

COMMUNITY AND PUBLIC HEALTH

To Health Professionals

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Canterbury

District Health Board

Te Poari Hauora o Waitaha

Kia ora colleagues

The Ministry of Health has updated the case definitions for COVID-19.

Of note, the definition for a suspect case now includes any acute respiratory infection with at least one of: cough, sore throat, shortness of breath, coryza, anosmia, with or without fever.

Please see the full text below.

Ngā mihi

Ramon Pink

Medical Officer of Health

COVID-19 case definitions

The Ministry of Health has developed the following case definitions for COVID-19 based on expert advice from our Technical Advisory Group. The case definitions take into account New Zealand's current aim to eliminate COVID-19. This means that our suspect case definition needs to be broad enough to capture all those who may have the disease. As the symptoms of COVID-19 are similar to other viruses, many of those who meet the suspect case definition will not have COVID-19.

However, it is critical for our elimination goal that all people meeting the suspect, under investigation, probable or confirmed case definitions isolate themselves to reduce the risk to others.

Suspect case

A suspect case satisfies the following clinical criteria:

Any acute respiratory infection with at least one of the following symptoms: cough, sore throat, shortness of breath, coryza¹, anosmia² with or without fever.

Symptomatic close contacts of suspect or probable cases should be considered suspect cases.

View definitions of close and casual contacts.

Ideally all people meeting the suspect case definition for COVID-19, or where the clinician has a high degree of suspicion³, would be tested to confirm or exclude a diagnosis. The following groups of people have been prioritised for testing at this stage.

Priority groups for investigation and testing

Suspect cases, where they or one or more of their household/bubble, meet one or more of the following criteria should be tested:

¹ Coryza – head cold e.g. runny nose, sneezing, post-nasal drip

² Anosmia – loss of sense of smell

³ Some people may not meet the suspect case definition but may present with symptoms such as only: fever, diarrhoea, headache, myalgia, nausea/vomiting, or confusion/irritability. If there is not another likely diagnosis, and they have a link to a recent traveller, a confirmed, or probable case, consider testing.

- people meeting the clinical criteria who have travelled overseas in the last 14 days, or have had contact, in the last 14 days, with someone else who has recently travelled overseas
- hospital inpatients who meet the clinical criteria
- health care workers meeting the clinical criteria
- other essential workers meeting the clinical criteria if they have had close or casual contact with a probable or confirmed COVID-19 case
- people meeting the clinical criteria who reside in (or are being admitted into) a vulnerable communal environment including aged residential care, or large extended families in confined household/ living conditions
- people meeting the clinical criteria who may expose a large number of contacts to infection (including barracks, hostels, halls of residence, shelters etc)

In addition, testing may be required

- on advice from the local Medical Officer of Health, when an outbreak or cluster is suspected, or being investigated

As local testing capacity allows:

- consider suspect cases presenting with new or worsening cough.

Testing of individuals who are asymptomatic is NOT recommended unless requested by the local Medical Officer of Health.

Note that close contacts of confirmed cases that meet the clinical criteria for a suspect case should be considered a probable case (epi-link to a case), and managed appropriately, including any contact tracing as appropriate, and therefore don't need to be tested. However, healthcare workers meeting the clinical criteria who are close contacts of confirmed cases should continue to be tested.

Under investigation case

A suspect or probable case that meets the prioritisation criteria for testing above, but information is not yet available to classify it as confirmed or not a case.

Probable case

A symptomatic close contact of a confirmed case (epi-link) OR a case that meets the clinical criteria where other known aetiologies that fully explain the clinical presentation have been excluded and either has laboratory suggestive evidence or for whom testing for SARS-CoV-2 is inconclusive

Laboratory suggestive evidence requires detection of coronavirus from a clinical specimen using pan-coronavirus NAAT (PCR).

Confirmed case

A case that has laboratory definitive evidence.

Laboratory definitive evidence requires at least one of the following:

- detection of SARS-CoV-2 from a clinical specimen using a validated NAAT (PCR)
- detection of coronavirus from a clinical specimen using pan-coronavirus NAAT (PCR) and confirmation as SARS-CoV-2 by sequencing
- significant rise in IgG antibody level to SARS-CoV-2 between paired sera (when serological testing becomes available).

Note: If all COVID-19 laboratory tests are negative, other respiratory pathogens should be excluded.

Not a case

An 'under investigation' case who has a negative test.

Not tested

The key principle is to reduce transmission from person to person. That means reducing the contact that people who may have the virus have with others while they are infectious.

If a person has symptoms consistent with the case definition for COVID-19 and are well enough, they should be considered a suspect case and isolate at home (if mild symptoms) till 48 hours after symptoms resolve and at least 10 days after symptom onset.

Managing close contacts of suspect cases

Any household or other close contacts of suspect cases should be meticulous with physical distancing, hand hygiene and cough etiquette. They should immediately isolate and phone Healthline if symptoms develop within 14 days of the last exposure to the suspect case.

Managing close contacts of cases under investigation

Any household contacts of cases under investigation should self-quarantine while awaiting test results. They should be meticulous with physical distancing, hand hygiene and cough etiquette, and immediately isolate and phone Healthline if symptoms develop.

Managing close contacts of a probable case

Household and other close contacts of probable cases who go on to develop symptoms should be considered a suspect case and consideration given as to whether they are in one of the priority groups for testing. Further advice on the management of close contacts of probable and confirmed cases is available in the Advice for Health Professionals.

Managing close contacts of a confirmed case

Household and other close contacts of those who have tested positive, and who go on to develop symptoms should not be tested unless they meet one of the red flags criteria below or are a healthcare worker. Otherwise, as above, if well enough they should be considered a probable case and should isolate and be managed at home with monitoring. Further advice on the management of close contacts of probable and confirmed cases is available in the Advice for Health Professionals.

Red Flags which should mandate urgent clinical review and potential hospital admission

- Respiratory distress
- Dyspnoea (included reported history of new dyspnoea on exertion)
- Haemoptysis
- Altered mental state
- Clinical signs of shock
- Unable to mobilise without assistance by carers
- Unable to safely provide self-care
- No alternate carers available
- Any other reason that may require hospital admission as assessed by a medical practitioner