Case Definition – Novel Coronavirus (COVID-19)

These case definitions are for surveillance purposes and they are current as of May 11 2020. They are not intended to replace clinical or public health practitioner judgment in individual patient assessment and management.

A. Probable Case

A. A person (who has not had a laboratory test) with symptoms compatible with COVID-19 (see footnote 8) AND:
   a. Traveled to an affected area (including inside of Canada, see footnote 9) in the 14 days prior to symptom onset; OR
   b. Close contact with a confirmed case of COVID-19 (see footnote 2); OR
   c. Lived in or worked in a facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care, prison)
   OR

B. A person with symptoms compatible with COVID-19 (see footnote 8) AND In whom laboratory diagnosis of COVID-19 is inconclusive (see footnotes 4,5)

B. Presumptive Confirmed Case

- Based on the evolving situation with COVID-19 there is no longer a Presumptive Confirmed Case definition for surveillance purposes

C. Confirmed Case

A person with laboratory confirmation of COVID-19 infection using a validated assay, consisting of positive nucleic acid amplification test (NAAT; e.g. real-time PCR or nucleic acid sequencing) on at least one specific genome target. Laboratory confirmation is performed at reference laboratories (e.g., The National Microbiology Laboratory or Public Health Ontario Laboratory) or non-reference laboratories (e.g., hospital or community laboratories). (see footnote 7)
1. The median incubation period of COVID-19 is 5 days. Allowing for variability and recall error and to establish consistency with the World Health Organization’s COVID-19 case definition, exposure history based on the prior 14 days is recommended at this time.

2. A close contact is defined as a person who had a high risk exposure to a confirmed or probable case during their period of communicability. This includes household, community and healthcare exposures as outlined in Ministry guidance on cases and contacts of COVID-19.

3. There is evidence documenting COVID-19 presenting as a co-infection with other pathogens. At this time, the identification of one causative agent should not exclude COVID-19.

4. Inconclusive is defined as an indeterminate on a single or multiple real-time PCR target(s) and is not detected or remains indeterminate by an alternative real-time PCR assay or without sequencing confirmation, or a positive test with an assay that has limited performance data available.

5. An indeterminate result on a real-time PCR assay is defined as a late amplification signal in a real-time PCR reaction at a predetermined high cycle threshold value range (e.g. Ct >38). This may be due to low viral target quantity in the clinical specimen approaching the limit of detection of the assay, or alternatively may represent nonspecific reactivity (false signal) in the specimen. When clinically relevant, indeterminate samples should be investigated further by testing for an alternate gene target using a validated real-time PCR or nucleic acid sequencing at the community, hospital or reference laboratory that is equally or more sensitive than the initial assay or method used.

6. Laboratory tests are evolving for this emerging pathogen, and laboratory testing recommendations will change accordingly as new assays are developed and validated.

7. Some hospital and community laboratories have implemented COVID-19 testing in-house and report final positive results, which is sufficient for case confirmation. Other hospital and community laboratories will report positives as preliminary positive during the early phases of implementation and will require confirmatory testing at a reference laboratory (e.g. Public Health Ontario Laboratory or the National Microbiology Laboratory).

8. Information on symptoms compatible with COVID-19 illness and provincial testing guidance are available on the Ministry of Health’s website.

9. Affected areas are updated regularly in the World Health Organization’s Situation Reports.