Dear CMOs, Laboratory Directors and National Epidemiologists,

**LABORATORY UPDATE 9: COVID-19 (SARS-CoV-2)**

This is an update to the COVID-19 Laboratory Update 8 circulated on 1st April 2020. This update includes 1) current case definitions and 2) the strategy for the prioritization of testing samples.

In accordance with the most recent update provided by the World Health Organization, the CARPHA Medical Microbiology Laboratory (CMML) wishes to ensure all its stakeholders are utilizing current case definitions for the identification of persons who warrant investigation for COVID-19.

1. **WHO Case Definitions**

   **Suspect case**
   A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset;
   **OR**
   B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset;
   **OR**
   C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

   **Probable case**
   A. A suspect case for whom testing for the COVID-19 virus is inconclusive.
   **OR**
   B. A suspect case for whom testing could not be performed for any reason.

   **Confirmed case**
   A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

   **Contact**
   A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:
   1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
   2. Direct physical contact with a probable or confirmed case;
   3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment;
   **OR**
   4. Other situations as indicated by local risk assessments.
Note: for confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the date on which the sample was taken which led to confirmation.

2. Prioritization for testing Samples
We wish to share the strategy for the prioritization of testing samples received by CMML which has been recommended by PAHO/WHO.

Table 1. Prioritizing SARS-CoV-2 testing

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<th>Priority</th>
<th>Groups</th>
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| Higher   | 1a. Health care workers in the context of an occupational health program  
       | 1b. Hospitalized suspect cases with severe/critical manifestation  
       | 1c. First suspect cases (of any severity) in close-setting outbreak |
| Middle   | 2. Hospitalized suspect cases with moderate clinical manifestation |
| Lower    | 3a. Ambulatory suspect cases with mild manifestation  
       | 3b. Hospitalized, clinically recovered, confirmed patients for discharge |

REMINDEORS FOR COVID-19:

Specimen Requirements: Nasopharyngeal swabs (Dacron or polyester flocked) in Viral or Universal Transport Media, collected up to 10 days from date of onset of symptoms.

Kindly note, fever is considered present when the temperature reading is greater than 37.8°C or 100.1 F.

Turnaround Time: 24 – 48 hours after receipt of samples by CMML

For further guidance please contact us at escobaga@carpha.org or +1 868 324-0869

Please visit our dedicated web page for the most recent updates at http://carpha.org/What-We-Do/Public-Health/Novel-Coronavirus

Yours Sincerely,

[Signature]

Dr. Joy St. John
Executive Director

cc: Dr. Gabriel González-Escobar, Head, Laboratory Services and Networks (LSN)  
    Dr. Lisa Indar, Assistant Director, Surveillance, Disease Prevention & Control Division (SDPC)

Reference: