The Ministry of Health has updated the case definition for COVID-19 as of March 12, 2020.¹ The most recent case definition is at www.wdgpublichealth.ca/hcpcoronavirus.

There is no longer a category for Person Under Investigation (PUI) or Presumptive Case. Moving forward we will be referring to Probable Cases and Confirmed Cases.

A. Probable Case – No Need to Report to Public Health
A person with fever (over 38 degrees Celsius) and/or onset of (or exacerbation of chronic) cough AND any of the following within 14 days prior to onset of illness:
- Travel to an impacted area OR
- Close contact with a confirmed or probable case of COVID-19 OR
- Close contact with a person with acute respiratory illness who has been to an impacted area AND
- In whom laboratory diagnosis of COVID-19 is not available, recommended, inconclusive, or negative

B. Confirmed Case - Report to Public Health
- A person with laboratory confirmation of COVID-19

Guidance on Testing for COVID-19

ONLY the following groups should be tested:
- Symptomatic contacts of confirmed cases, until community transmission is established
- Individuals admitted to hospital with acute respiratory illness
- Health care workers with acute respiratory illness
- Individuals with acute respiratory illness who reside in long-term care homes and retirement homes
- Individuals with acute respiratory illness who reside in other institutions and as directed by WDGPH
- Health care workers as part of a health care institutional outbreak and as directed by WDGPH
- First Nation Community members living on-reserve with acute respiratory illness

Testing outside of these recommendations can be made in consultation with WDGPH. As the goal is the prioritization of those at highest risk, this decision should be made by exception.
Reporting

Under the *Health Protection and Promotion Act*, you must report all individuals for whom you order a test for COVID-19. A screening tool is attached for this purpose. Please ensure thorough completion of this screening tool.

There is no need to report individuals who meet the definition of a Probable Case. Please advise the patient to self-isolate at home until 24 hours after symptoms have been resolved. Seriously ill patients should be referred to the Emergency Room as usual.

**Personal Protective Equipment (PPE) for COVID-19**

Droplet and Contact precautions (surgical mask, eye protection, gloves, gown) are the required necessary PPE for seeing patients and doing testing for COVID-19. There is no evidence that COVID-19 is transmitted through the airborne route. Airborne precautions are required for aerosol generating medical procedures (AGMPs). A nasopharyngeal swab or throat swab is NOT considered a AGMP.

**References**


For more information, refer to contact or website:
Name/Title: WDG Public Health, Physicians Call Centre
Contact: 1-800-265-7293 ext. 7011 / www.wdgpublichealth.ca
Screening Tool for 2019-nCoV

Date (dd/mm/yyyy): 
Name and organization: 
Phone number: 

**Patient travel history** (dates/locations/modes of travel) (if applicable):
Please provide as much detail as possible.

<table>
<thead>
<tr>
<th>Travel Dates</th>
<th>Travel Location</th>
<th>Additional Detail (Modes of Travel, Etc.)</th>
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**Patient information**
Name: 
DOB (dd/mm/yyyy): 
Phone number: 
Address: 
Age: 
Gender: 

**Symptoms:**
Date of first symptom ONSET (dd/mm/yyyy): 

- □ Fever (≥38°C)
- □ Feverish (temp. not taken)
- □ Cough
- □ Shortness of breath/difficulty breathing
- □ Sore throat
- □ Malaise/chills
- □ Myalgia/muscle pain
- □ Arthralgia/joint pain
- □ Sputum production
- □ Chest pain
- □ Other, please specify: 
  □ __________________
  □ __________________
  □ No symptoms

Underlying Medical Conditions:  Yes___ No___
Hospitalized?  Yes___ No___  If yes, where (hospital, unit, room) and when:  __________________
If the case was not hospitalized, were they sent home and advised to self-isolate?  Yes___ No___
Isolated in hospital (airborne/droplet/contact):  Yes___ No___
Was COVID-19 swab obtained?  Yes___ No___  Results:  __________________
Has the patient been discharged?  Yes___ No___  Discharge date:  __________________
Is the patient deceased?  Yes___ No___  Date of death:  __________________

Please fax to Wellington-Dufferin-Guelph Public Health at 1-855-934-5463