

SUBJECT: Updated Case Definition, Guidance for Testing and PPE for COVID-19
Date: March 13, 2020
Pages: 2
To: Primary Care Providers, Emergency Departments,
Infection Control Practitioners
From: Dr. Nicola Mercer, Medical Officer of Health and CEO

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.wdgppublichealth.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

1. Ministry of Health and Long-Term Care. Case Definition – Novel Coronavirus (COVID-19). Updated 2020 March 12.

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.

Travel Dates	Travel Location	Additional Detail (Modes of Travel, Etc.)

Patient information

Name: _____ DOB (dd/mm/yyyy): _____
 Phone number: _____ Age: _____
 Address _____ Gender: _____

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

<input type="checkbox"/> Fever ($\geq 38^{\circ}\text{C}$)	<input type="checkbox"/> Malaise/chills	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Feverish (temp. not taken)	<input type="checkbox"/> Myalgia/muscle pain	<input type="checkbox"/> _____
<input type="checkbox"/> Cough	<input type="checkbox"/> Arthralgia/joint pain	<input type="checkbox"/> _____
<input type="checkbox"/> Shortness of breath/difficulty breathing	<input type="checkbox"/> Sputum production	<input type="checkbox"/> No symptoms
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Chest pain	

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: _____