MINISTRY OF HEALTH
MANATŪ HAUORA
New Zealand Government

COVID-19 case definitions

16 April 2020

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 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. Other conditions that require urgent assessment and management should always be considered alongside 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, coryza[1], anosmia[2] with or without fever.

View definitions of close and casual contacts.

Testing

All people[3] meeting the suspect case definition for COVID-19, or where the clinician has a high degree of suspicion[4], should be tested to confirm or exclude a diagnosis.

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

[2] Anosmia – loss of sense of smell.

[3] Should there be local capacity issues, the following should be prioritised:

- close contacts of probable or confirmed cases
- 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
- people meeting the clinical criteria who reside in (or are being admitted into) a vulnerable communal environment including aged residential care
- people meeting the clinical criteria who reside in large extended families in confined household/ living conditions such as Māori and Pacific communities/families
- people meeting the clinical criteria who may expose a large number of contacts to infection (including barracks, hostels, halls of residence, shelters etc)

[4] 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.

In addition, more extensive testing, including testing of people who are asymptomatic, may be required on advice from the local Medical Officer of Health:

- when an outbreak or cluster is suspected, or being investigated
- when a case is identified in a vulnerable residential institution such as an aged residential care facility.

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

Under investigation case

A case (eg, suspect case or asymptomatic person who has been tested[5]) where information is not yet available to classify it as confirmed, probable or not a case.

Probable case

- 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, or
- a close contact of a confirmed case that either meets the clinical criteria and for whom testing cannot be performed, or
- a is a negative result but a public health risk assessment indicates they should be classified as a probable case.

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).

Not a case

An 'under investigation' case who has a negative test and has been assessed as not a case.

Managing suspect cases who are 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.

[5] On advice from the local Medical Officer of Health.

If a person has symptoms consistent with the case definition for COVID-19, and other diagnoses that require urgent assessment and management are excluded, and for whatever reason they are not tested, 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 who are not tested

Any household or other close contacts of suspect cases (who are not tested) should be meticulous with physical distancing, hand hygiene and cough etiquette. They do not need to self-quarantine. If symptoms develop within 14 days of the last exposure to the suspect case, they should immediately self-isolate and phone Healthline.

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 confirmed or probable case

Household and other close contacts of confirmed or probable cases should self-quarantine and be managed at home with monitoring for symptoms. If they develop symptoms they should be tested and stay in isolation until results are available. 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 eg, low blood pressure, fainting
- 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 health professional.