



Durham Region Health Department FAX about...

For Health Care Professionals



COVID-19 Update #10

The Ministry of Health has released an updated case definition, including increased guidance regarding who should be considered for testing. See attached.

The CMOH has issued COVID-19 Directive #1 for Health Care Providers and Health Care Entities requiring droplet and contact precautions for the routine care of patients with suspected or confirmed COVID-19. Public Health Ontario provided a technical brief with the updated [IPAC recommendations for use of PPE](#) for Care of Individuals with Suspect or Confirmed COVID-19.

The Ministry of Education closed all public schools in Ontario for a period of two weeks following the March Break.

As of March 12, 2020, the Ontario Ministry of Health has **advised against all non-essential travel** outside of Canada. Individuals returning from travel outside of Canada need to follow the directions below. In addition,

Travellers who have returned from **Hubei Province, Iran or Italy** need to:

- Contact Durham Region Health Department or their local health department within 24 hours of arriving in Canada.
- Isolate at home and monitor themselves for signs and symptoms of COVID-19 for 14 days after leaving the area of travel.
- Contact their health care provider and Durham Region Health Department if they experience symptoms of COVID-19.

Travellers who have returned from **other areas outside of Canada**:

- Adults need to monitor themselves for signs and symptoms of COVID-19 for 14 days after leaving the area of travel.
- **Children 16 and under are required to self-isolate for 14 days upon return to Canada.**

Health care providers can contact Durham Region Health Department at 905-668-7711 ext. 2996, seven days a week from 8:00 am to 8:00 pm. After hours please call 905-576-9991. **These numbers are for health care providers only. Please do not provide these numbers to your patients.** Questions from the general public can be directed to www.durham.ca/novelcoronavirus or Durham Health Connection Line at 905 668-2020 or 1-800-841-2729 Monday to Friday 8:30 am to 8:00 pm and on weekends 10:00 am to 6:00 pm.

March 13, 2020

905-668-2020 or 1-800-841-2729 | durham.ca/health

If you require this information in an accessible format, contact 1-800-841-2729.



Case Definition – Novel Coronavirus (COVID-19)

These case definitions* are for surveillance purposes and they are current as of March 12 2020. They are not intended to replace clinical or public health practitioner judgment in individual patient assessment and management.

A. Person Under Investigation

- Based on the evolving situation with COVID-19 there is no longer a PUI definition for surveillance purposes
- See below for guidance on testing for COVID-19

B. Probable Case

A person with fever (over 38 degrees Celsius) and/or onset of (or exacerbation of chronic) cough **AND** any of the following within 14 days prior to onset of illness:

- Travel to an impacted area* **or**
- Close contact with a confirmed or probable case of COVID-19 **or**
- Close contact with a person with acute respiratory illness who has been to an impacted area*
AND
- In whom laboratory diagnosis of COVID-19 is not available, recommended, inconclusive, or negative (if specimen quality or timing is suspect)

C. Presumptive Confirmed Case

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

D. Confirmed Case

A person with laboratory confirmation of COVID-19 infection using a validated assay, consisting of positive real-time PCR on two genomic targets, or a single positive target **AND** additional detection with nucleic acid sequencing. 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 8)

*Case Definition Footnotes

1. The incubation period of COVID-19 is unknown. SARS-CoV demonstrated a prolonged incubation period (median 4-5 days; range 2-10 days) compared to other human coronavirus infections (average 2 days; typical range 12 hours to 5 days). The incubation period for MERS-CoV is approximately 5 days (range 2-14 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 provided care for the patient, including healthcare workers, family members or other caregivers, or who had other similar close physical contact OR who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.
3. Other exposure scenarios not specifically mentioned here may arise and may be considered at jurisdictional discretion (e.g., history of being a patient in the same ward or facility during a nosocomial outbreak of COVID-19).
4. There is limited evidence on the likelihood of COVID-19 presenting as a co-infection with other pathogens. At this time, the identification of one causative agent should not exclude COVID-19 where the index of suspicion may be high.
5. Laboratory confirmation may not be available due to no possibility of acquiring samples for laboratory testing of COVID-19.
6. Inconclusive is defined as a positive test on a single real-time PCR target without sequencing confirmation, or a positive test with an assay that has limited performance data available.
7. Laboratory tests are evolving for this emerging pathogen, and laboratory testing recommendations will change accordingly as new assays are developed and validated.
8. 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).
9. Impacted areas* is based on current epidemiology and [WHO Situation Report](#).
10. For clinical testing purposes, the following groups should be tested:
 - Symptomatic contacts of confirmed cases, *until community transmission is established*
 - Individuals admitted to hospital with acute respiratory illness
 - Health care workers with acute respiratory illness
 - Individuals with acute respiratory illness who reside in long term care homes and retirement homes

- Individuals with acute respiratory illness who reside in other institutions and as directed by local public health officials
- Health care workers as part of a health care institutional outbreaks and as directed by local public health officials
- First Nation Community members living on-reserve with acute respiratory illness

Testing outside of these recommendations based on public health and clinical judgement can be made in consultation with local public health officials. As this goal is for prioritization of those that are at highest risk, this would decision should be made by exception.

Other individuals meeting the case definition should be advised to self isolate at home until 24 hours after symptoms have been resolved.

11. Under the Health Protection and Promotion Act, clinicians who suspect COVID-19 (i.e., are ordering testing for COVID-19), are required to report the individual to their local public health unit.