



DEPARTMENT OF HEALTH SEYCHELLES

CASE DEFINITIONS FOR COVID-19

MONDAY 29TH APRIL 2020

Updated Interim Guidance v2.0, 27 April 2020, Department of Health, Seychelles.

Seychelles has documented 11 sporadic cases of COVID-19, with potential risk for cluster transmission (see Annex 1: Phases of Epidemic). An update of case definitions is required in light of these changes in dynamics of the COVID-19 epidemic in the Seychelles context. Due to International travel restrictions, and the passage of one maximum incubation period from the last detected case, there is a strong need to de-couple symptoms with history of travel.

The definitions have been broadened to permit more elaborate investigation and testing of any potential cases of COVID-19, to allow earliest possible detection of any hidden local transmission, which will trigger robust containment measures to eliminate any local transmission of COVID-19 in Seychelles. These may require revision upon increased epidemiologic risk (e.g. if there is diagnosis of new local cases or increased risk of imported cases from resumption of air travel).

As the symptoms of COVID-19 are similar to other viral illnesses, many who meet case definitions will not have COVID-19. Alternative diagnosis should always be considered alongside COVID-19.

The case definitions, adapted from multiple sources (see References), will be sensitive enough to pick up all possible COVID-19 cases in local context, specific enough to eliminate most non-cases, and simple enough for use in community-based surveillance.

Suspect Case

1) A patient with acute respiratory tract infection (sudden onset of at least one of the following: cough, fever, shortness of breath) AND with no other aetiology that fully explains the clinical presentation.

OR

2) A patient with any acute respiratory illness AND having been in close contact with a confirmed or probable COVID-19 case in the last 14 days prior to onset of symptoms;

OR

3) A patient with acute respiratory infection AND requiring hospitalisation AND with no other aetiology that fully explains the clinical presentation.

Additional criteria that support suspicion of COVID-19 are:

- History of travel or residence in a country/area reporting local or community transmission during the 14 days prior to symptom onset will increase clinical suspicion;
- Runny nose;
- Diarrhoea;
- Headaches;
- New onset loss of smell or taste.

Laboratory testing for COVID-19 should be performed for suspected cases. Testing can also be done where there is clinical suspicion of Covid 19, even if suspect case definition criteria are not met

Probable case

A suspect case for whom testing for the COVID-19 virus is inconclusive.

OR

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.

Recovered Patient

A patient with negative RT-PCR results from at least 2 consecutive sets of nasopharyngeal and throat swabs collected \geq 48 hours apart for COVID-19;

AND

Resolution of fever, without use of antipyretic medication;

AND

Clinical improvement of illness signs and symptoms.

High-risk (Close) Contact

- A person living in the same household as a COVID-19 case;
- A person having had direct physical contact with a COVID-19 case (e.g. shaking hands);
- A person having unprotected direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on, touching used paper tissues with a bare hand);
- A person having had face-to-face contact with a COVID-19 case within 2 metres and > 15 minutes¹;
- A person who was in a closed environment (e.g. classroom, meeting room, hospital waiting room, etc.) with a COVID-19 case for 15 minutes or more and at a distance of less than 2 metres;
- A healthcare worker (HCW) or other person providing direct care for a COVID-19 case, or laboratory workers handling specimens from a COVID-19 case, without recommended personal protective equipment (PPE) or with a possible breach of PPE;
- A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated (if severity of symptoms or movement of the case indicate more extensive exposure, passengers seated in the entire section or all passengers on the aircraft may be considered close contacts).

Contact needs to have occurred during the *infectious period* to transmit. This is defined as from *two days before date of onset of symptoms in the case, until case is classified as recovered*.

All other contacts are considered *low-risk*.

¹ A distance of 1 metre is generally regarded as adequate to minimize exposure to droplets, for additional public health purposes, a close contact definition of within 2 metres is used here, consistent with CDC and ECDC, whilst also fully encompassing WHO distance criteria.

Annex 1: Phases of Epidemic

Phase	Name	Definition
1	No cases	Country with no cases
2	Sporadic cases	Country with one or more cases, imported or locally detected
3	Clusters of cases	Countries experiencing cases, clustered in time, location and/or common exposures
4	Community transmission	Countries with large outbreaks of local transmission: <ul style="list-style-type: none">• Many cases not linkable to transmission chains• Many cases on sentinel surveillance• Multiple unrelated clusters in several areas

References

1. *WHO Global surveillance for COVID-19 caused by human infection with COVID-19 virus, interim guidance dated 20 March 2020.*
2. *European Centre for Disease Prevention and Control (ECDC) - Case definition and European surveillance for COVID-19, dated 2 March 2020.*
3. *Ministry of Health, New Zealand Government, COVID-19 case definitions, 16 April 2020.*
4. *US Council of State and Territorial Epidemiologists, Interim Guidance 2020 (Interim-20-ID-01*