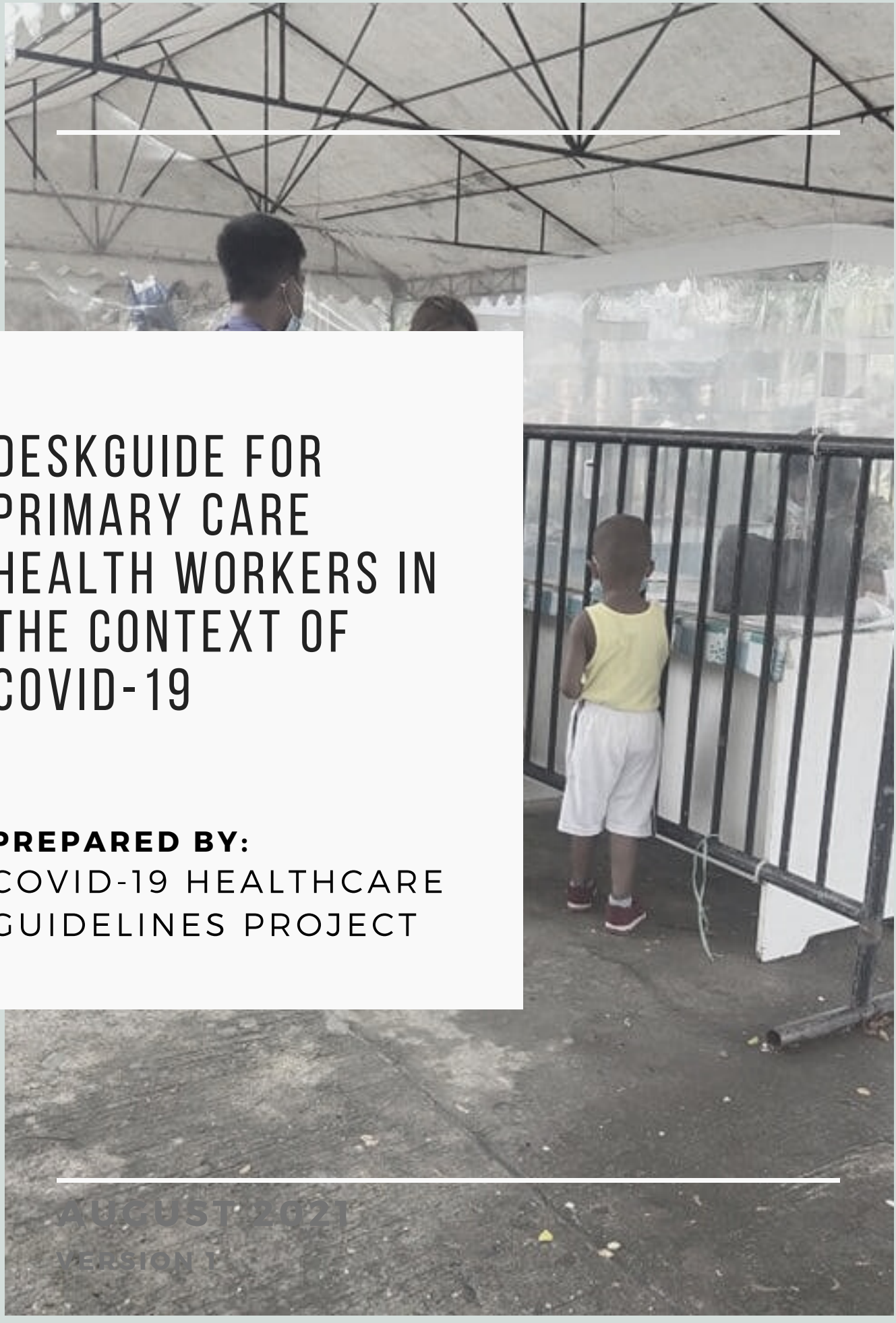

DESKGUIDE FOR PRIMARY CARE HEALTH WORKERS IN THE CONTEXT OF COVID-19

PREPARED BY:
COVID-19 HEALTHCARE GUIDELINES PROJECT

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ABOUT

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BRIEF INTRODUCTION TO COVID-19

COVID-19 is a respiratory infection caused by SARS-CoV-2, a newly discovered coronavirus. The COVID-19 virus can spread rapidly from the initial few cases and their contacts, with waves of epidemic. Everyone is susceptible to the infection, and so it's important to advise people to get their COVID-19 vaccines, which are effective in reducing transmission and preventing severe symptoms.

Symptoms of COVID-19 include fever, sore throat, cough, and difficulty breathing (similar symptoms to other common respiratory infections) as well as general symptoms of infection such as tiredness, muscle pain and headache. Many also get loss of taste and smell - which are more specific to COVID-19. Since a COVID-19 test could take days or may not be readily available, patients with these symptoms should be treated for the likely common/respiratory infection and also managed as possibly infected with COVID-19.

Symptoms in at least half of cases are very mild, especially in children and young adults. As such, they might continue their activities and unknowingly spread the infection, unless they practice social distancing (i.e. staying at home or keeping 1 meters or 3.3 feet apart from others).

Patients who are ill can infect other household members and caretakers, who can also consequently pass it on to others, hence why all close contacts should isolate at home for 14 days. Patients, especially the elderly and/or those with chronic diseases, may get very ill (towards the end of the first week of symptoms) and require oxygen or ventilator support.

Further epidemics will occur until the majority of people have had COVID-19 or have had two doses of the COVID-19 vaccine. Some of the new COVID-19 virus variants are of concern as they transmit easier and may be more severe. Safe and effective vaccines are key in preventing the spread of COVID-19 and the new variants. However, it remains important to continue wearing masks, washing our hands, ensuring good indoor ventilation, physically distancing and avoiding crowds. You should educate the public and patients that the vaccines are safe, with only minor side effects (fever, tiredness and soreness at the injection site for a few days). Major side effects are very rare.

In the health facility do continue with your normal care and prevention activities, or excess deaths will occur. But rearrange your facility to screen patients showing symptoms of COVID-19 in a well-ventilated area and separate them from other patients. (See section 'primary care facility management' for more details.)

SCREENING, DIAGNOSIS AND MANAGEMENT

Decide if:
1) COVID-19 is suspected
2) Any other likely disease present
3) COVID-19 severity and risk factors

Assess sick adults or 'walk-in' outpatients in the context of possible COVID-19 by the following steps:

1. **ASK** them to tell you about their symptoms and concerns as usual and ask all patients about signs of suspected COVID-19, including:
    - **Fever?** (hot/cold, shivers or temperature > 37.5˚C)
    - **Cough?** If yes, ask if: new and continuous cough? dry (1/5 with sputum)? sore throat?
    - **Loss of taste or smell?**
- If any of the above symptoms, also ask about:
    - Shortness of breath or difficulty breathing (look at and count breathing rate)
    - Contact history (i.e. close contact* with a confirmed/probable COVID-19 case)

2. **ASSESS** the severity of their disease; if very ill or breathless, best to use example tool below:
NEWS UK national early warning score (requires an oximeter). Use this tool to calculate the score. Rates given for adults (non-pregnant).

NEWS sign	Score			
	0	1	2	3
Respiratory rate	12-20	9 – 11	21-24	≥25 or ≤8
Pulse (per minute)	51-90	91-110 or 41-50	> 110	≥131 or ≤40
Temperature (°C)	36.1-38.0	38.1-39.0 or 35.1-36.0	≥39.1	≤35.0
Systolic blood pressure (mmHg)	111 - 219	101-110	91-100	≤90 or ≥220
SpO_2 (not on oxygen) by oximeter	≥96	94-95	92-93 or on oxygen	≤91
Level of consciousness	Alert			Unresponsive to voice or pain

Or use a similar sepsis/severe illness identification tool. For example, for children under 5, use the Integrated Maternal, Newborn and Child Health Strategy- "Danger signs".

Decide the severity of the disease

Severity	Standard
Severe	NEWS with any single 3 or total of 5 and above
Moderate	NEWS total score is 2-4
Mild	NEWS total score is <2

3. **IDENTIFY** a COVID-19 suspect

A COVID-19 suspect has acute onset respiratory illness (i.e. fever **and** one other sign/symptom of respiratory disease such as cough or loss of taste/smell) as seen in Step 1 AND also meets any one of the three conditions listed below (also see details for case definition in Annex 2):

1) Assessed as severe in Step 2.

2) Has contact history (i.e. close contact* with a confirmed/probable COVID-19 case)

3) Patients with **high risk,** including any of the below:

- Aged 60 years and above
- With a chronic disease comorbidity**
- High-risk pregnancy
- Health worker

**Definition of close contact with a probable or confirmed COVID-19 case: if any of the following are met:*

- Providing direct care to a probable or confirmed COVID-19 patient without personal protective equipment
- Having stayed close in an environment (incl. workplace, classroom, household, gatherings) with a probable or confirmed COVID-19 case
- Has traveled in close contact, within 1 meter (3 feet), in any vehicle for more than 15 minutes with a probable or confirmed COVID-19 case.

**A comorbidity includes chronic lung, kidney, liver disease, or cardio-vascular disease; hypertension; diabetes or obesity (eg BMI>30); usage of steroid tablets or cancer drugs.

People with these chronic conditions are at high risk of severe complications. Patients with comorbidities and their family members should be told to:

- ·Continue regular chronic disease treatment (ensure they have adequate drug supply).
- ·Wash hands carefully and often, keep 1-2 meters distance, wear masks, and void public areas and contact with people coughing.
- ·If ill, seek health worker advice. If having difficulty breathing, go urgently to the hospital.

4. **MANAGE** suspect or confirmed COVID-19 patients

Manage suspect or confirmed COVID-19 patients according to their severity assessed in Step 2:

- If mildly ill – refer for COVID-19 testing. Educate on COVID-19 and signs of deterioration. Advise quarantine at home for 10 days, although Local Government Units (LGU) guidelines may extend to 14 days,"and provide symptomatic treatment* and/or treat other likely infection see** below (If difficult to do in-home quarantine, refer to your Local Government Unit's Local Isolation and General Treatment Areas for COVID-19 cases (LIGTAS COVID) Center)
- ·If moderately ill, e.g. difficulty breathing – refer for COVID-19 testing and give antibiotic if you suspect pneumonia. Refer to hospital (urgently if elderly, or with a chronic illness).
- ·If severely ill – transfer urgently to hospital, on oxygen if available

*Symptomatic treatment:
Advise extra fluids (especially if dehydrated), best as rice water or oral rehydration solution.
If fever or head/ muscle aches, give Paracetamol max 6 a day in adults.

**Differential diagnosis: Diagnose and manage other likely illness (even if COVID-19 is also suspected). Follow your regular standard treatment guidelines for more information on diagnosis and treatment of likely disease and as well advise about their possible COVID-19 - as symptoms and signs overlap with the usual common diseases. Anyone with fever or a cough may actually have some other febrile illness.

With cough or difficulty breathing (+/- fever), ask and look for signs and symptoms of other common causes and treat accordingly:

- Upper respiratory infection (cold symptoms etc.) - symptomatic treatment
- Pneumonia, if having difficulty breathing/rate is raised (more than 20 or more in an adult), and has a raised pulse and fever, also consider an X-ray, and give an antibiotic, e.g. Amoxicillin
- If existing asthma and/or wheeze has worsened, step up inhaler treatment
- If has had a cough for more than two weeks, or night sweats, also send two sputum for a tuberculosis test.

With fever, ask and look for signs and symptoms of other common fever-inducing diseases including:

- Malaria (in affected areas/ seasons) do a rapid diagnostic test (RDT) and if positive give antimalarial ACT treatment
- Dengue (in affected areas/seasons) do a Dengue NS1 RDT and if positive, ensure enough fluids and initiate early patient management according to symptom severity
- Urinary tract infection if frequency or burning passing urine, do a urine test, if positive (or clear-cut symptoms) start antibiotic e.g. Trimethoprim or nitrofurantoin.

With diarrhoea – advise extra fluids, best as rice water or oral rehydration salts (ORS).

NURSING CARE

A nurse or health staff trained in COVID-19 management in the heath facility should carry out the doctor/ clinician assessment and are responsible for the below tasks:

1. REPORT & COLLECT SPECIMEN

- **Inform** the Regional Epidemiology and Surveillance Unit (RESU) of all the COVID-19 suspect cases, fill out a Case Investigation Form (CIF)

- **Do nasopharyngeal and oropharyngeal swabs** for prioritized COVID-19 suspects as listed below with full personal protective equipment (PPE).
  - Suspect cases who are assessed as severely ill;
  - Suspect cases who also meet any of the following:
    - Aged 60 years and above
    - With a chronic disease comorbidity
    - High-risk pregnancy
    - Health workers.
- **If RT-PCR is available at your facility:** Do RT-PCR directly. Update RESU with test result.
- **If RT-PCR is not available:** Transport specimens: can reach lab within 72 hours or not?
  < 72 hours from collection to lab - store specimens in a fridge at 2℃ to 8℃.
  > 72 hours transported to lab - store the specimen in the freezer.
  Update RESU when test result is available.

2. EDUCATE patients on when home quarantine is needed

1. People with COVID-19 symptoms: Stay home and isolate for a minimum of 10 days (LGU guidelines may extend to 14 days) from when symptoms started (or a positive test) AND until 3 days without fever or respiratory symptoms (other than cough, which may persist long after being infectious).
2. Family members and others who have had contact with a COVID-19 case: Stay at home for 14 days from contact. If they test positive and are asymptomatic or have mild symptoms, quarantine at least 10 days from the day you received your positive result

- **Key messages of COVID-19**
  - Incubation period/ infection to symptoms: usually 4-6 days (may be 2, or up to 14 days)
  - There is no cure for COVID-19 virus, we treat the symptoms, take plenty of fluids.
  - Home quarantining requires 10 days.

- **Hygiene and protection during home quarantine**
  Patients (especially), and their household members, are to:
  - Wear masks if available. Cover the mouth and nose with your bent elbow or tissue when you cough or sneeze. Dispose used tissues immediately and clean hands.
  - Wash hands with soap under running water frequently; or by use of alcohol-based hand rub/sanitizer if water is not available. However, if hands are visibly soiled you need to wash hands rather than use a sanitizer.
  - Avoiding touching your eyes, nose, and mouth (especially with unwashed hands).
  - Use separate cutlery, plates, towels.
  - Double bag waste and leave aside 3 days then put in the waste bin.
  - Designate an independent living area with good ventilation and frequent disinfection;
  - Avoid being in contact at home with the elderly, those with a chronic disease, infants, or pregnant women (i.e. best if caretakers are younger adults)
  - Keep 1 meters (3.3 feet) distance from each other.
  - Do not have visitors at home, neither family or friends
  - Do not use public transport at this time
  - Do not go to crowded places -places of worship (churches, mosques) burials, weddings, markets, restaurants/bars, sports events, etc.

- **Monitoring and communication during home quarantine**
  - Go to a hospital/ doctor if very breathless/difficulty breathing (breathing rate > 20/min, urgently if is >25) or if the heart rate > 110, or temp > 37.5˚C (despite Paracetamol), systolic blood pressure < 100, or is mentally confused. Tell patient how to measure these and to pay close attention to any changes especially in breathing. Say that difficulty breathing may start about a week (6 – 10) days after illness onset and occurs in 1 in 5 of adults. Say to seek help urgently as you may need oxygen and intensive care e.g. a ventilator.
  - Tell which hospital (one with oxygen) to go to and plan on how to get there, if breathing is very difficult. Go as soon as the breathing becomes more difficult.
  - Exchange telephone numbers with the patient's barangay health worker, and instruct them to ring for advice, especially if the patient becomes more ill or breathless.

3. COMMUNICATE with barangay health worker

(1) Share COVID-19 suspect records with barangay health worker

Share the health record with the Barangay Health Emergency Response Team (BHERT) in the barangay where the COVID-19 suspect lives when they need to home quarantine. Ask the barangay health worker to follow up with patients in case they get worse and with household members who live with them in case they develop any symptoms. Follow the below procedures for communication:

- Fill out patient card (see below) on carbon paper to get three copies for COVID-19 suspects who need to home quarantine, enter and update into an Excel sheet for electronic record every day and send to the ICM team weekly

- Ask the patient to keep one copy for their own record, take one copy to the BHERT, and keep the last copy in the health facility.

Patient Card	
Patient record *(filled out by the doctor/nurse in the health facility)*	
Patient name	
Diagnosis	
Date of diagnosis	
Patient address	
Contact number	
Treatment	
Doctor's name	
Doctor's institution	
Doctor's contact number	
Follow-up notes *(filled out by a barangay health worker)*	
Name of health worker	
Contact number	
Follow-up notes (Symptom monitoring)	• Family member had flu-like symptoms? ☐Yes ☐No • COVID-19 suspect got worse? ☐Yes ☐No Breathing rate: Heart rate: Temperature:
Follow-up results (multiple-choice)	☐Diagnosed as COVID-19 ☐Hospitalized ☐Cured ☐Dead
Instructions for barangay health worker: *Please follow up every day by phone with the COVID-19 suspect and household members living with the patient (or if at the door, then 2 meters apart). IF 1) a household member living with the COVID-19 suspect develops any symptoms, including fever, shortness of breath, cough or other respiratory symptoms; or 2) the COVID-19 suspect's health has worsened, fill out the second part of this card, and ask the patient to bring this to the nearest hospital.*	

(2) Advise barangay health worker on referral process

Help the barangay health worker to assess the medical situation of patients who received home quarantine instructions and suggest referral to hospital if very breathless/ difficulty breathing (breathing rate > 20/min, urgently if is >25) or if the heart rate > 110, or temp > 37.5˚C (despite Paracetamol), or systolic blood pressure <100, or is mentally confused, or oximeter reading is less than 92.

COVID-19 VACCINATION AND NEW VARIANTS

Overview

COVID-19 vaccination causes the body to produce antibodies that block the virus, if the person becomes infected. There are various vaccines, which are all effective – especially when 2 weeks after the 2nd dose. With the new Delta variant, getting the second dose is even more important. To stop illness and deaths with COVID-19, patients should get the first vaccine that is available to them, not wait for one specific vaccine.

Who should be vaccinated?

Every adult should be vaccinated. If limited vaccines, then priority groups include:
These include:

- ·Health workers
- ·Elderly
- ·Overweight
- ·With hypertension, diabetes, kidney, liver and other chronic diseases
- ·On the National Household Target System for Poverty Reduction or NHTS-PR)
- ·Based on work descriptions
  - Private sector workers who work outside their homes
  - Employees in government agencies and instrumentalities
  - Informal sector workers and self-employed who work outside their homes and those working in private households.

Special populations

- Pregnant Women should receive, as the benefit is greater than any vaccine risk.
- Breast feeding mothers should be vaccinated, and continue to breastfeed after vaccination
- Prior COVID-19 infection, should be vaccinated as vaccine provides additional immunity.
- Patients with chronic diseases should be vaccinated. A medical certificate of recovery from active episodes of disease is not required.
- Children are not a priority for vaccination as they get less ill with COVID-19.

What is my role?

Educate that COVID-19 vaccines:

- ·Are **safe and effective** for you and your family
- ·You will experience minor soreness of the arm as for other vaccinations but major side effects are rare. If not vaccinated, COVID-19 complications are more common.
- ·Prevent COVID-19 including serious illness or death from COVID-19.
- ·Debunk any myths or "infodemics" surrounding COVID-19 vaccinations.
- ·You are fully protected against COVID-19 2 week after the second dose.
- ·Encourage your patients to get the first vaccine that is available to them
- ·Be vaccinated even if they previously had COVID-19 to be protected against new variants
- ·However, after vaccination, do continue to physical distancing of at least 1m, covering cough/sneeze in elbow, using hand hygiene and wearing a mask.
- ·Are needed for all adults with pre-existing conditions e.g. hypertension, kidney disease, heart disease and also asthma - but treat an acute episode, then vaccinate.

- Refer to a doctor to discuss with patients on the benefits/risks of getting a vaccine if they:
  - Have a compromised immune system
  - Have a history of severe allergies to vaccines
- Continue infection prevention and control measures during vaccination sessions
- Consider integrating COVID-19 vaccination with other health interventions, including preventative care services (e.g. basic health check-up, community health campaigns)
- Report to local public health unit on any adverse event following immunization (AEFI)

ADVICE FOR MENTAL HEALTH

The COVID-19 pandemic poses unique challenges for health-care providers, who may be feeling higher than normal stress and anxiety levels from trying to balance the challenges at work and life at home. These challenges may negatively impact your overall mental health and how you interact with substances like alcohol.

Strategies to help you cope

- **Accept and validate your feelings**, understanding that stress and anxiety are normal during challenging times.
- **Recognize what is within your control** and focus on those factors to try to mitigate the stress.
- **Remember that this is temporary** and will pass.
- **Take care of your health** by eating and sleeping well, exercising, and meditating.
- **Make time for yourself** with activities you enjoy that are free from COVID-19-related topics.
- **Stay connected** with family, friends, and colleagues while still practising physical distancing.
- **Reach out for help** by talking to your supervisor or seeking professional support.
- **Monitor your substance use** and pay attention to what triggers it.

PROTECT YOURSELF AND OTHERS

Remember COVID-19 spread is by:

1. Droplets from the nose, cough, talking - therefore staying more than 1 m (3.3 ft) apart and meeting outside in well ventilated places may help reduce transmission.
2. By hands, through touching surfaces contaminated with droplets of the virus, and then touching the eyes, nose, or mouth. Therefore, regular handwashing is essential.

Caring for patients with NO COVID-19 symptoms:

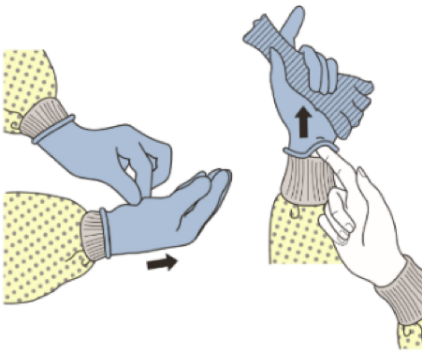
Standard precautions are sufficient. This includes regular hand washing before and after each patient and encouraging cough hygiene. Open windows to help ventilation.

Put on PPE when caring for patients with suspected of COVID-19

No physical contact with patients e.g. screening, talking	**Physical contact with patients** E.g. examination, taking a COVID-19 swab
• Medical mask • Face shield/goggles	• Medical mask • Face shield/goggles • Gloves • Gown/apron

Removing PPE:
Always wash your hands after removing PPE. Remove in the following order. Avoid touching potentially contaminated areas. Only touch the straps and string of the mask and eye shield. Only touch the inside of the gown and gloves with bare hands.

1.



2.

3.

4.

- Masks can be used for up to 6 hours if needed
- Remove mask if wet, damaged, soiled or if it becomes difficult to breathe
- If you touch front of your mask/eye protection immediately wash hands
- Goggles/face shield can be worn for whole shift, decontaminated, and re-used
- Change gloves between each patient. Double gloving not required.
- Do not reuse medical masks or gloves
- Cotton clothes/gowns can be washed and re-used

PRIMARY CARE FACILITY MANAGEMENT

Layout of primary care facility

Patients with fever, cough, difficulty breathing or any other possible COVID-19 symptoms should be kept separate from those with non-COVID-19 symptoms at all points of care during their visit. To assist and enforce this, divide the facility into two areas, a COVID-19 isolation area and a non-COVID-19 area, both containing colored zones to further indicate level of risk.

Designate a **non-COVID-19 area** to treat all patients without any suspected COVID-19 symptoms. This area should be designated as a "**green**" zone. Designate a separate **COVID-19 isolation area** to treat all other patients who are suspected, probable or confirmed COVID-19. Further differentiate the area into "**amber**" (or yellow) zones for suspected and probable patients whose COVID-19 status is unknown or pending test results and for patients who have had a negative test result (which may be false) but have a clinical diagnosis of COVID-19 (from symptoms, signs and tests e.g. lymphopenia and/or bilateral peripheral opacities on the chest x-ray). These patients should still be managed as probable COVID-19 and be retested. Designate "**red**" zones for confirmed COVID-19 patients.

The COVID-19 isolation area overall should be well ventilated and strictly limited in access to designated and trained personnel. It should include a separate reception and waiting area with an exclusive one-way entrance to receive incoming suspected COVID-19 patients, such as an independent room or tent. Passageways and patient examination rooms within both isolation and non-isolation areas should also be designated into "green", "amber" and "red" zones accordingly, taking into consideration patient and personnel travel routes and level of potential contamination (i.e. non-COVID-19 patients should only walk through green-zone passageways, suspected/probable/confirmed COVID-19 patients in amber-zone passageways, and only confirmed patients in red-zone passageways).

Post clear signs, posters and guides outside and throughout the health facility to distinguish COVID-19 from non-COVID-19 areas, as well as green, amber and red zones, to prevent confusion and help promote strict adherence. For example, direct arriving patients with clear signs: "Do you have a fever, cough or difficulty breathing? If 'no', go to desk A", which should be located in a green zone inside the non-COVID-19 area, and "if 'yes', go to desk B", which should be located in an amber zone in the designated COVID-19 isolation area. Instruct the registration staff to ask and confirm the presence of fever, cough, difficulty breathing, or other possible COVID-19 symptoms. Continue to direct patients with non-COVID-19 symptoms to Waiting Area A in the non-COVID-19 area and suspected COVID-19 patients to Waiting Area B within the COVID-19 isolation area. Also putup posters encouraging vaccination (and show/ tell patients and their visitors where to get COVID-19 vaccination as soon as possible).

Facility cleaning and disinfection plan

- **What to use:** 1% sodium hypochlorite solution is recommended. For surfaces that do not tolerate bleach 70% ethanol can be used (phones, computer keyboards etc.)

- **Instructions for disinfection:**
  - Spray 1% sodium hypochlorite working solution on all the surfaces (protecting electrical points/appliances).
  - Then clean with a neutral detergent to remove traces of hypochlorite solution.
  - While cleaning, windows need to be open.
  - All frequently touched areas, such as all accessible surfaces of walls and windows, the toilet bowl and bathroom surfaces need to be carefully cleaned.
  - All textiles (e.g. pillow linens, curtains, etc.) should first be treated with 1% hypochlorite spray and then packed and sent to get washed in laundry using a hot-water cycle (90˚C) and adding laundry detergent.
  - Mattresses and pillows after spraying with 1% hypochlorite should be dried (both sides) in bright sunlight for up to 3 hours each.
  - Site of collection of biomedical waste should be regularly disinfected with freshly prepared 1% hypochlorite solution.

- **Preparing 1% hypochlorite solution**
  - Most commonly used is bleaching powder which usually has 70% available chlorine. To prepare 1% hypochlorite solution, add 7g (roughly 2 teaspoons) in 1 liter of water. Prepare in an open area and always prepare immediately before use.

- **Routine disinfection plan**:
  - Ensure twice a day disinfection of all common areas and frequently touched surfaces such as tables, rails, the arms of chairs, sinks, call bells, door handles and push plates, and any area/piece of equipment that may potentially be contaminated. This plan can be further revised depending on patient load and categorization of risk of cases.

ANNEX 1 OPTIONAL TOOL FOR SEVERITY ASSESSMENT

CRB65: scoring tool to determine urgency of response or referral (or if you have a pulse oximeter, also see Annex 1)
Give 1 point for each of:

- raised respiratory rate(RR, 25 breaths per minute or more)
- low blood pressure (diastolic 60 or less, or systolic less than 90 mmHg)·
- age 65 years or more
- confusion (a new disorientation in person, place or time)

In any patient, **suspected of COVID-19 infection or not:**

Severity	Standard	Actions
Severe	CRB65 total score = 3-4, or simply have raised RR>25/min	Urgently transfer to a ward with oxygen
Moderate	CRB65 total score = 1-2	Send to observation room/ward for further assessment
Mild	CRB65 total score = 0	Advise and treat, at home

ANNEX 2 DEFINITION OF COVID-19 SUSPECT OR CASE

Definitions may change over the coming weeks, as COVID-19 epidemic spreads, and more by community transmission (i.e. where transmission by travel or contact is less likely). As of mid-April, the definitions are:

SUSPECT CASE:

A person who is presenting with any of the conditions below:

- All severe acute respiratory infection* cases where NO other etiology that fully explains the clinical presentation.
- *Influenza-like illness*** cases with any one of the following:
  - With no other etiology that fully explains the clinical presentation AND a history of travel to or residence in an area that reported local transmission of COVID-19 during the 14 days prior to symptom onset.
  - With contact to a confirmed or probable case of COVID-19 in the two days prior to onset of illness of the probable/confirmed COVID-19 case until the time the probable/confirmed COVID-19 case became negative on repeat testing.
- Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions:
  - Aged 60 years and above
  - With a comorbidity
  - Assessed as having a high-risk pregnancy
  - Health worker

PROBABLE COVID-19 CASE:

A suspect case who fulfills any of the following conditions:

- Whom tested for COVID-19 is inconclusive; or
- Whom tested positive for COVID-19 but whose test was not conducted in a national or subnational reference laboratory or officially accredited laboratory for COVID-19 confirmatory testing
- Suspect case who died without undergoing any confirmatory testing.

CONFIRMED COVID-19 CASE:

Any individual, irrespective of presence or absence of clinical signs and symptoms, who was laboratory confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, and/or DOH-certified laboratory facility.

Severe acute respiratory infection (SARI):

An acute respiratory illness with onset during the previous 7 days requiring overnight hospitalization. A SARI case should meet the ILI case definition AND any one of the following:

- Shortness of breath or difficulty of breathing
- Severe pneumonia of unknown cause, acute respiratory distress, or severe respiratory disease possibly due to COVID-19.

****Influenza-like illness (ILI):***

A condition with sudden onset (within 3 days of presentation and fever should be measured at the time of presentation) of fever of ≥38℃ and cough or sore throat in the absence of other diagnoses.

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