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TARRANT COUNTY PUBLIC HEALTH
A nationally accredited public health department

COVID-19 Case Definitions – effective November 1, 2021

Tarrant County Public Health (TCPH) classifies reported COVID-19 cases using the case definitions adopted by the Texas Department of State Health Services. The most recent case definitions are quoted below. Only those reports meeting the "confirmed" or "probable" definitions are enumerated as cases. For COVID-19 associated deaths, TCPH uses the classification issued by DSHS issued in July 2020 and is shown on the last page of this document.

DSHS Surveillance Case Definitions for Coronavirus Disease 2019 (COVID-19) - Revised: 11/1/2021

In accordance with The Council of State and Territorial Epidemiologists (CSTE) Update to the standardized surveillance case definition and national notification for 2019 novel coronavirus disease (COVID-19) Interim-20-ID-02, DSHS has adopted the following case classification strategy effective November 1, 2021;

Confirmed: A case that meets confirmatory laboratory evidence*

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*

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:
o Meets supportive laboratory evidence* with no prior history of being a confirmed or probable case.

****Laboratory Criteria:***
Laboratory evidence using a method approved or authorized by the FDA[1] or designated authority[2]:

Confirmatory[3] laboratory evidence:

• Detection of SARS-CoV-2 RNA in a post-mortem respiratory swab or clinical specimen using a diagnostic molecular amplification test performed by a CLIA-certified provider,
OR

• Detection of SARS-CoV-2 by genomic sequencing[4].

Presumptive[3] laboratory evidence:

• Detection of SARS-CoV-2 specific antigen in a post-mortem obtained respiratory swab or clinical specimen using a diagnostic test performed by a CLIA-certified provider.

Supportive[3] laboratory evidence:

• Detection of antibody in serum, plasma, or whole blood specific to natural infection with SARSCoV-2 (antibody to nucleocapsid protein),

OR

• Detection of SARS-CoV-2 specific antigen by immunocytochemistry in an autopsy specimen

OR

• Detection of SARS-CoV-2 RNA or specific antigen using a test performed without CLIA oversight.

1. FDA Emergency Use Authorizations https://www.fda.gov/medical-devices/emergency-situations-medicaldevices/emergency-use-authorizations and https://www.fda.gov/medical-devices/emergency-situationsmedical-devices/faqs-testing-sars-cov-2#nolonger
2. On March 13, 2020, the President issued a Memorandum on Expanding State-Approved Diagnostic Tests: "Should additional States request flexibility to authorize laboratories within the State to develop and perform tests used to detect COVID-19, the Secretary shall take appropriate action, consistent with law, to facilitate the request."
3. The terms confirmatory, presumptive, and supportive are categorical labels used here to standardize case classifications for public health surveillance. The terms should not be used to interpret the utility or validity of any laboratory test methodology.
4. Some genomic sequencing tests that have been authorized for emergency use by the FDA do not require an initial PCR result to be generated. Genomic sequencing results may be all the public health agency receives.

Clinical Criteria for Reporting:

In the absence of a more likely diagnosis, any medically-attended (including symptoms ascertained telephonically by public health staff, e.g., contact tracers) person with:

• Acute onset or worsening of at least two of the following symptoms or signs: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose;

OR

• Acute onset or worsening of any one of the following symptoms or signs: cough, shortness of breath, difficulty breathing, olfactory disorder, taste disorder, confusion or change in mental status, persistent pain or pressure in the chest, pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone, inability to wake or stay awake;

OR

• Severe respiratory illness with at least one of the following: Clinical or radiographic evidence of pneumonia, Acute respiratory distress syndrome (ARDS).

Epidemiologic Linkage Criteria for Reporting:

A person meeting the clinical reporting criteria with one or more of the following exposures in the 14 days before onset of symptoms:

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

OR

• Member of an exposed risk cohort as defined by public health authorities during an outbreak or during high community transmission.

***Close contact is generally defined as being within 6 feet for at least 15 minutes (cumulative over a 24-hour period). However, it depends on the exposure level and setting; for example, in the setting of an aerosol generating procedure in healthcare settings without proper personal protective equipment (PPE), this may be defined as any duration.*

Vital Records Criteria for Reporting

A person whose death certificate lists COVID-19 disease or SARS-CoV-2 or an equivalent term as an underlying cause of death or a significant condition contributing to death.

Other Criteria for Reporting

Autopsy findings consistent with pneumonia or acute respiratory distress syndrome without an identifiable cause.

COVID-19 Associated Death Classification and Reporting (July 20, 2020):

- A COVID-19 associated death is defined for surveillance purposes as a confirmed or probable case with no period of complete recovery between the illness and death.
    - A deceased individual can be classified as a probable case, in the absence of laboratory testing, if the death certificate lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death.
- A death should not be reported if after review and consultation there is an alternative agreed upon cause of death which is unrelated to an infectious process (For example, an adult with a positive SARS-CoV-2 test whose death clearly resulted from trauma after a car accident would not qualify as a COVID-19 associated death.)

- COVID-19 associated deaths must be investigated by the local health department (or public health region where applicable). The local health department will decide if the COVID-19 associated death is confirmed or probable using the COVID-19 case classification.