

Surveillance case definitions for human infection with novel coronavirus (nCoV)

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This document summarizes WHO recommendations for surveillance of the novel coronavirus (nCoV) recently identified in Wuhan, China. WHO will update these recommendations as new information becomes available on the situation in Wuhan, China. This interim guidance was adapted from WHO's guidance materials published for Middle East Respiratory coronavirus (MERS-CoV) and will be updated regularly.

Surveillance

Objectives of surveillance

The primary objectives of surveillance are to:

1. Detect confirmed cases/clusters of nCoV infection and any evidence of amplified or sustained human-to-human transmission;
2. Determine risk factors and the geographic risk area for infection with the virus.

Additional clinical and epidemiological investigations are needed to:

1. Determine key clinical characteristics of the illness, such as incubation period, spectrum of disease, and the clinical course of the disease.
2. Determine key epidemiological characteristics of nCoV infection, such as exposures that result in infection, risk factors, secondary attack rates, and modes of transmission.

The following people should be investigated and tested for nCoV infection

Case definitions for surveillance

1. A person with SARI, with history of fever and cough requiring admission to hospital, with no other etiology that fully explains the clinical presentation¹ (clinicians should also be alert to the possibility of atypical presentations in patients who are immunocompromised);

AND any of the following:

- a. A history of travel to Wuhan, Hubei Province China in the 14 days prior to symptom onset.
- b. the disease occurs in a health care worker who has been working in an environment where patients with severe acute respiratory infections are being cared for, without regard to place of residence or history of travel;
- c. the person develops an unusual or unexpected clinical course, especially sudden deterioration despite appropriate treatment, without regard to place of residence or history of travel, even if another etiology has been identified that fully explains the clinical presentation.

2. Individuals with acute respiratory illness of any degree of severity who, within 14 days before onset of illness, had any of the following exposures:
 - a. close physical contact² with a confirmed case of nCoV infection, while that patient was symptomatic;
 - b. a healthcare facility in a country where hospital-associated nCoV infections have been reported;
 - c. [direct contact with animals (if animal source is identified) in countries where the nCoV is known to be circulating in animal populations or where human infections have occurred as a result of presumed zoonotic transmission.]³

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¹ Testing should be according to local guidance for management of community-acquired pneumonia. Examples of other aetiologies include *Streptococcus pneumoniae*, *Haemophilus influenzae* type B, *Legionella pneumophila*, other recognized primary bacterial pneumonias, influenza, and respiratory syncytial virus.

²Close contact¹ is defined as:

- Health care associated exposure, including providing direct care for nCoV patients, working with health care workers infected with nCoV,

visiting patients or staying in the same close environment of a nCoV patient.

- Working together in close proximity or sharing the same classroom environment with a nCoV patient
- Traveling together with nCoV patient in any kind of conveyance
- Living in the same household as a nCoV patient

The epidemiological link may have occurred within a 14-day period before or after the onset of illness in the case under consideration.

³ To be added once/if animal source is identified as a source of infection