



Supplemental Guidance for COVID-19 Case Classification and Reporting of COVID-19 Associated Deaths

July 20, 2020

Texas follows the Centers for Disease Control and Prevention (CDC) and the Council of State and Territorial Epidemiologists (CSTE) COVID-19 case definitions. DSHS will begin providing case counts on the COVID-19 website for both confirmed and probable cases. In order to ensure that all public health entities are reporting cases in a similar and consistent manner, please ensure that your agency/county can report the numbers for both confirmed and probable cases separately. Below are some of the key components for your easy reference.

COVID-19 Case Classification by Laboratory Evidence Type:

There are two types of laboratory evidence, confirmatory and presumptive, used to classify cases of COVID-19. Testing methodologies for these evidence types are described below.

- **Confirmatory laboratory evidence:** Presence of confirmatory laboratory evidence translates to a confirmed case of COVID-19, either with or without clinical evidence.
 - Detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test (ex. PCR).
 - Note that antigen tests are not considered a confirmatory test.
- **Presumptive laboratory evidence:** Presence of presumptive laboratory evidence translates to a probable case of COVID-19, if the individual also meets either clinical or epidemiologic criteria ([see COVID-19 Epi Case Criteria Document](#) for more details).
 - Detection of specific *antigen* in a clinical specimen (ex. nasopharyngeal swab in Sofia 2 SARS Antigen FIA).
 - Detection of specific *antibody* in serum, plasma, or whole blood indicative of a new or recent infection.

For jurisdictions reporting case information on a local website, confirmed and probable cases are to be reflected separately. All confirmed and probable cases must be reported to DSHS.

COVID-19 Associated Death Classification and Reporting:

- A COVID-19 associated death is defined for surveillance purposes as a confirmed or probable case ([see COVID-19 Epi Case Criteria Document](#)) with no period of complete recovery between the illness and death.
 - A deceased individual can be classified as a probable case, in the absence of laboratory testing, if the death certificate lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death.
- A death should not be reported if after review and consultation there is an alternative agreed upon cause of death which is unrelated to an infectious process (For example, an adult with a positive SARS-CoV-2 test whose death clearly resulted from trauma after a car accident would not qualify as a COVID-19 associated death.)
- COVID-19 associated deaths must be investigated by the local health department (or public health region where applicable). The local health department will decide if the COVID-19 associated death is confirmed or probable using the COVID-19 case classification.

COVID-19 Epi Case Criteria Guide (Version 1.0 – Released 5/11/2020)

Condition/Code	Case Definition/Case Classification	Laboratory Confirmation Tests
<p>Novel Coronavirus 2019 11065</p>	<p>A novel coronavirus is a newly identified coronavirus that has not been previously identified in the human population and it is assumed there is no existing immunity to the virus. The virus (SARS-CoV-2) causing 2019 novel coronavirus disease (COVID-19), first identified in Wuhan, China in 2019 is not the same as coronaviruses that commonly circulate among humans and cause mild illness, like the common cold. Symptoms of COVID-19 are non-specific and the disease presentation can range from no symptoms (asymptomatic) to severe pneumonia and death. People with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms and fever ~5 days after infection (mean incubation period 5-6 days, range 1-14 days).</p> <p>Confirmed: A case that is laboratory confirmed</p> <p>Probable: A case that:</p> <ul style="list-style-type: none"> ▪ Meets clinical criteria AND epidemiologic linkage criteria with no confirmatory laboratory testing performed for COVID-19, <p>OR</p> <ul style="list-style-type: none"> ▪ Using a method approved or authorized by the FDA or designated authority, meets presumptive laboratory evidence of <ul style="list-style-type: none"> ○ 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. <p>OR</p> <ul style="list-style-type: none"> ▪ 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. <p><i>Clinical criteria:</i></p> <ul style="list-style-type: none"> ▪ At least <u>two</u> of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s); OR ▪ At least <u>one</u> of the following symptoms: cough, shortness of breath, or difficulty breathing; OR ▪ Severe respiratory illness with at least <u>one</u> of the following: <ul style="list-style-type: none"> ○ Clinical or radiographic evidence of pneumonia, or ○ Acute respiratory distress syndrome (ARDS) <p>AND</p>	<p>Laboratory evidence using a method approved or authorized by the FDA or designated authority:</p> <ul style="list-style-type: none"> ▪ Detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test

- 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.