
- Contact of a probable or confirmed case, or linked to a COVID-19 cluster²
- B A patient with severe acute respiratory illness

 (SARI: acute respiratory infection with history of fever or measured fever of ≥ 38

 C°; and cough; with onset within the last 10 days; and requires hospitalization).
- C A person

Without clinical signs or symptoms, **NOR** meeting epidemiologic criteria With a **positive Professional Use or Self Test** SARS-CoV-2 Antigen-RDT³

Probable case of SARS-CoV-2 infection (2 options)



B 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 cluster³

Confirmed case of SARS-CoV-2 infection (2 options)

- A person with a positive Nucleic Acid Amplification Test (NAAT), regardless of clinical criteria OR epidemiological criteria
- B A person

Meeting clinical criteria **AND/OR** epidemiological criteria (suspect case A) With a **positive Professional Use or Self Test** SARS-CoV-2 Antigen-RDT³

³ <u>Ag RDT Test Antigen-detection Rapid Diagnostic Tests (Ag-RDT) are available for use by trained professionals or for self-testing by individuals:</u>

- **Professional Use SARS-CoV-2 Antigen-RDT**: WHO EUL approved Ag-RDT, , in which sample collection, test performance and result interpretation is done by a trained operator
- **Self test SARS-CoV-2 Antigen-RDT**: WHO EUL approved Ag-RDT in which sample collection, test performance and result interpretation is done by an individual by themselves
- ⁴ 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.

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.



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

² 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 health professional OR self test Ag-RDTs** (based on ≥97% specificity of test and desired >99.9% probability of at least one positive result being a true positive)