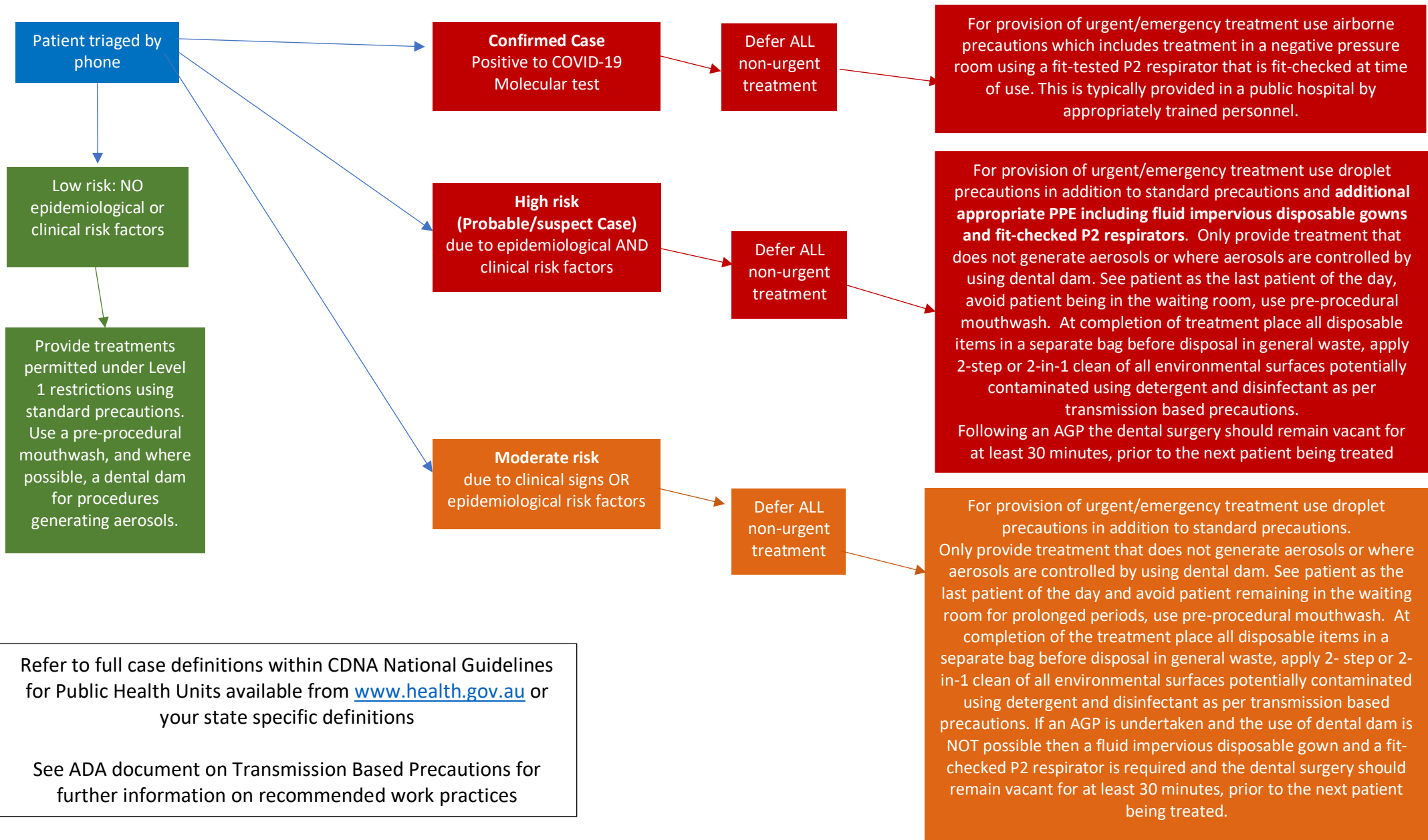


Decision Tree for Level 1 Patient Management

Last updated 1 October 2020



Refer to full case definitions within CDNA National Guidelines for Public Health Units available from www.health.gov.au or your state specific definitions

See ADA document on Transmission Based Precautions for further information on recommended work practices

A revised case definition was published in the Coronavirus Disease 2019 CDNA National Guidelines for Public Health Units, version 3.8 on 23 August 2020.

1. Case definition is based on what is currently known about the clinical and epidemiological profile cases of COVID-19 presenting in Australia and internationally.

A Confirmed case is a person who tests positive to a validated specific SARS-CoV-2 nucleic acid test OR has the virus identified in cell culture, with PCR confirmation using a validated method OR undergoes seroconversion to or has a significant rise in SARS-CoV-2 neutralising or IgG antibody level.

A Probable case is a person who has detection of SARS-CoV-2 neutralising or IgG antibody AND has had a compatible clinical illness AND meets one or more of the epidemiological criteria outlined in the suspect case definition (see below).

A Suspect case is a person, who meets the following clinical AND epidemiological criteria:

Clinical Criteria:

Fever ($\geq 38^{\circ}\text{C}$), or history of fever (e.g. night sweats, chills) OR acute respiratory infection (e.g. cough, shortness of breath, sore throat) OR loss of smell or loss of taste.

Epidemiological criteria:

In the 14 days prior to illness onset:

- Close contact with a confirmed or probable case
- International
- Passengers and crew who have travelled on a cruise ship
- Healthcare, aged or residential care workers and staff with direct patient contact
- People who have lived in or travelled through a geographically localised area with an elevated risk of community transmission, as defined by public health authorities

2. Testing

Any person with symptoms clinically compatible with COVID-19 who is tested should stay at home until a negative test is returned or symptoms have resolved, whichever is longer.

3. Cases can be released from isolation if they meet appropriate criteria.

- **Confirmed case** if asymptomatic and at least 10 days have passed since the first respiratory specimen positive for SARS-CoV-2 by PCR was taken and no symptoms have developed during this period
- **Confirmed or probable case with mild illness** (not requiring hospitalisation or admitted to hospital for reasons not directly related to acute COVID-19 e.g. infection control)_if at least 10 days have passed since the onset of symptoms, and there has been resolution of fever and respiratory symptoms of the acute illness for the previous 72 hours
- **Confirmed or probable cases with more severe illness** hospitalisation was indicated for acute COVID-19 regardless of whether or not the case was hospitalized)
 - WITH resolution of fever and respiratory symptoms of acute illness can be released from isolation if at least 14 days have passed since the onset of symptoms, AND there has been resolution of fever and respiratory symptoms of the acute illness for the previous 72 hours
 - WITHOUT complete resolution of symptoms of acute illness can be released from isolation if at least 14 days have passed since the onset of symptoms, AND there has been substantial improvement in symptoms of the acute illness (including resolution of fever for the previous 72 hours AND has had two consecutive respiratory specimens negative for SARS-CoV-2 by PCR taken at least 24 hours apart at least 11 days from symptom onset.