



Healthcare Provider Guidance

COVID-19 Case Definition & Command Notifications

Revised 17 April 2020

CASE DEFINITIONS

SYMPTOMS: 2019 coronavirus disease (COVID-19) is a viral illness of the respiratory tract caused by the novel 2019 coronavirus (SARS-CoV-2). Clinical presentation and symptoms may range from no symptoms to moderate or severe symptoms. Symptoms may be assessed in outpatient, telehealth, or inpatient settings. Settings and symptoms consistent with COVID-19 include:

- Outpatient or telehealth setting:
 - Must have at least **TWO** of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s) **OR** at least **ONE** of the following: cough, shortness of breath, or difficulty breathing
- Inpatient setting:
 - Severe respiratory illness including one or more of the following: Clinical or radiographic evidence of pneumonia **OR** Acute respiratory distress syndrome (ARDS)

EPIDEMIOLOGIC LINKS/EXPOSURES include the following in the 14 days before onset of symptoms:

- Close contact
 - Close contact is defined as a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (>10 minutes); close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case; or, b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).
- Exposure:
 - Close contact with a confirmed or probable case of COVID-19 disease; **OR** Close contact with a person with clinically compatible illness **AND** linkage to a confirmed case of COVID-19 disease; **OR** Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2 **OR** in an at risk cohort as defined by public health authorities during an outbreak.

DIAGNOSIS: COVID-19 cases may be determined by meeting either a confirmed case diagnosis (meeting laboratory criteria) or probable case diagnosis (meeting clinical criteria):

Confirmed Case (laboratory criteria):

- Must have a positive laboratory test with SARS-CoV-2 nucleic acid (RNA) detected by molecular amplification detection (example: PCR, sequencing, NAAT).

Probable Case (clinical criteria):

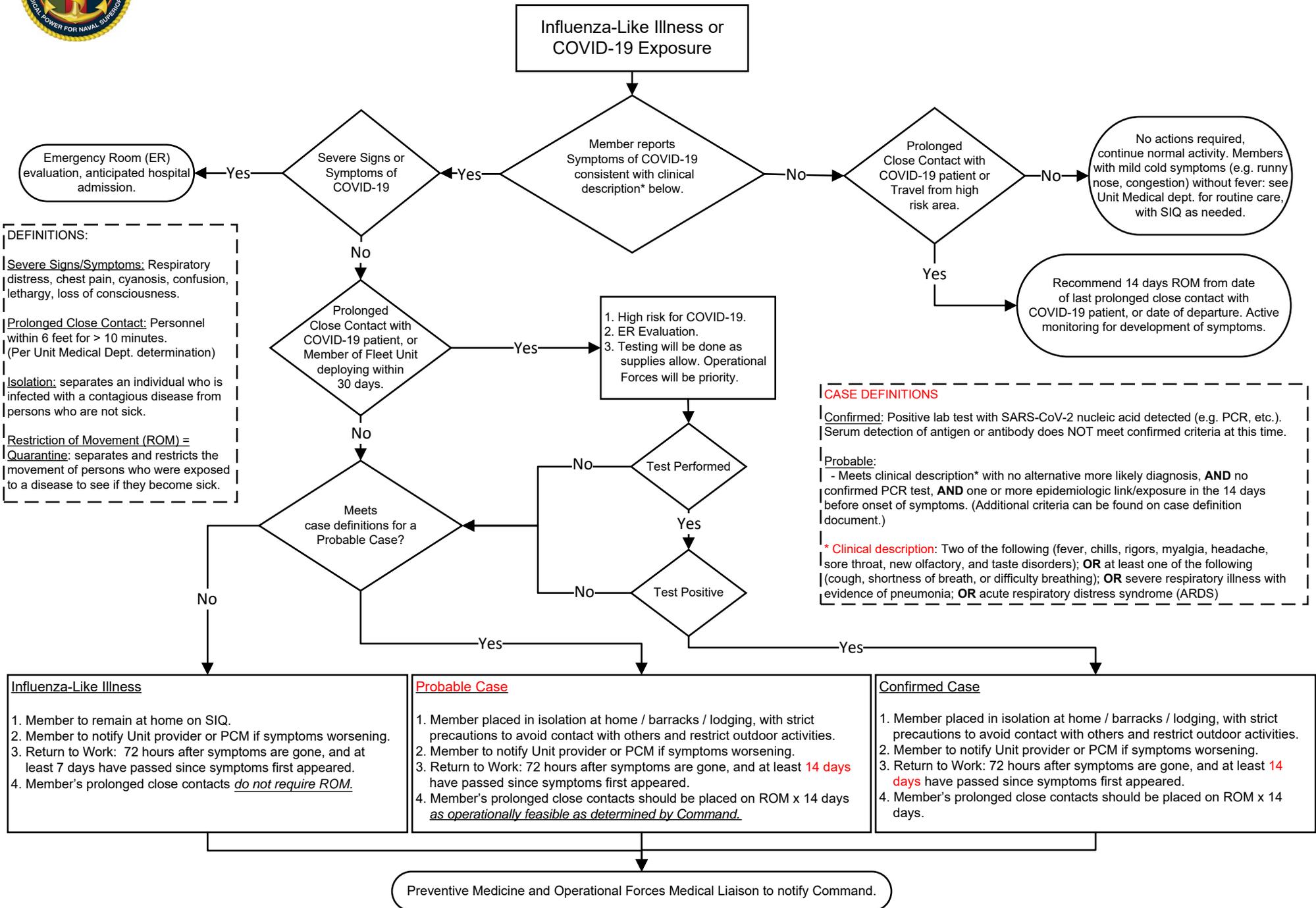
- Must have **ALL** of the following:
 - Meets either clinical description as described above with no alternative more likely diagnosis **AND** no confirmatory COVID-19 lab testing performed with no intent to test **AND** one or more epidemiologic link/exposure in the 14 days before onset of symptoms
- OR**
- Must have the following:
 - Meets either clinical description as described above with no alternative more likely diagnosis **OR** one or more epidemiologic link/exposure in the 14 days before onset of symptoms; **AND**
 - Laboratory detection of either of the following: Specific antigen in a clinical specimen **OR** specific antibody in serum, plasma, or whole blood indicative of a new or recent infection (example: positive IgM antibody or an increase in antibody titer between acute and convalescent sera).

COMMAND NOTIFICATIONS

Command notification is critical throughout this process. Providers may use the standard Individual Sick Slip (DD Form 689) to notify Unit Commanders on the status of their personnel. Template is available in Enclosure 1. The Fleet Liaison Officer and/or Preventive Medicine Department must work closely with the supported MTF to ensure that commands are notified whenever a service member is placed on ROM, quarantine, or isolation whether testing is performed or not. Ensure that CCIR reports annotate whether the case is “probable” or “confirmed”.



COVID-19 Patient Flowchart



DEFINITIONS:

Severe Signs/Symptoms: Respiratory distress, chest pain, cyanosis, confusion, lethargy, loss of consciousness.

Prolonged Close Contact: Personnel within 6 feet for > 10 minutes. (Per Unit Medical Dept. determination)

Isolation: separates an individual who is infected with a contagious disease from persons who are not sick.

Restriction of Movement (ROM) = Quarantine: separates and restricts the movement of persons who were exposed to a disease to see if they become sick.

CASE DEFINITIONS

Confirmed: Positive lab test with SARS-CoV-2 nucleic acid detected (e.g. PCR, etc.). Serum detection of antigen or antibody does NOT meet confirmed criteria at this time.

Probable:
- Meets clinical description* with no alternative more likely diagnosis, **AND** no confirmed PCR test, **AND** one or more epidemiologic link/exposure in the 14 days before onset of symptoms. (Additional criteria can be found on case definition document.)

*** Clinical description:** Two of the following (fever, chills, rigors, myalgia, headache, sore throat, new olfactory, and taste disorders); **OR** at least one of the following (cough, shortness of breath, or difficulty breathing); **OR** severe respiratory illness with evidence of pneumonia; **OR** acute respiratory distress syndrome (ARDS)

Influenza-Like Illness

1. Member to remain at home on SIQ.
2. Member to notify Unit provider or PCM if symptoms worsening.
3. Return to Work: 72 hours after symptoms are gone, and at least 7 days have passed since symptoms first appeared.
4. Member's prolonged close contacts do not require ROM.

Probable Case

1. Member placed in isolation at home / barracks / lodging, with strict precautions to avoid contact with others and restrict outdoor activities.
2. Member to notify Unit provider or PCM if symptoms worsening.
3. Return to Work: 72 hours after symptoms are gone, and at least **14 days** have passed since symptoms first appeared.
4. Member's prolonged close contacts should be placed on ROM x 14 days as operationally feasible as determined by Command.

Confirmed Case

1. Member placed in isolation at home / barracks / lodging, with strict precautions to avoid contact with others and restrict outdoor activities.
2. Member to notify Unit provider or PCM if symptoms worsening.
3. Return to Work: 72 hours after symptoms are gone, and at least **14 days** have passed since symptoms first appeared.
4. Member's prolonged close contacts should be placed on ROM x 14 days.

Preventive Medicine and Operational Forces Medical Liaison to notify Command.

INDIVIDUAL SICK SLIP	
1. MEDICAL CONDITION <i>(Brief Description)</i> <input checked="" type="checkbox"/> ILLNESS <input type="checkbox"/> INJURY	
COVID-19	
2. DATE <i>(YYYYMMDD)</i>	
3. PATIENT'S NAME <i>(Last, First, Middle Initial)</i>	
6. ORGANIZATION AND STATION	
4. DoD ID NUMBER	5. GRADE / RANK
UNIT COMMANDER'S SECTION	MEDICAL OFFICER'S SECTION
7. IN LINE OF DUTY	10. IN LINE OF DUTY <input type="checkbox"/> No (EPTS) <input type="checkbox"/> Yes (EPTS)
8. REMARKS	11. DISPOSITION OF PATIENT <input type="checkbox"/> DUTY <input type="checkbox"/> QUARTERS <input type="checkbox"/> SICK BAY <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NOT EXAMINED <input checked="" type="checkbox"/> OTHER <i>(Specify:)</i>
	12. REMARKS The above individual have be diagnosed with COVID-19. It is recommended that this individual remain in home isolation for at least 14 days from today AND 3 days after his/her recovery defined as resolution of fevers and improvement of illness symptoms without the use of symptom-altering medications. The Service member may return to work after completion of the period described above. Unless otherwise noted by the healthcare provider, no additional medical follow up is required.
9. SIGNATURE OF UNIT COMMANDER	13. SIGNATURE OF MEDICAL OFFICER