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.