



DSHS Surveillance Case Definitions for Coronavirus Disease 2019 (COVID-19) - Revised: 11/01/2020

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

Confirmed: A case that meets confirmatory laboratory evidence* (detection of SARS-CoV-2 RNA in a clinical or autopsy specimen using a molecular amplification test)

Probable: A case that:

- Meets clinical criteria AND epidemiologic linkage criteria with no confirmatory laboratory testing performed for SARS-CoV-2,

OR

- Meets presumptive laboratory evidence* (detection of SARS-CoV-2 by antigen test in a respiratory specimen)

OR

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

Suspect: A case that:

- Meets supportive laboratory evidence* of:
 - Detection of specific antibody in serum, plasma, or whole blood,**OR**
 - Detection of specific antigen by immunocytochemistry in an autopsy specimen
- **AND** has no prior history of being a confirmed or probable case

**Laboratory evidence using a method approved or authorized by the FDA or designated authority*

Clinical criteria:

- At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose; **OR**
- At least one of the following symptoms: cough, shortness of breath,

- difficulty breathing, new olfactory disorder, or new taste disorder; **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 prior 14 days:

- Close contact** with a confirmed or probable case of COVID-19 disease
- Member of a risk cohort as defined by public health authorities during an outbreak (e.g., symptomatic residents of a nursing home where at least one laboratory confirmed COVID-19 case has been identified).

**Close contact is someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period[†] starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

[†]*Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes).*

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.
- 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 an underlying cause of death or a significant condition contributing to death) with no confirmatory laboratory testing performed for SARS-CoV-2.
- 5. Fifth Priority:** investigation of suspect cases of COVID-19.