DSHS Surveillance Case Definitions for Coronavirus Disease 2019 (COVID-19) - Revised: 7/15/2021

In accordance with The Council of State and Territorial Epidemiologists (CSTE), DSHS has adopted the following case classification strategy;

**Confirmed:** A case that meets confirmatory laboratory evidence* (detection of SARS-CoV-2 RNA in a clinical or autopsy specimen using a molecular amplification test)

**Probable:** A case that:

- Meets clinical criteria AND epidemiologic linkage criteria with no confirmatory laboratory testing performed for SARS-CoV-2, OR
- Meets presumptive laboratory evidence* (detection of SARS-CoV-2 by antigen test in a respiratory specimen)

**OR**

- Meets vital records criteria (death certificate lists COVID-19 disease or SARS-CoV-2 as an underlying cause of death or a significant condition contributing to death) with no confirmatory laboratory testing performed for SARS-CoV-2.

**Suspect:** A case that:

- Meets supportive laboratory evidence* of:
  - Detection of specific antibody in serum, plasma, or whole blood, **OR**
  - Detection of specific antigen by immunocytochemistry in an autopsy specimen **AND**

- has no prior history of being a confirmed or probable case

*Laboratory evidence using a method approved or authorized by the FDA or designated authority

**Clinical criteria:**

- At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose; **OR**

- At least one of the following symptoms: cough, shortness of breath, difficulty breathing, new olfactory disorder, or new taste disorder; **OR**
• Severe respiratory illness with at least one of the following: clinical or radiographic evidence of pneumonia, or acute respiratory distress syndrome (ARDS)

AND

• No alternative more likely diagnosis

**Epidemiologic linkage criteria:**

One or more of the following exposures in the prior 14 days:

• Close contact** with a confirmed or probable case of COVID-19 disease

• Member of a risk cohort as defined by public health authorities during an outbreak (e.g., symptomatic residents of a nursing home where at least one laboratory confirmed COVID-19 case has been identified).

**Close contact is someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period† starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.††

† Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes).

††Close contact exception: In the K–12 indoor classroom setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) where:

• both students were engaged in consistent and correct use of well-fitting face masks; and

• other K–12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K–12 school setting.

This exception does not apply to teachers, staff, or other adults in the indoor classroom setting. For more information about this exception, please see: https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact
Proposed Prioritization of COVID-19 Case Investigations in Texas:

DSHS recognizes that some jurisdictions in Texas may not have the capacity to investigate all confirmed and probable cases included as part of the CSTE definition, a proposed prioritization of investigation is as follows;

1. **First Priority:** investigation of all confirmed cases of COVID-19.

2. **Second Priority:** investigation of probable cases of COVID-19 with presumptive laboratory evidence.

3. **Third Priority:** investigation of probable cases of COVID-19 which meet the clinical and epidemiologic criteria but have no confirmatory laboratory testing performed for COVID-19.

4. **Fourth Priority:** investigation of probable cases of COVID-19 that meet vital records criteria (death certificate lists COVID-19 disease or SARS-CoV-2 as an underlying cause of death or a significant condition contributing to death) with no confirmatory laboratory testing performed for SARS-CoV-2.

5. **Fifth Priority:** investigation of suspect cases of COVID-19.