



COVID-19 and Seasonal Influenza: Interim Guidance for Health Care and Public Health Providers

APPENDIX 1 PUBLIC HEALTH DEFINITIONS

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| Acute Illness Compatible with COVID-19 | Based on the 2021 COVID-19 surveillance case definition of the Centers for Disease Control and Prevention, either (1), (2), or (3), in the absence of a more likely diagnosis: (1) Acute onset or worsening of at least two of the following symptoms or signs: fever (measured or subjective); chills; rigors; myalgia; headache; sore throat; nausea or vomiting; diarrhea; fatigue; or congestion or runny nose; OR (2) Acute onset or worsening of any one of the following symptoms or signs: cough; shortness of breath; difficulty breathing; olfactory disorder; taste disorder; confusion or change in mental status; persistent pain or pressure in the chest; pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone; or inability to wake or stay awake; OR (3) Severe respiratory illness with at least one of the following: clinical or radiographic evidence of pneumonia, or acute respiratory distress syndrome (ARDS). |
| Influenza-Like Illness (ILI) | Fever (measured $\geq 100^{\circ}\text{F}$ or 37.8°C) PLUS cough or sore throat, in the absence of a known cause other than influenza or COVID-19, as defined by the California Department of Public Health in Acute Respiratory Illness Outbreak Report Form for Community and Congregate Settings and by CCHCS in the Registered Nurse (RN) Protocol on Upper Respiratory and Respiratory Complaints (Non-Traumatic). In addition to fever, cough, and sore throat, ILI commonly presents with chills, headache, myalgia, or runny nose. Some persons, including the elderly, may be more likely to be afebrile when infected with influenza. |
| Confirmed Case of COVID-19 | A positive laboratory test for the virus that causes COVID-19 in at least one respiratory specimen. A positive antigen test should be reflexively confirmed using a molecular test. |
| Suspected Case of COVID-19 | Acute illness compatible with COVID-19 of unknown etiology without a conclusive test result for the virus that causes COVID-19. |
| Re-Positive for SARS-COV-2 | A positive test for SARS-COV-2 (the virus that causes COVID-19) in a patient who has previously tested positive. Should be distinguished from “re-infection” (see below). |



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| Suspected Re-Infection with SARS-COV-2 | <p>CDC states “There is currently no widely accepted definition of what constitutes SARS-CoV-2 reinfection.” Nevertheless, the following types of patients are considered suspected cases of reinfection (if the detections of SARS-CoV-2 RNA are done by PCR, only if the cycle threshold [Ct] value is <33 or if the Ct value is unavailable):</p> <p>(a) “Persons with detection of SARS-CoV-2 RNA ≥ 90 days after the first detection of SARS-CoV-2 RNA, whether or not symptoms were present”; OR</p> <p>(b) “Persons with detection of SARS-CoV-2 RNA ≥ 45 days after the first detection of SARS-CoV-2 RNA; AND with a symptomatic second episode and no obvious alternate etiology for COVID-19–like symptoms OR close contact with a person known to have laboratory-confirmed COVID-19; AND paired respiratory specimens (one from each infection episode) are available.”</p> |
| Confirmed Case of Influenza | A positive laboratory test for an influenza virus in at least one respiratory specimen. |
| Suspected Case of Influenza | An ILI of unknown etiology without a conclusive test result for an influenza virus. |
| Suspected Outbreak of COVID -19 | A cluster of acute illness compatible with COVID-19 without laboratory testing or with pending laboratory testing. |
| Outbreak of Influenza-Like Illness of Unknown Etiology | A cluster of ILI, with 2 or more onsets within a 72-hour period, without laboratory testing or with pending laboratory testing. This cluster may also be a suspected outbreak of COVID-19. |
| Confirmed Outbreak of COVID-19 | At least three confirmed COVID-19 cases within a 14-day period in epidemiologically-linked residents. “Epidemiologically-linked” persons are those with close contact with a case of COVID-19 disease (the definition of “close contact” is given below). |
| Confirmed Outbreak of Influenza | At least one case of laboratory-confirmed influenza in the setting of 2 or more cases of ILI in residents within a 72-hour period. |
| Infectious Period for COVID-19 | 48 hours prior to the onset of symptoms of a symptomatic case-patient, or 48 hours prior to specimen collection of an asymptomatic infected person, until resolved (often 10 days after collection of the first positive specimen). |
| Infectious Period for Influenza | 24 hours prior to the onset of symptoms until 7 days after the onset of symptoms. |
| Asymptomatic Close Contact to COVID-19 | A person without symptoms of COVID-19 who, in the past 14 days, has had close (within 6 feet and cumulative ≥ 10 minutes) contact with a confirmed case of COVID-19 OR direct contact with secretions of a confirmed case of COVID-19 during the infectious period AND who has had no positive tests for the virus that causes COVID-19 in the past 90 days. |



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| Asymptomatic Close Contact to Influenza | A person without ILI who, in the past 7 days, has had close (within 6 feet and cumulative ≥ 10 minutes) contact OR direct contact with secretions of a confirmed case of influenza during the infectious period AND who has had no positive tests for influenza in that timeframe. |
| False Positive Test | A test which incorrectly indicated that a virus was present. A positive test for the virus that causes COVID-19 may be determined to be a false positive by Quest Diagnostics, the institution Chief Physician and Surgeon (CP&S), or the Chief Medical Executive (CME); see Concern for COVID-19 False-Positives: What to Do . Tests which accurately detect viral material, but at a low level where infectiousness is unlikely (e.g., a re-positive RT-PCR test for COVID-19 with a high Ct value), should NOT be considered a false positive. |
| Isolation | Separation of ill persons who have a communicable disease (confirmed or suspected) from those who are healthy. For diseases such as COVID-19 with airborne transmission, isolation requires separate airspaces (solid walls and solid doors). |
| Isolation Cohorting | The grouping of patients, in a shared airspace, who are infected with the same organism(s), to confine their care to one area and prevent contact with other patients. Cohorting can also conserve respirators in times of shortage. Cohorts are created based on clinical diagnosis, microbiologic confirmation when available, epidemiology, and mode of transmission of the infectious agent. |
| Quarantine | The separation and restriction of movement of well persons who are contacts of a confirmed communicable disease. Quarantine facilitates the prompt identification of new cases and helps limit the spread of disease by preventing new people from becoming exposed. |
| Quarantine Cohorting | The grouping of patients, in a shared airspace, who have been exposed to the same pathogen, have the same exposure risk, and have the same date of last exposure, when available facilities are insufficient to quarantine all exposed patients alone. The objective should be to cohort quarantined patients in the smallest groups possible. |
| Medical Hold | Prohibition of the transfer of a patient to another facility except for legal or medical necessity. |