Article DOI: https://doi.org/10.3201/eid2801.211082

Coronavirus Disease Case Definitions, Diagnostic Testing Criteria, and Surveillance in 25 Countries with Highest Reported Case Counts

Appendix

Appendix Table 1. Assessment of sources for COVID-19 case definition and testing criteria across 25 countries with the highest case counts current as of January 1, 2021*

case counts, current	as of January 1, 2021*	
Countries	Case definition source (date)†	Testing criteria source (date)†
WHO	WHO (1) (2020 Aug 7)	NA
Argentina	Government (2) (2020 Sep 11)	Government (3) (2020 Sep 23)
Bangladesh	Government (4) (2020 Nov 5)	Government (2020 Nov 5)
Brazil	Government (5) (2020 Aug 5)	Government (2020 Aug 5)
Chile	Government (6) (2020 Oct 1)	Government (7) (2020 Nov 18)‡
Colombia	Government (8) (2020 Oct 19)	Government (9) (2020 Oct)
France	ECDC (10) (2020 Dec 3)	Government (11) (2020 Oct 19)‡
Germany	ECDC (10) (2020 Dec 3)	Government (12) (2020 Dec 16)
India	Government (13) (2020 Jul3)	Government (14) (2020 Sep 4)
Indonesia	Government (15) (2020 Jul 13)	Government (16) (2021 Jan 1)§
Iran	CDC contact (N. Farag, CDC, pers. comm., 2020	CDC contact (N. Farag, CDC, pers. comm., 2020
	Sep 29)†	Sep 29)†
Iraq	CDC contact (Y.Y. Majeed, CDC, pers. comm., 2020	
	Oct 2)†	Oct 2)†
Israel	CDC contact (H. Burke, CDC, pers. comm., 2020	Government (17) (2020 Dec 17)
	Oct 7)†	
Italy	ECDC (10) (2020 Dec 3)	Government (18) (2020 Oct 23)
Mexico	Government (19,20) (2020 Aug 25)	Government (21) (2020 Nov 11)
Pakistan	Government (22) (2020 Mar 27)	Government (23,24) (2020 Dec 2)
Peru	Government (25) (2020 Jul 10)	Government (26) (2020 Sep 30)
Philippines	Government (27) (2020 Nov 25)	Government (28) (2020 Jul 6)
Russia	Government (29) (2020 Oct 26)	Government (30) (2021 Jan 1)§**
Saudi Arabia	Government (31) (2020 Oct)	Government (31) (2020 Oct)
South Africa	Government (32) (2020 Aug 18)	Government (33) (2020 Sep 16)
Spain	Government (34) (2020 Dec 18)	Government (34) (2020 Dec 18)
Turkey	Government (35) (2020 Dec 7)	Government (35) (2020 Dec 7)
Ukraine	Government (36) (2020 Mar 28)	Government (37) (2021 Jan 1)§**
United Kingdom	Government (38) (2020 Sep 28)	Government (39) (2021 Jan 1)§**
United States	Government (40) (2020 Aug 5)	Government (41) (2020 Oct 21)

^{*}CDC, Centers for Disease Control and Prevention; ECDC, European Centre for Disease Prevention and Control; NA, not applicable; WHO, World Health Organization.

[†]Date of Centers for Disease Control and Prevention contact communication.

[‡]Date the website was last updated.

[§]Date the source website was last verified in absence of website update date.

Indicate		2. Full suspected case definitions of COVID-19 in countries with highest reported case counts*
cough; OR Acute onset of ≥3 of the following signs or symptoms: fewer, cough, general weskness/fatigue, larged the standards and	Country	Definition
cough; OR Acute onset of ≥3 of the following signs or symptoms: fewer, cough, general weskness/fatigue, larged the standards and	WHO	1. A person who meets the clinical AND epidemiologic criteria: Clinical Criteria: Acute onset of fever AND
headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status. Epidemiologic Criteria. Residing or working in an area with high risk for transmission of virus such as closed residential settings or humanitarian settings such as camp and camp-like settings for displaced persons. anytime within the 14 days before symptom onset; CDR Residing of travel to an area with community transmission arytime within the 14 days before symptom onset; CDR Residing in any healthcare setting, includin within health facilities or within the community, anytime within the 14 days before symptom onset; CDR Residing in any healthcare setting, includin with severe acute respiratory illness: acute respiratory intended in the 14 days before symptom on set. 2. A patient with a cute respiratory illness (fever and ≥1 signisymptom of respiratory diseases, such as cough or short one of the control of the property of the control of the con	(reference)	
Epidemiologic Citteria. Residing or working in an area with high risk for transmission of virus such as companies estimings for displaced persons. anytime within the 14 days before symptom onset; OR Residing or travel to an area with community transmission anytime within the 14 days before symptom onset; OR Working in any healthcare setting, includin within health facilities or within the community, anytime within the 14 days before symptom on CR Working in any healthcare setting, includin with severe acute respiratory lineses; acute respiratory infection with history of travel to any and the properties of the proper	• •	
residential settings or humanitarian settings such as camp and camp-like settings for displaced persons, anytime within the 14 days before symptom onset; OR Working in any healthcare setting, including within the infacilities or within the community, anytime within the 14 days before symptom onset. 2. A patient with severe acute respiratory illness: acute respiratory infection with history of fever or measured fever of 26% and cough, with onset within the last 10 days and requiring hospitalization. 1. A patient with acute respiratory illness: acute respiratory infection with history of fever or measured fever of 26% and cough, with onset within the last 10 days and requiring hospitalization. 1. A patient with acute respiratory illness (fever and 21 sign/symptom of respiratory disease, such as cough of Schrift and Patient With severe acute respiratory) illness (lever and 21 sign/symptom of septratory) disease, and standard with a confirmed or probable person with COVID-19 (see definition of contact) in the 14 days before symptom onset. 3. A patient with severe acute respiratory) illness (lever and 21 sign/symptom onset definition) and the severe acute respiratory illness (lever and 21 sign/symptom onset). United States United States White severe acute ac		
anytime within the 14 days before symptom onset. OR Residing or travel to an area with community transmission anytime within the 14 days before symptom onset. CR Working in any healthcare setting, includin with nealth facilities or within the community, anytime within the 14 days before symptom onset. 2.A patient with severe acute respiratory lifleness (sever and 21 signifor with history of fever or measured fever of 238* including the 10 days and requiring hospitalization. 1. A patient with acute respiratory lifleness (fever and 21 signifyamptom or frespiratory disease, such as cough or shortness of breath) AND a history of travel to or residence in a location reporting community transmission been in contact with a confirmed or probable person with COVID-19 (see definition of contact) in the 14 days before symptom onset. 2. A patient with any acute respiratory liness (ever and 21 signifysymptom or respiratory disease, such as cough or shortness of breath AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical amanifestation. Meets supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence with no previous history of being a confirmed or probable case. Pacific antique by immunocytochemistry in an autopsy specimen. Italy 15 Any person meeting clinical criteria: 21 of the following symptoms: cough, fever, shortness of breath, or suddeness and alternative alternative and acute and alternative and acute acute and acute		
transmission anytime within the 14 days before symptom onset; OR Working in any healthcare setting, including within health facilities or within the community, anytime within the 14 days before symptom onset; 2.A patient with severe acute respiratory illness: acute respiratory infection with history of fever or measured fever of 268* and cough, with onset within the last 10 days and requiring hospitalization. 1. A patient with acute respiratory illness (fever and 2 sign/symptom of respiratory disease, such as cough) or shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 do the present with contract with a confirmed or probable person with COVID-19 (see definition of contact) in the 14 days before symptom onset. 3. A patient with severe acute respiratory illness (fever and 2 sign/symptom onset) and an alternative diagnosis that fully explains the clinical manifestation. Metes supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence: Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or breath, response or specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or who	Philippines†	
with health facilities or within the community, anytime within the 14 days before symptom onset, 2. A patient with severe acute respiratory infection with history of fever or measure of 258° and cough, with onset within the last 10 days and requiring hospitalization. 1. A patient with acute respiratory illness (ever and 21 sign/symptom or respiratory disease, such as cough o shortness of breath) AND a history of travel to or residence in a location reporting community transmission of COVID-19 during the 14 days before symptom onset. 2. A patient with a confirmed or probable person with COVID-19 (see definition of contact) in the 14 days before symptom onset. 3. A patient with severe acute respiratory illness (ever and 21 sign/symptom or respiratory disease, such as cough or shortness of breath AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical manifestation. United States United States Weeks supportive laboratory evidence with no previous history of being a confirmed or probable case supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence by the following symptoms: cough, fever, shortness of breath, or sudde on specific antigen by immunocytochemistry in an autopsy specimen. Italyts Any person meeting clinical criteria ≥1 of the following symptoms: cough, fever, shortness of breath, or sudde some of anosmia, ageusia, or dysgeusia. Additional less specific symptoms include headache, chills, muscle specific diagnosis. In the elderity, specific agravation criteria such as synocope, mental conflusion, excessive sleepiness, irritability, and inappetence should also be considered. If COVID-19 is suspected, fever might be absent and gastrointestinal suprymptoms (darritability) and inappetence should		anytime within the 14 days before symptom onset; OR Residing or travel to an area with community
with severe acute respiratory illness: acute respiratory infection with history of fever or measured fever of 298* and counting hospitalization. India 1. A patient with acute respiratory illness (fever and 2 isign/symptom of respiratory disease, such as ocugin of shortness of breath). AND a history of travel to or residence in a location reporting community transmission of COVID-19 during the 14 days before symptom onset. 2. A patient with any acute respiratory illness (Rever and 2 isign/symptom onset. 3. A patient with severe acute respiratory illness (Rever and 2 1 sign/symptom onset. 3. A patient with severe acute respiratory illness (Rever and 2 1 sign/symptom onseparatory disease, such as ocugin or shortness of breath AND requiring hospitalization). AND in the absence of an alternative diagnosis that fully explains the clinical manifestation. Meets supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence with no previous history of being a confirmed or probable case. Any person meeting clinical criteria: ≥1 of the following symptoms: cough, fever, shortness of breath, or suddense onset of anosmia, ageusia, or dysgeusia. Additional less specific symptoms include headache, chills, muscle onset of anosmia, ageusia, or dysgeusia. Additional less specific symptoms include headache, chills, muscle evidence in a second service of a substance of another specific diagnosis. In the elderly, specific aggravation criteria such as syncope, mental confusion, excessive sleepiness, irribablity, and inappetence should also be considered. If COVID-19 is suspected, fiver might be absent and gastrointestinal symptoms (diarrhea) might be present. 2. Individual with influenza-like illness with has dysprae or respiratory disconfrot CR presistent pressure in the chest CR os saturation soft in room and CR builsh color of the lips or face. In children, in addition t		transmission anytime within the 14 days before symptom onset; OR Working in any healthcare setting, including
with severe acute respiratory illness: acute respiratory infection with history of fever or measured fever of 298* and counting hospitalization. India 1. A patient with acute respiratory illness (fever and 2 isign/symptom of respiratory disease, such as ocugin of shortness of breath). AND a history of travel to or residence in a location reporting community transmission of COVID-19 during the 14 days before symptom onset. 2. A patient with any acute respiratory illness (Rever and 2 isign/symptom onset. 3. A patient with severe acute respiratory illness (Rever and 2 1 sign/symptom onset. 3. A patient with severe acute respiratory illness (Rever and 2 1 sign/symptom onseparatory disease, such as ocugin or shortness of breath AND requiring hospitalization). AND in the absence of an alternative diagnosis that fully explains the clinical manifestation. Meets supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence with no previous history of being a confirmed or probable case. Any person meeting clinical criteria: ≥1 of the following symptoms: cough, fever, shortness of breath, or suddense onset of anosmia, ageusia, or dysgeusia. Additional less specific symptoms include headache, chills, muscle onset of anosmia, ageusia, or dysgeusia. Additional less specific symptoms include headache, chills, muscle evidence in a second service of a substance of another specific diagnosis. In the elderly, specific aggravation criteria such as syncope, mental confusion, excessive sleepiness, irribablity, and inappetence should also be considered. If COVID-19 is suspected, fiver might be absent and gastrointestinal symptoms (diarrhea) might be present. 2. Individual with influenza-like illness with has dysprae or respiratory disconfrot CR presistent pressure in the chest CR os saturation soft in room and CR builsh color of the lips or face. In children, in addition t		within health facilities or within the community, anytime within the 14 days before symptom onset 2. A patient
India Pakistan 1. A patient with acute respiratory illness (fever and 2 1 sign/symptom or feespiratory disease, such as cough or shortness of breath) AND a history of travel to or residence in a location reporting community transmission of COVID-19 during the 14 days before symptom onset. 2. A patient with any acute respiratory liness aND havin been in contact with a confirmed or probable person with COVID-19 (see definition of contact) in the 14 days before symptom onset. 3. A patient with any acute respiratory liness (fever and 2 1 sign/symptom of respiratory disease, such as cough or shortness of breath AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical manifestation. United States Meets supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence: Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antigon by immunocytochemistry in an autopsy specimen. Italys Any person meeting clinical criteria > 1 of the following symptoms: cough, fever, shortness of breath, or sudde onset of anosmia, ageusia, or dysgeusia. Additional less specific symptoms include headache, chills, muscle Francets Brazil 1.Individual with acute respiratory condition, characterized by at 22 of the following signs and symptoms: fever (even if referred), chills, sore throat, headache, cough, runny nose, olfactory discords of another specific diagnosis. In the deldry, specific aggravation criteria such as syncope, mental confusion, excessive sleepiness, irritability, and inappetence should also be considered. If COVID-19 is suspected, fever might be absent and gastrointestinal symptoms (diarrhea) might be present. 2. Individual with Individua		
India Pakistan 1. A patient with acute respiratory illness (fever and ≥1 sign/symptom of respiratory diseases, such as cough o Sondress of breath) AND a history of travel to or residence in a location reporting community transmission of COVID-19 during the 14 days before symptom onset. 2. A patient with any acute respiratory illness (fever and ≥1 sign/symptom of respiratory sideases, such as cough or shortness of breath AND requiring hospitalization) but he absence or an alternative diagnosis that fully explains the clinical manifestation. United States Meets supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence: Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of serum plasma serum plasma serum plasma		
Shortness of breath) AND a history of travel to or residence in a location reporting community transmission of COVID-19 during the 14 days before symptom onset. 2. A patient with any acute respiratory liness AND having before symptom on the 14 days before symptom ones, 2. A patient with severe acute respiratory liness (fever and 21 sign/symptom of respiratory disease, such as cough or shortness of breath AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical manifestation. United States Meets supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence: Detection of specific antibody in serum plasma, or whole blood. Detection of specific antibody in serum plasma, or whole blood. Detection of specific antibody in serum plasma, or whole blood. Detection of specific antibody in serum plasma, or whole blood. Detection of specific antibody in serum plasma, or whole blood. Detection of specific antibody in serum plasma, or whole blood. Detection of specific antibody in serum plasma, or whole blood. Detection of specific antibody in serum plasma, or whole blood onset of anosmia, ageusia, or dysgussia. Additional less specific symptoms include headche, chills, muscle (even if referred), chills, sore throat, headcache, cough, runny nose, olfactory disorders or taste disorders. In children, shared the specific diagnosis. In the elderly, specific aggravation criteria such as syncope, mental confusion, excessive sleepiness, intrability, and inappetence should also be considered. If COVID-19 is useppeted, fever might be absent and gastrointestinal symptoms (diarrhea) might be present 2. Individual with Influenza-like illness who has dyspone or respiratory disconfront. Person with social protection, short protection, short protection, short protection, sho		
COVID-19 during the 14 days before symptom onset. 2. A patient with any acute respiratory illness AND havin been in contact with a confirmed or probable person with COVID-19 (see definition of contact with a confirmed or probable person with COVID-19 (see definition of contact with a contract with a contract with severe acute respiratory illness (fever and ≥1 sign/symptom of respiratory diseases, such as cough or shortness of breath AND requiring hospitalization). In the absence of an alternative diagnosis that fully explains the clinical manifestation. Meets supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence: Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antigone by immunocytochemistry in an autorgosy specimen. Italy 15. Any person meeting clinical criteria. ≥1 of the following symptoms: cough, fever, shortness of breath, or sudde Germany 15. Frances 15. Brazil		
been in contact with a confirmed or probable person with COVID-19 (see definition of contact) in the 14 days before symptom onset. 3. A patient with severe acute respiratory lineas (fever and signifysymptom of respiratory disease, such as cough or shortness of breath AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical manifestation. Which is a confirmed or probable case. Supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory and the supportive laboratory with the confidence of the supportive laboratory with the confidence of the supportive laboratory and the supportive laboratory and the supportive laboratory and supportive laboratory and supportive laboratory. In an autopsy specimen. Italy \$\frac{1}{2}\$ Any person meeting clinical criticis \$\frac{1}{2}\$ of the following signs and symptoms: feve (even if referred), chills, sore throat, headache, cough, runny nose, offactory disorders or taste disorders. In children, nasal obstruction is also considered in addition to the previous symptoms, in the absence of another specific diagnosis. In the elderly, specific aggravation criteria such as syncope, mental confusion, excessive sleepiness, irritability, and inappetence should also be considered. If COVID-19 is suspected, fever might be absent and gastrointestinal symptoms (diarrhea) might be present. 2. Individual with Influenza-disellements of the basent and gastrointestinal symptoms (diarrhea) might be present. 2. Individual with Influenza-disellements of the following intercostal circulation, dehydration, and lack of appetite. Russia Clinical manifestations of acute respiratory infection: temperature >\frac{3}{	Pakistan	
before symptom onset. 3. A patient with severe acute respiratory illness (fever and ≥1 sign/symptom of respiratory disease, such as cough or shortness of breath AND requiring hospitalization.) AND in the absence of an alternative diagnosis that fully explains the clinical manifestation. Meets supportive laboratory evidence: Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antiparty by immunocytochemistry in an autopsy specimen. Italy±§ Any person meeting clinical criteria. ≥1 of the following symptoms: cough, fever, shortness of breath, or sudde onested of anosmia, ageusia, or dysgeusia. Additional less specific symptoms include headcate, clilis, muscle Fraince±§ Brazil 1.Individual with acute respiratory condition, characterized by at ≥2 of the following signs and symptoms: fever specific diagnosis. In the elderly, specific aggravation criteria such as syncope, mention clustion, excessive sleepiness, irritability, and inappetence should also be considered. If COVID-19 is suspected, fever might be absent and gastrointestinal symptoms (diarrhea) might be present. 2 Individual with inurez-like illness who has dyspnea or respiratory discomfort OR persistent pressure in the chest OR Q₂ saturation <95% in room air OR bluish color of the lips or face. In children, in addition to the previous items, flapping of the nose, cyanosis intercostal circulation, dehydration, and lack of appetite. Russia Clinical manifestations of acute respiratory infection: temperature >37.5°C and ≥1 of the following: cough (dry with scanty sputum), shortness of breath, feeling of congestion in the chest, safety blood oxygen according to pulse oximetry (Spo2) ≤95%, sore froat, nead congestion in the chest, safety blood oxygen according to pulse oximetry, clinical and short produces of the respiratory of nonrespiratory clinical manifestations of COVID-19 of any severity, clinical laboratory or radiologic findings belonging to groups		COVID-19 during the 14 days before symptom onset. 2. A patient with any acute respiratory illness AND having
before symptom onset. 3. A patient with severe acute respiratory illness (fever and ≥1 sign/symptom of respiratory disease, such as cough or shortness of breath AND requiring hospitalization.) AND in the absence of an alternative diagnosis that fully explains the clinical manifestation. Meets supportive laboratory evidence: Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antiparty by immunocytochemistry in an autopsy specimen. Italy±§ Any person meeting clinical criteria. ≥1 of the following symptoms: cough, fever, shortness of breath, or sudde onested of anosmia, ageusia, or dysgeusia. Additional less specific symptoms include headcate, clilis, muscle Fraince±§ Brazil 1.Individual with acute respiratory condition, characterized by at ≥2 of the following signs and symptoms: fever specific diagnosis. In the elderly, specific aggravation criteria such as syncope, mention clustion, excessive sleepiness, irritability, and inappetence should also be considered. If COVID-19 is suspected, fever might be absent and gastrointestinal symptoms (diarrhea) might be present. 2 Individual with inurez-like illness who has dyspnea or respiratory discomfort OR persistent pressure in the chest OR Q₂ saturation <95% in room air OR bluish color of the lips or face. In children, in addition to the previous items, flapping of the nose, cyanosis intercostal circulation, dehydration, and lack of appetite. Russia Clinical manifestations of acute respiratory infection: temperature >37.5°C and ≥1 of the following: cough (dry with scanty sputum), shortness of breath, feeling of congestion in the chest, safety blood oxygen according to pulse oximetry (Spo2) ≤95%, sore froat, nead congestion in the chest, safety blood oxygen according to pulse oximetry, clinical and short produces of the respiratory of nonrespiratory clinical manifestations of COVID-19 of any severity, clinical laboratory or radiologic findings belonging to groups		been in contact with a confirmed or probable person with COVID-19 (see definition of contact) in the 14 days
respiratory disease, such as cough or shortness of breath AND requiring hospitalization) AND in the absence or an alternative diagnosis that fully explains the clinical manifestation. The absence or supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence with no previous history of being a confirmed or probable case. Supportive laboratory evidence with the confidence of another specific antigen by immunocytochemistry in an audopsy specimen. Any person meeting clinical criteria: ≥1 of the following symptoms: cough, fever, shortness of breath, onsude pain, fatigue, vomiting, or diarrhea. Brazil 1.Individual with acute respiratory condition, characterized by at ≥2 of the following signs and symptoms: feve (even if referred), chillis, sore throat, headache, cough, runny nose, olfactory disorders or taste disorders. In children, nasal obstruction is also considered in addition to the previous symptoms, in the absence of another specific diagnosis. In the elderly, specific aggravation criteria such as syncope, mental confusion, excessive sleepiness, irritability, and inappetence should also be considered. If COVID-19 is suspected, fever might be absent and gastrointestinal symptoms (diarrhea) might be present. 2. Individual with Influenza-difference in Intercostate circulation, dehydration, and lack of appetite. Russia Clinical manifestations of acute respiratory infection: temperature 37.5°C and ≥1 of the following: cough (dry owith scanty sputumy), shortness of breath, feeling of congestion in the chests, satiety blood oxygen according to pulse oximetry (Spoz) ≥95%, sore throat, nasal congestion or mid fithinorrhea, impaired or loss of smell (hyposmia or anosmia)		
United States Meets supportive laboratory evidence: Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antipody in serum, plasma, or whole blood. Detection of specific antipody in serum, plasma, or whole blood. Detection of specific antipody in serum, plasma, or whole blood. Detection of specific antipody in serum, plasma, or whole blood. Detection of specific antipody in serum, plasma, or whole blood. Detection of specific antipody in serum, plasma, or whole blood. Detection of specific antipody in serum, plasma, or whole blood. Detection of specific antipody services and services and services and services. Plasma, faitigue, vomiting, or darhers. Brazil 1.Individual with acute respiratory condition, characterized by at 2≥ of the following signs and symptoms: few event in services and services. Plasma, faitigue, vomiting, or darher specific diagnosis. In the elderly, specific aggravation criteria such as syncope, mention eldison, in the absence of another specific diagnosis. In the elderly, specific aggravation criteria such as syncope, mention and pastonitestinal symptoms (diarrhea) might be present. 2 Individual with linera-like liliness who has dyspnea or respiratory discomfort OR persistent pressure in the chest OR O₂ saturation Page-16 Colinical manifestations of acute respiratory infection: temperature >37.5° C and ≥ 1 of the following: cough (dry with scanty sputum), shortness of breath, feeling of congestion in the chest, satiety blood oxygen according to pulse oximetry (SpO2) >595%, sore froat, nead congestion in the chest, satiety blood oxygen according to pulse oximetry (SpO2) >595%, sore froat, nead services and servic		· · · · · · · · · · · · · · · · · · ·
Meets supportive laboratory evidence. Petection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antibody in serum plasma, or whole blood. Peters on set of anosmia, ageusia, or dysgeusia. Additional less specific symptoms include headache, chills, muscle plants, and plasma, and plas		
Supportive laboratory evidence. Detection of specific antibody in serum, plasma, or whole blood. Detection of specific antigon by immunocytochemistry in an autopsy specimen. Any person meeting clinical criteria: ≥1 of the following symptoms: cough, fever, shortness of breath, or sudde onset of anosmia, ageusia, or dysgeusia. Additional less specific symptoms include headache, chills, muscle pain, fatigue, vomiting, or diarrhea. 1.Individual with acute respiratory condition, characterized by at ≥2 of the following signs and symptoms: few (even if referred), chills, sore throat, headache, cough, runny nose, offactory disorders or taste disorders. In children, nasal obstruction is also considered in addition to the previous symptoms, in the absence of another specific diagnosis. In the elderly, specific aggravation criteria such as syncope, mental confusion, excessive sleepiness, irritability, and inappetence should also be considered. If COVID-19 is suspected, fever might be absent and gastorintestinal symptoms (clarrhea) might be present. 2. Individual influenza-like lines who has dyspnea or respiratory discomfort OR persistent pressure in the chest OR O₂ saturation <95% in room air oR bluish color of the lips or face. In children, in addition to the previous items, flapping of the nose, cyanosis intercostal circulation, dehydration, and lack of appetite. Russia Clinical manifestations of acute respiratory infection: temperature >37.5°C and ≥1 of the following: cough (dry with scanty sputum), shortness of breath, feeling of congestion in the chest, satiety blood oxygen according to pulse oximetry (SpC2) ≥95%, sore throat, nasal congestion or mild rhinorrhea, impaired or loss of smell (hyposmia or anosmia), loss of taste (dysgeusia), conjunctivitis, weakness, muscle apin, headache, owniting, diarrhea, or skin rash in the absence of other known causes, which explain the clinical picture regardless of the epidemiologic anaminesis. Colombia Person with exposure because of having been in a place with community		
specific antigen by immunocytochemistry in an autopsy specimen. Any person meeting clinical criteria: ≥1 of the following symptoms: cough, fever, shortness of breath, or sudde onset of anosmia, ageusia, or dysgeusia. Additional less specific symptoms include headache, chills, muscle Francet§ Brazil 1.Individual with acute respiratory condition, characterized by at ≥2 of the following signs and symptoms: feve (even if referred), chills, sore throat, headache, cough, runny nose, offactory disorders or taste disorders. In children, nasal obstruction is also considered in addition to the previous symptoms; in the absence of another specific diagnosis. In the elderly, specific aggravation criteria such as syncope, mental confusion, excessive sleepiness, irritability, and inappetence should also be considered. If COVID-19 is suspected, fever might be absent and gastrointestinal symptoms (diarrhea) might be present. 2. Individual with Influera-like lilness who has dyspnea or respiratory discomfort OR persistent pressure in the chest OR Q. saturation <95% in room air OR bluish color of the lips or face. In children, in addition to the previous items, flapping of the nose, cyanosis intercostal circulation, dehydration, and lack of appetite. Russia Clinical manifestations of acute respiratory infection: temperature >37.5°C and ≥1 of the following: cough (dry; with scanty sputum), shortness of breath, feeling of congestion in the chest, sately blood oxygen according to pulse oximetry (SpO2) ≤95%, sore throat, nasal congestion or mild rhinorrhea, impaired or loss of smell (hyposmia or anosmia), loss of taste (drysgeusia), conjunctivitis, weakness, muscle pain, headache, vomiling, diarrhea, or skin rash in the absence of other known causes, which explain the clinical picture regardless of the exploration, shortness of breath or dyspnea, sore throat, rhinorrhea, SpO2 <93%. Nonrespiratory clinical manifestations: fevor vulnerability. Also, asymptomatic persons with respiratory OR nonrespiratory clinical manifestations o	United States	Meets supportive laboratory evidence with no previous history of being a confirmed or probable case.
specific antigen by immunocytochemistry in an autopsy specimen. Any person meeting clinical criteria: ≥1 of the following symptoms: cough, fever, shortness of breath, or sudde onset of anosmia, ageusia, or dysgeusia. Additional less specific symptoms include headache, chills, muscle Francet§ Brazil 1.Individual with acute respiratory condition, characterized by at ≥2 of the following signs and symptoms: feve (even if referred), chills, sore throat, headache, cough, runny nose, offactory disorders or taste disorders. In children, nasal obstruction is also considered in addition to the previous symptoms; in the absence of another specific diagnosis. In the elderly, specific aggravation criteria such as syncope, mental confusion, excessive sleepiness, irritability, and inappetence should also be considered. If COVID-19 is suspected, fever might be absent and gastrointestinal symptoms (diarrhea) might be present. 2. Individual with Influera-like lilness who has dyspnea or respiratory discomfort OR persistent pressure in the chest OR Q. saturation <95% in room air OR bluish color of the lips or face. In children, in addition to the previous items, flapping of the nose, cyanosis intercostal circulation, dehydration, and lack of appetite. Russia Clinical manifestations of acute respiratory infection: temperature >37.5°C and ≥1 of the following: cough (dry; with scanty sputum), shortness of breath, feeling of congestion in the chest, sately blood oxygen according to pulse oximetry (SpO2) ≤95%, sore throat, nasal congestion or mild rhinorrhea, impaired or loss of smell (hyposmia or anosmia), loss of taste (drysgeusia), conjunctivitis, weakness, muscle pain, headache, vomiling, diarrhea, or skin rash in the absence of other known causes, which explain the clinical picture regardless of the exploration, shortness of breath or dyspnea, sore throat, rhinorrhea, SpO2 <93%. Nonrespiratory clinical manifestations: fevor vulnerability. Also, asymptomatic persons with respiratory OR nonrespiratory clinical manifestations o		Supportive laboratory evidence: Detection of specific antibody in serum, plasma, or whole blood. Detection of
Italy±8		
onset of anosmia, ageusia, or dysgeusia. Additional less specific symptoms include headache, chills, muscle pain, fatigue, vomiting, or diarrhea. 1. Individual with acute respiratory condition, characterized by at ≥2 of the following signs and symptoms: feve (even if referred), chills, sore throat, headache, cough, runny nose, olifactory disorders or taste disorders. In children, nesal obstruction is also considered in addition to the previous symptoms; in the absence of another specific diagnosis. In the elderly, specific aggravation criteria such as syncope, mental confusion, excessive sleepiness, irritability, and inappetence should also be considered. If COVID-19 is suspected, fever might be absent and gastrointestinal symptoms (diarrhea) might be present. 2. Individual with Influenza-like illness who has dyspene or respiratory discomfort OR persistent pressure in the chest OR, saturation <99% in room ail OR bluish color of the lips or face. In children, in addition to the previous items, flapping of the nose, cyanosis intercostal circulation, dehydration, and lack of appetite. Russia Clinical manifestations of acute respiratory infection: temperature >37.5°C and ≥1 of the following: cough (dry with scanty sputum), shortness of breath, feeling of congestion in the chest, satiety blood oxygen according to pulse oximetry (Spo2) ≤95%, sore throat, nasal congestion or mild rhinorrhea, impaired or loss of smell (hyposmia or anosmia), loss of taste (dysgeusia), conjunctivitis, weakness, muscle pain, headache, vomiting, diarrhea, or skin rash in the absence of other known causes, which explain the clinical picture regardless of the epidemiologic anamnesis. Person with exposure because of having been in a place with community transmission or outbreak or contact with probable cases, and with respiratory OR nonrespiratory clinical manifestations of COVID-19 of any severity, clinical laboratory or radiologic findings belonging to groups of risk factors or vulnerability. Also, asymptomatic persons with exposure to	Italy†8	
Brazil 1.Individual with acute respiratory condition, characterized by at ≥2 of the following signs and symptoms: feve (even if referred), chills, sore throat, headache, cough, runny nose, olfactory disorders or taste disorders. In children, nasal obstruction is also considered in addition to the previous symptoms, in the absence of another specific diagnosis. In the elderly, specific aggravation criteria such as syncope, mental confusion, excessive sleepiness, irritability, and inappetence should also be considered. If COVID-19 is suspected, fever might be absent and gastrointestinal symptoms (diarrhea) might be present. 2. Individual with Influenza-like illness who has dyspnea or respiratory discomfort OR persistent pressure in the chest OR 0, saturation <85% in room air OR bluish color of the lips or face. In children, in addition to the previous items, flapping of the nose, cyanosis intercostal circulation, dehydration, and lack of appetite. Russia Clinical manifestations of acute respiratory infection: temperature >37.5°C and ≥1 of the following: cough (dry owith scanty sputum), shortness of breath, feeling of congestion in the chest, subty blood oxygen according to pulse oximetry (SpO2) <95%, sore throat, nasal congestion or mild rhinorrhea, impaired or loss of smell (hyposmia or anosmia), loss of taste (dysgeusia), conjunctivitik, weakness, musce pain, headache, worlting, diarrhea, or skin rash in the absence of other known causes, which explain the clinical picture regardless of the epidemiologic anamnesis. Colombia Person with exposure because of having been in a place with community transmission or outbreak or contact with probable cases, and with respiratory OR nonrespiratory clinical manifestations of COVID-19 of any severity, clinical laboratory or ardiologic findings belonging to groups of risk corts or vulnerability. Also, asymptomatic persons with exposure to probable or confirmed COVID-19 case-patients. Respiratory clinical manifestations: fever >38°C, cough, fatigue, expectoration, sorth		
1.Individual with acute respiratory condition, characterized by at ≥2 of the following signs and symptoms: feve (even if referred), chills, sore throat, headache, cough, runny nose, olfactory disorders or taste disorders. In children, nasal obstruction is also considered in addition to the previous symptoms, in the absence of another specific diagnosis. In the elderly, specific aggravation criteria such as syncope, mental confusion, excessive sleepiness, irritability, and inappetence should allos be considered. If COVID-19 is suspected, fever might be absent and gastrointestinal symptoms (diarrhea) might be present. 2. Individual with Influenza-like illness who has dyspnea or respiratory discomfort OR persistent pressure in the chest OR, saturation <95% in room all OR bluish color of the lips or face. In children, in addition to the previous items, flapping of the nose, cyanosis intercostal circulation, dehydration, and lack of appetite. Russia Clinical manifestations of acute respiratory infection: temperature >37.5°C and ≥1 of the following: cough (dry owith scanty sputum), shortness of breath, feeling of congestion in the chest, satiety blood oxygen according to pulse oximetry (SpO2) ≤95%, sore throat, nasal congestion or mild rhinorrhea, impaired or loss of smell (hyposmia or anosmia), loss of taste (dysgeusia), conjunctivitis, weakness, muscle pain, headache, vomiting, diarrhea, or skin rash in the absence of other known causes, which explain the clinical picture regardless of the pidemiologic anamnesis. Colombia Person with exposure because of having been in a place with community transmission or outbreak or contact with probable cases, and with respiratory OR nonrespiratory clinical manifestations of COVID-19 of any severity, clinical laboratory or radiologic findings belonging to group capitars. Respiratory clinical manifestations: fever >38°C, cough, fatigue, expectoration, shortness of breath or dyspnea, sore throat, rhinorrhea, SpO2 <93%. Nonrespiratory clinical manifestations: anomain, hyposmia		
(even if referred), chills, sore throat, headache, cough, runny nose, olfactory disorders or taste disorders. In children, nasal obstruction is also considered in addition to the previous symptoms, in the absence of another specific diagnosis. In the elderly, specific aggravation criteria such as syncope, mental confusion, excessive sleepiness, irritability, and inappetence should also be considered. If COVID-19 is suspected, fever might be absent and gastrointestinal symptoms (diarrhea) might be present. 2. Individual with Influenza-like illness whe has dyspnea or respiratory discomfort OR persistent pressure in the chest OR Q ₂ saturation <55% in room air OR bluish color of the lips or face. In children, in addition to the previous items, flapping of the nose, cyanosis intercostal circulation, dehydration, and lack of appetite. Russia Clinical manifestations of acute respiratory infection: temperature >37.5°C and ≥1 of the following: cough (dry with scanty sputum), shortness of breath, feeling of congestion in the chest, satiety blood oxygen according to pulse oximetry (SpO2) ≤95%, sore throat, nasal congestion or mild rhinornhea, impaired or loss of smell (hyposmia or anosmia), loss of taste (dysgeusal), conjunctivitis, weakness, muscle pain, headache, vomiting, diarrhea, or skin rash in the absence of other known causes, which explain the clinical picture regardless of the epidemiologic anamnesis. Colombia Person with exposure because of having been in a place with community transmission or outbreak or contact with probable cases, and with respiratory Q entry and the properties of the pidemiologic anamnesis. Person with exposure because of probable or confirmed COVID-19 case-patients. Respiratory clinical manifestations: each expertive, clinical aboratory or radiologic findings belonging to groups of risk factors or vulnerability. Also, asymptomatic persons with exposure to probable or confirmed COVID-19 case-patients. Respiratory clinical manifestations, another in a confirment of the properties of		, , ,
children, nasal obstruction is also considered in addition to the previous symptoms, in the absence of another specific diagnosis. In the elderly, specific aggravation criteria such as synopen, mental confusion, excessive sleepiness, irritability, and inappetence should also be considered. If COVID-19 is suspected, fever might be absent and gastrointestinal symptoms (diarrhea) might be present. 2. Individual with Influenza-like illness who has dyspnea or respiratory discomfort OR persistent pressure in the chest OR O₂ saturation <69% in room air OR bluish color of the lips or face. In children, in addition to the previous items, flapping of the nose, cyanosis intercostal circulation, dehydration, and lack of appetite. Russia Clinical manifestations of acute respiratory infection: temperature >37.5°C and ≥1 of the following: cough (dry owith scanty sputum), shortness of breath, feeling of congestion in the chest, saliety blood oxygen according to pulse oximetry (SpO2) ≥95%, sore throat, nasal congestion or mild thiornea, impaired or loss of smell (hyposmia or anosmia), loss of taste (dysgeusia), conjunctivitis, weakness, muscle pain, headache, vomiting, diarrhea, or skin rash in the absence of other known causes, which explain the clinical picture regardless of the epidemiologic anamnesis. Colombia Person with exposure because of having been in a place with community transmission or outbreak or contact with probable cases, and with respiratory OR nonrespiratory clinical manifestations of COVID-19 of any severity, clinical laboratory or radiologic findings belonging to groups of risk factors or vulnerability. Also, asymptomatic persons with exposure to probable or confirmed COVID-19 of sepa-patients. Respiratory clinical manifestations: encorage the separation of the confirment	Brazil	1.Individual with acute respiratory condition, characterized by at <u>>2</u> of the following signs and symptoms: fever
specific diagnosis. In the elderly, specific aggravation criteria such as syricope, mental confusion, excessive sleepiness, irritability, and inappetence should also be considered. If COVID-19 is suspected, fever might be absent and gastrointestinal symptoms (diarrhea) might be present. 2. Individual with Influenza-like Illness who has dyspnea or respiratory discomfort OR persistent pressure in the chest OR Q ₂ saturation <50% in room air OR bluish color of the lips or face. In children, in addition to the previous items, flapping of the nose, cyanosis intercostal circulation, dehydration, and lack of appetite. Russia Clinical manifestations of acute respiratory infection: temperature >37.5°C and ≥1 of the following: cough (dry with scanty sputum), shortness of breath, feeling of congestion in the chest, satiety blood oxygen according to pulse oximetry (SpO2) ≤95%, sore throat, nasal congestion or mild rhinorrhea, impaired or loss of smell (hyposmia or anosmia), loss of taste (dysgeusia), conjunctivitis, weakness unsucle pain, headache, vomiting, diarrhea, or skin rash in the absence of other known causes, which explain the clinical picture regardless of the epidemiologic anamnesis. Colombia Person with exposure because of having been in a place with community transmission or outbreak or contact with probable cases, and with respiratory OR nonrespiratory clinical manifestations of COVID-19 of any severity, clinical laboratory or radiologic findings belonging to groups of risk factors or vulnerability. Also, asymptomatic persons with exposure to probable or confirmed COVID-19 case-patients. Respiratory clinical manifestations: anosmia, hyposmia, ageusia, dysquesia, diarrhea, anorexia, nausea and vomiting, abdominal pain or discomfort, acute conjunctivitis, seizures, vertigo, headache, myalgia, skeletal muscle injuries, altered consciousness, acute cerebrovascular disease, ataxia, seizures, meningeonecphalitis, Guillain-Barre syndrome, mental status disorders, hepatic compromise due to elevated aminotransfe		(even if referred), chills, sore throat, headache, cough, runny nose, olfactory disorders or taste disorders. In
specific diagnosis. In the elderly, specific aggravation criteria such as syricope, mental confusion, excessive sleepiness, irritability, and inappetence should also be considered. If COVID-19 is suspected, fever might be absent and gastrointestinal symptoms (diarrhea) might be present. 2. Individual with Influenza-like Illness who has dyspnea or respiratory discomfort OR persistent pressure in the chest OR Q ₂ saturation <50% in room air OR bluish color of the lips or face. In children, in addition to the previous items, flapping of the nose, cyanosis intercostal circulation, dehydration, and lack of appetite. Russia Clinical manifestations of acute respiratory infection: temperature >37.5°C and ≥1 of the following: cough (dry with scanty sputum), shortness of breath, feeling of congestion in the chest, satiety blood oxygen according to pulse oximetry (SpO2) ≤95%, sore throat, nasal congestion or mild rhinorrhea, impaired or loss of smell (hyposmia or anosmia), loss of taste (dysgeusia), conjunctivitis, weakness unsucle pain, headache, vomiting, diarrhea, or skin rash in the absence of other known causes, which explain the clinical picture regardless of the epidemiologic anamnesis. Colombia Person with exposure because of having been in a place with community transmission or outbreak or contact with probable cases, and with respiratory OR nonrespiratory clinical manifestations of COVID-19 of any severity, clinical laboratory or radiologic findings belonging to groups of risk factors or vulnerability. Also, asymptomatic persons with exposure to probable or confirmed COVID-19 case-patients. Respiratory clinical manifestations: anosmia, hyposmia, ageusia, dysquesia, diarrhea, anorexia, nausea and vomiting, abdominal pain or discomfort, acute conjunctivitis, seizures, vertigo, headache, myalgia, skeletal muscle injuries, altered consciousness, acute cerebrovascular disease, ataxia, seizures, meningeonecphalitis, Guillain-Barre syndrome, mental status disorders, hepatic compromise due to elevated aminotransfe		
sleepiness, irritability, and inappetence should also be considered. If CÖVID-19 is suspected, fever might be absent and gastrointestinal symptoms (diarrhea) might be present. 2. Individual with Influenza-like illness who has dyspnea or respiratory discomfort OR persistent pressure in the chest OR O₂ saturation <pre> Staturation </pre> Russia Clinical manifestations of acute respiratory infection: temperature		

Country	Definition
Country	contact with confirmed a COVID-19 case-patient within 14 days of contact AND has ≥1 of these symptoms:
	fever (37.5°C or higher), cough, odynophagia, shortness of breath, or sudden loss of taste or smell.
Spain	Anyone with a clinical picture of acute respiratory infection of sudden onset of any severity that occurs, among
•	others, with fever, cough, or shortness of breath. Other symptoms such as odynophagia, anosmia, ageusia,
	muscle pain, diarrhea, chest pain, or headache, among others, might also be considered symptoms of
	suspected SARS-CoV-2 infection according to clinical judgment.
Mexico	Person of any age who has had ≥1 of the following signs and symptoms in the last 10 days: cough, fever,
	dyspnea (serious condition), or headache. In children <5 years of age, irritability can replace headache.
	Accompanied by ≥1 of the following minor signs or symptoms: myalgia, arthralgias, odynophagia, chills, chest
	pain, rhinorrhea, anosmia, dysgeusia, or conjunctivitis.
South Africa	Any person presenting with an acute (<10 days) respiratory tract infection or other clinical illness compatible
	with COVID-19, or an asymptomatic person who is a close contact a of a confirmed case-patient. Symptoms
	include ANY of the following respiratory symptoms: cough, sore throat, shortness of breath, anosmia (loss of sense of smell), or dysgeusia (alteration of the sense of taste), with or without other symptoms (which might
	include fever, weakness, myalgia, or diarrhea).
United	New continuous cough or temperature ≥37.8°C or loss of or change in normal sense of smell (anosmia) or taste
Kingdom‡	(ageusia).
Iran	1. Acute onset of fever OR acute onset of ILI/ARI symptoms or nausea and vomiting AND epidemiologic criteria
iidii	(residing/working/travel to high-risk settings or community transmission or health facilities within 14 days of
	symptom onset). 2. Severe acute respiratory infection.
Chile	 Patient presenting an acute picture with ≥2 of the symptoms compatible with COVID-19: fever (≥37.8°C),
	cough, dyspnea, chest pain, odynophagia, myalgia, chills, headache, diarrhea, or sudden loss or decrease of
	smell (anosmia or hyposmia) or taste (ageusia or dysgeusia). 2. Patient with severe acute respiratory infection
	requiring hospitalization.
Saudi Arabia	 Patient with acute respiratory illness (sudden onset of ≥1 of the following: fever (measured or by history),
	cough, or shortness of breath. 2. Patient with sudden onset of ≥1 of the following: headache, sore throat,
	rhinorrhea, nausea, diarrhea, or loss of smell or taste AND in the 14 days before symptom onset, met ≥1 of the
	following criteria: contact with a confirmed COVID-19 case Or Working in or attended a healthcare facility where
	patients with confirmed COVID-19 were admitted. 3. Any admitted adult patient with unexplained severe acute respiratory illness (SARI), either community-acquired pneumonia or hospital-acquired pneumonia.
Turkey‡	1. At least 1 of the following signs and symptoms: fever, cough, shortness of breath, sore throat, headache,
i ui key‡	muscle aches, loss of taste and smell, diarrhea AND the clinical picture cannot be explained by another cause
	or disease AND 1 of the following within 14 days before the onset of symptoms: person or close contact has
	history of being in a high-risk area for the disease or person has confirmed contact with a COVID-19 case-
	patient. 2. At least 1 of the signs and symptoms of fever and severe acute respiratory infection (SARI) (cough
	and respiratory distress), requiring hospitalization, and the clinical picture cannot be explained by another cause
	or disease. SARI: The need for hospitalization because of fever, cough and dyspnea, tachypnea, hypoxemia,
	hypotension, diffuse radiological findings on lung imaging, and change in consciousness in a patient with acute
	respiratory tract infection that developed in the last 14 days. 3. Combination of \geq 2 of the following signs and
	symptoms: fever, cough, shortness of breath, sore throat, headache, muscle aches, loss of taste and smell or
	diarrhea, and this situation cannot be explained by another cause or disease.
Indonesia	1. A person who has 1 of the following criteria: persons with acute respiratory infections (ARI) (namely fever
	(>38°C) or a history of fever and accompanied by any of the symptoms or signs of respiratory disease such as
	cough, shortness of breath, sore throat, runny nose, pneumonia from mild to severe AND in the last 14 days
	before symptoms appeared had a history of travel to or lives in a country or territory of Indonesia reporting local transmissions. 2.People with any of the symptoms or signs of ARI AND in the last 14 days before symptoms
	develop had a history of contact with a confirmed or probable COVID-19 case. 3. People with severe ARD or
	severe pneumonia requiring hospitalization AND no other cause based on a convincing clinical picture.
Israel	Israel does not have official surveillance case definitions; persons are considered suspect on the basis of
	contact with confirmed cases determined by digital surveillance of cellphones.
Ukraine	1. A patient with acute respiratory illness (sudden onset, fever, and ≥1 of the following symptoms: cough or
	difficulty breathing), regardless of the need for hospitalization, and who 14 days before the onset of symptoms
	meets >1 of the following epidemiologic criteria: contact with a confirmed or probable case of COVID-19 or
	visited or resided in a country or region with local transmission of the virus in the community according to WHO
	situation reports. 2. Patient with severe acute respiratory disease (body temperature ≥38°C and ≥1 of the
	following symptoms: cough or difficulty breathing) requiring hospitalization and the absence of other reasons
****	that fully explain the clinical picture.
*ARD, acute resp	iratory distress; ARI, acute respiratory infection; AST, Aspartate Aminotransferase; BNP, B-type natriuretic peptide; COVID-19,

^{*}ARD, acute respiratory distress; ARI, acute respiratory infection; AST, Aspartate Aminotransferase; BNP, B-type natriuretic peptide; COVID-19, coronavirus disease; CRP, C-reactive protein; ILI, influenza-like illness; LDH, Lactate Dehydrogenase; MIS-C, multisystem inflammatory syndrome-children; SARI, severe acute respiratory infection; SARS-CoV-2, severe acute respiratory infection coronavirus 2; SpO2, blood oxygen saturation; WHO, World Health Organization.

†World Health Organization definition.

§European Centre for Disease Prevention and Control definition.

[‡]These countries use a possible case definition in place of a suspected case definition.

Appendix Table 3. Full suspected COVID-19 case definition criteria across 25 countries with the highest case counts, current as of January 1, 2021*

	Diagnostic																							
	testing									Clinical sy											Epidemio	logic criteria		Other
								Sore throat	Chest pain	Runny nose														
	Laboratory		_		Labored		Muscle	or	or	or nasal	taste or		Nausea or	Joint	-		SPO ₂		Fatigue or	Travel		Confirmed	Healthcare	Diagnostic,
Country	evidence†							odynophagia	congestion		smell	Diarrhea		pain	Chills	Rash	Level	Conjunctivitis			Hospitalized	contact	employee	clinical, or EPI†
WHO		Х	Х	Х	X	X	Χ	X		X		X	X						X	Х	X		X	X
definition‡																								
(reference)																								
Argentina		Х	Χ	X	X	X	Х	X			Χ	Х	X									X	Х	X
Bangladesh‡		Х	Χ	Х	Х	X	Χ	X		X		X	X						X	Χ	X		X	X
Brazil		X	Χ	X	X	X		X		X	X	X			Χ		Χ							Χ
Chile		X	Χ	X	X	X	Χ	Χ	Χ		X	X			Χ						X			
Colombia	X	Χ	Χ		X	X	X	X		Χ	Χ	X	X	Χ		Χ	Χ	X	X	Χ		X	X	X
France§¶		Χ	Χ		X	X	Χ				X	X	X		Χ				X					
Germany§¶		Χ	Χ		X	X	Χ				Х	X	X		Χ				Χ					
India#		X	X	X	X															Χ	X	Χ		
Indonesia		,,	X	X	X			X		X										X	X	X		
Iran			X	X				•		,			X							X	,,	,,		
Iraq‡		X	X	x	X	Χ	Χ	X		X		Χ	X						Χ	X	X		X	X
Israel**		^	^	^	^	^	^	Λ		,		^	,						Α	X	^	Χ	^	Λ
Italy§¶		Х	Х		Y	Х	X				Х	X	Χ		Х				X	^		^		
Mexico		X	X		A Y	X	X		X	X	X	^	Α	Х	X			X	X					
Pakistan#		X	x	Χ	Ŷ	^	^		^	^	^			^	^			^	^	Х	X	Χ		
Peru		x	X	X	X	~				Х										^	^	^		
Philippines‡		x	x	X	Ŷ	X X	Х	V		X		~	Х						Х	Х	Χ		Х	X
		x	x	^	Ŷ	^	X	X	V		V	X				X	X	X	X	^	^		^	^
Russia				V	× ×	V	Χ	X	X	X X	X	X X	X X			Χ.	Χ	X	Χ		V	V	V	V
Saudi Arabia		X	X	X	X	Χ	V	X		X	X		Χ						V		Χ	X	X	X
South Africa		X	X	X	X		Х	X	v		X	X							Χ			Χ		
Spain		Х	X	Х	X	X	Х	X	X		X	X												
Turkey		X	X	X	^	X	X				Χ	X								X	X	X		
Ukraine		X	X	Х	Χ															Χ	X	X		
United		X	X								Χ													
Kingdom¶																								
United States	X																							
No. countries	2	21	23	16	21	15	14	12	4	10	14	15	11	2	6	2	3	3	10	11	10	10	6	7
including																								
criterion																								
% of	8%	84%	92%	64%	84%	60%	56%	48%	16%	40%	56%	60%	44%	8%	24%	8%	12%	12%	40%	44%	40%	40%	24%	28%
countries++																								

countries††

*X indicates the criterion was sufficient for, or a potential component of, the suspected case definition requirement(s). Full suspected case definitions can be found in Appendix Table 2. SARI, severe acute respiratory infection; SpO₂, blood oxygen saturation; WHO, World Health Organization. †Refer to suspected case definition for applicable country (Appendix Table 2).

[‡]World Health Organization definition (updated August 2020).

[§]European Centre for Disease Prevention and Control definition.

[¶]These countries consider these definitions as possible not suspected cases; because of the comparability between possible and suspected, we treated these definitions as a suspected definition.

[#]World Health Organization definition (updated March 2020).

^{**}Israel does not have official surveillance case definitions; persons are considered suspected on the basis of contact with confirmed cases determined by digital surveillance of cellphones. ††Denominator is 24 countries with suspected case definition.

Country	Probable case definitions of COVID-19 in countries with highest reported case counts* Definition									
WHO Definition	A patient who meets clinical criteria AND is a contact of a probable or confirmed case, or epidemiologicall									
Iraq†	linked to a cluster with \geq 1 confirmed case. 2. A suspected case with chest imaging showing findings									
Bangladesh†	suggestive of COVID-19. Typical chest imaging findings suggestive of COVID-19 include the following chest									
Philippines†	radiography: hazy opacities, often rounded in morphology, with peripheral and lower lung distribution; chest									
i illippilica į	CT: multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung									
	distribution; lung ultrasound: thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative									
	patterns with or without air bronchograms. 3. A person with recent onset of anosmia (loss of smell) or ageusi									
	(loss of taste) in the absence of any other identified cause. 4. Death, not otherwise explained, in an adult wit									
	respiratory distress preceding death AND was a contact of a probable or confirmed case or epidemiologicall									
	linked to a cluster with >1 confirmed case.									
India	1. A suspected case for whom testing for the COVID-19 virus is inconclusive. 2. A suspected case for whom									
Pakistan	testing could not be performed for any reason.									
USA	Meets clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for									
USA										
	COVID-19. 2. Meets presumptive laboratory evidence (detection of SARS-CoV-2 by antigen test in a respiratory specimen). 3. Meets vital records criteria with no confirmatory laboratory evidence. Clinical criteria:									
	>2 of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat,									
	nausea or vomiting, diarrhea, fatigue, congestion, or runny nose OR ≥1 of the following symptoms: cough,									
	shortness of breath, difficulty breathing, new olfactory disorder, new taste disorder OR severe respiratory									
	illness with ≥1 of the following: clinical or radiographic evidence of pneumonia, acute respiratory distress									
	syndrome (ARDS). Epidemiologic criteria: >1 of the following exposures in the previous 14 days: close									
	contact with a confirmed or probable case of COVID-19 OR member of a risk cohort as defined by public									
Itoly+	health authorities during an outbreak.									
Italy‡	Any person meeting clinical criteria (≥1 of the following symptoms: cough, fever, shortness of breath, sudder									
Germany‡	onset of anosmia, ageusia or dysgeusia) with epidemiologic link (close contact with confirmed case within 14 days before another beginning to a provider the provider to a staff in an institution with approving transmission within 14 days									
France‡	days before onset or having been a resident or staff in an institution with ongoing transmission within 14 day									
	before onset) OR any person meeting diagnostic criteria (radiological evidence showing lesions compatible									
	with COVID-19).									
Brazil	No probable case definition.									
Russia	Same as suspected case AND \geq 1 of the epidemiologic signs is present: return from a foreign trip 14 days									
	before the onset of symptoms; having close contact in the last 14 days with a person under monitoring for									
	COVID-19 who subsequently fell ill; having close contact in the last 14 days with a person with laboratory-									
	confirmed diagnosis of COVID-19; availability of professional contacts with persons who have been identified									
	as suspected or confirmed case of COVID-19.									
Colombia	Person with any type of individual or multiple exposure to confirmed cases and with respiratory or									
	nonrespiratory clinical manifestations of COVID-19, of any severity, and clinical or radiological laboratory									
	findings. It also includes the person with doubtful etiologic laboratory results (RT-PCR) or laboratory testing i									
	not feasible for some reason. Respiratory clinical manifestations: fever >38°C, cough, fatigue, expectoration									
	shortness of breath or dyspnea, sore throat, rhinorrhea, Sp02 <93%. Nonrespiratory clinical manifestations:									
	anosmia, hyposmia, ageusia, dysgeusia, diarrhea, anorexia, nausea and vomiting, abdominal pain or									
	discomfort, acute conjunctivitis, seizures, vertigo, headache, myalgia, skeletal muscle injuries, altered									
	consciousness, acute cerebrovascular disease, ataxia, seizures, meningoencephalitis, Guillain-Barre									
	syndrome, mental status disorders, hepatic compromise due to elevated aminotransferases, erythematous									
	rash, hive rash, vesicles, acral ischemia, unilateral transient livedo reticularis, acute cardiac injury, heart									
	failure arrhythmia, shock, acute myocarditis, chest tightness, acute kidney injury, urinary symptoms or cystitie									
	coagulation disorders, thrombotic events, antiphospholipid antibodies, hearing loss or hearing discomfort.									
Peru	No probable case definition.									
Argentina	No probable case definition.									
Spain	1. Person with severe acute respiratory infection with clinical and radiological symptoms compatible with									
	COVID-19 and negative diagnostic test results, or suspected cases with inconclusive diagnostic test. 2.									
	Cases with high clinical-epidemiologic suspicion with repeatedly negative diagnostic test (≥1 PCR) and									
	positive serologic testing for SARS-CoV-2 performed by high-throughput serologic techniques.									
Mexico	No probable case definition.									
South Africa	No probable case definition.									
United Kingdom	No probable case definition.									
Iran	1. Suspected case AND close contact with probable or confirmed case. 2. Suspected case AND positive									
	imaging. 3. Acute onset of anosmia or ageusia without identified cause. 4. Death of a suspected case.									
Chile	1. Probable case by laboratory result: patient who meets the definition of a suspected case in whom the PC									
- **=	result is indeterminate or who has a positive antigenic test for SARS-CoV-2. 2. Probable case because of									
	epidemiologic link: person who has been in close contact with a confirmed case and develops fever (axillary									
	temperature ≈37.8°C) or >2 symptoms compatible with COVID-19 within 14 days of contact. The probable									
	case because of an epidemiologic link does not require an RT-PCR test for SARS-CoV-2. If for any reason,									
	probable case-patient undergoes a confirmatory examination and it is positive, it will be considered as a									
	probable case-patient undergoes a confirmatory examination and it is positive, it will be considered as a confirmed case. On the contrary, if the result is negative or indeterminate, it will continue to be considered as									
	probable case-patient undergoes a confirmatory examination and it is positive, it will be considered as a confirmed case. On the contrary, if the result is negative or indeterminate, it will continue to be considered a probable case. 3. Probable case by imaging: suspicious case with negative RT-PCR result for SARS-CoV-2									
	probable case-patient undergoes a confirmatory examination and it is positive, it will be considered as a confirmed case. On the contrary, if the result is negative or indeterminate, it will continue to be considered a probable case. 3. Probable case by imaging: suspicious case with negative RT-PCR result for SARS-CoV-2 but with a chest CT scan with characteristic images of COVID-19 according to the radiological report. 4.									
	probable case-patient undergoes a confirmatory examination and it is positive, it will be considered as a confirmed case. On the contrary, if the result is negative or indeterminate, it will continue to be considered a probable case. 3. Probable case by imaging: suspicious case with negative RT-PCR result for SARS-CoV-2									

Country	Definition
Saudi Arabia	No probable case definition.
Turkey	No probable case definition.
Philippines	Suspected case whose testing for COVID-19 is inconclusive. 2. Suspected case who 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. 3. Suspected case who died without undergoing any confirmatory testing.
Indonesia	Suspected cases with SARI. 2. Died with a convincing clinical picture of COVID-19 AND no RT-PCR laboratory results.
Israel	Israel does not have official surveillance case definitions; persons are considered suspected case-patients on the basis of contact with confirmed cases determined by digital surveillance of cellphones.
Ukraine	A suspected case for whom laboratory testing cannot be unambiguously interpreted.

^{*}COVID-19, coronavirus disease; CT, computed tomography; RT-PCR, reverse transcription PCR; SARI, severe acute respiratory infection; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2.
†World Health Organization definition.
‡European Centre for Disease Prevention and Control definition.

Appendix Table 5. Full probable COVID-19 case definition criteria across 25 countries with the highest case counts, current as of January 1, 2021*

			stic testing	ennilion criteria a				Ğ	·		•	Cli	nical sympto	ms								E	pidemiologic c	riteria	Other
													Runny												
		A .:	A (''	D !: 1:							Sore throat	Chest pain	nose or	Loss of					000		- ··	- .		0 " 1	Diagnostic,
Country	Inconclusive test	Antigen test	Antibody test	Radiographic imagery	Couah	Fever	SVDI	Labored	Headache	Muscle pain	or odynophagia	or chest congestion	nasal	taste or smell	Diarrhea	Nausea or vomiting		Dach	SPO ₂		Fatigue or weakness		Hospitalized	Confirmed contact	clinical, or EPI†
WHO	เยรเ	เยรเ	เยรเ	X	X	X	X	X	X	X	X	congestion	X	X	X	X	Cillis	Nasii	ievei	Conjunctivitis	X	X	Х	X	X
definition				^	^	^	^	^	^	^	^		^	^	^	^					^	^	^	^	^
(Reference)																									
Argentina																									
Bangladesh‡				X	Х	Х	Х	X	X	Χ	X		X	Χ	Χ	X					X	Х	X	X	Χ
Brazil																									
Chile	X	Χ		X	X	Χ	Χ	X	X	Χ	X	X		Χ	Χ		Χ						X	X	X
Colombia	X				X	Χ		X	X	Χ	X		X	Χ	Χ	X		Х	X	X	X	X		X	
France§				X	Χ	Х		X						Χ										X	X
Germany§				X	Χ	Χ		X						Χ										X	X
India¶	X				X	X	X	X														X	X	X	
Indonesia						X	X	Χ			Х		Χ	.,		.,						.,			X
Iran				X X	V	X	X	V	V		V		V	X	V	X					V	X	V	X	X X
Iraq‡				Х	X	Χ	Χ	Χ	Х	Х	Χ		Х	Χ	Х	Χ					Χ	X	Χ	Х	Х
Israel Italy§				Х	Х	Χ		X						Х										Х	X
Mexico				^	^	^		^						^										^	^
Pakistan¶	X				Х	Х	Х	Χ														Х	X	Χ	
Peru	^				,,	,,	,,	~														,,		^	
Philippines‡				X	Χ	X	Х	X	X	X	X		X	Χ	Χ	X					Χ	X	X	X	Χ
Russia					X	Х	Х	X	X	Х	X	Х	X	Χ				X	Х	X	X	Χ		X	
Saudi Arabia																									
South Africa																									
Spain	X			X	X	Х	Х	X	X	Х	Х	X		Χ	X										
Turkey																									
Ukraine	X																								
United																									
Kingdom		V		V	V	V	V	V	V	V	V		V	V	V	V	V				V			V	V
United States		X 2	0	X 10	X	X 15	X 11	X 14	X 8	X 8	X 9	2	X 7	X 12	X	X	X	2	2	2	X 6	0	6	X 13	X 10
Country Totals	6	2	U	10	13	15	11	14	ŏ	ŏ	9	3	1	12	1	О	2	2	2	2	о	ŏ	О	13	10
% of	38%	13%	0%	63%	81%	94%	69%	88%	50%	50%	56%	19%	44%	75%	44%	38%	13%	13%	13%	13%	38%	50%	38%	81%	63%
countries#	30 /0	1370	0 /0	03 /0	0170	J -1 /0	03 /0	00 /0	30 /0	JU /U	30 /0	1970	77 /0	1 3 /0		30 /0	15/0	13/0	10/0	1370	30 /0	JU /0	30 /0	0170	0370

^{*}X indicates the criterion was sufficient for, or a potential component of, the probable case definition requirement(s). Full probable case definitions can be found in Appendix Table 4. SARI, severe acute respiratory infection; SpO₂, blood oxygen saturation; WHO, World Health Organization. †Refer to probable case definition for applicable country (Appendix Table 4). ‡World Health Organization definition (updated August 2020). §European Centre for Disease Prevention and Control definition. ¶World Health Organization definition (updated March 2020). #Denominator is 16 countries with probable case definition.

	e 6. Confirmed case definitions of COVID-19 in countries with highest reported case counts*
Country	Definition
WHO	A person with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms.
Iraq†	
Bangladesh† Philippines†	Any person, 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, or Department of Health-licensed COVID-19 testing laboratory. 2. Any suspected or probable COVID-19 cases who tested positive using antigen tests in areas without breaks or in remote settings where RT-PCR is not immediately available; provided that the antigen tests satisfy the recommended minimum regulatory, technical, and operational specifications set by the Health Technology Assessment.
India Pakistan	A person with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms.
USA	Meets confirmatory laboratory evidence (detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test).
Italy‡ Germany‡ France‡	Any person meeting laboratory criteria (detection of SARS-CoV-2 nucleic acid or antigen in a clinical specimen).
Brazil	1. Case of ILI or SARI with clinical confirmation associated with anosmia (olfactory dysfunction) OR ageusia (gustatory dysfunction) without any other previous cause. 2. Case of ILI or SARI with history of close or home contact, in the 14 days before appearance of signs and symptoms with confirmed case. 3. Case of ILI or SARI or death due to SARS that could not be confirmed by laboratory criteria AND that presents ≥1 of the following tomographic changes: peripheral, bilateral, frosted glass opacity, with or without consolidation or visible intralobular lines ("paving"), or multifocal matte glass opacity with rounded morphology with or without consolidation or visible intralobular lines ("paving"), or reverse halo sign or other findings of organizing pneumonia (seen later in the disease). 4. Case of ILI or SARI with test of positive result for SARS-CoV-2 performed by the RT-PCR method in real time or REAGENT result for IgM, IgA and / or IgG performed by the following methods: ELISA; immunochromatography (rapid test) for antibody detection, ECLIA; Or Antigen Search: reagent result for SARS-CoV-2 by the Immunochromatography method for antigen detection. 5. Asymptomatic persons with 1 of the following results: positive result for SARS-CoV-2 performed by the RT-PCR method in real time or immunological reagent result for IGM and/or IGA performed by the following methods: ELISA or immunochromatography (rapid test) for antibody detection.
Russia	 A positive laboratory test result for the presence of RNA SARS-CoV-2 using NAAT or SARS-CoV-2 antigen using immunochromatographic analysis regardless of clinical manifestations. Positive result for IgA, IgM and / or
Colombia	IgG antibodies in patients with a clinically confirmed COVID-19 infection. Person with laboratory (RT-PCR for SARS-CoV-2 (MIS-C 59%, 13%–69%) or Antigen detection test (alternative
Colombia	diagnosis. May change according to new evidence)) with positive results of active infection by the SARS-CoV-2 virus regardless of the presence or absence of clinical criteria, since the tests can be performed in asymptomatic, suspected or probable patients, with different prioritization.
Peru	1.Suspected case with a positive laboratory test for COVID 19, be it an RT-PCR test in respiratory samples and/or a rapid IgM, IgG, or IgG/IgM detection test. 2. Asymptomatic contact with a positive laboratory test for COVID-19.
Argentina	1. Confirmed by COVID-19 laboratory: any suspected cases with a detectable result for SARS-CoV-2 by molecular biology tests by RT-PCR, by molecular biology tests by loop-mediated isothermal amplification reaction (LAMP), or SARS-cov-2 antigens by non-molecular tests. Confirmatory diagnosis in suspected cases with mild or moderate symptoms, only during the first 7 days from the onset of symptoms. 2. Confirmed by clinical or epidemiologic criteria of COVID-19: in the last 14 days has been in close contact with a confirmed case OR Is part of a conglomerate of cases, with ≥1 case confirmed by laboratory, with no other defined diagnosis, and presenting ≥2 of the following symptoms: fever, cough, odynophagia, difficulty breathing, vomiting, diarrhea, headache, or myalgia. 3. Any person who, in the absence of any other identified cause, experiences sudden loss of taste or smell. 4. Any deceased person who does not have a defined etiologic diagnosis, has had a clinical picture compatible with COVID-19 (known by the certifying doctor or referred by third parties) regardless of previous health status and that has been close contact of a confirmed case or has been epidemiologically linked to a cluster of cases or to areas of sustained community transmission.
Spain	Person who meets clinical criteria for a suspected case and with a positive diagnostic test. 2. Asymptomatic person with positive diagnostic test with negative IgG or not performed.
Mexico	Person who meets the operational definition of suspected case and has a laboratory-confirmed diagnosis issued by Institute of Epidemiological Diagnosis and Reference. 2. Person who meets the operational definition of a suspected case, but who has been in contact with a laboratory confirmed case within the last 14 days from the date of onset of symptoms.
South Africa	A person with laboratory confirmation of SARS-CoV-2 infection (using an RT-PCR assay), irrespective of clinical signs and symptoms.
United Kingdom	Positive COVID-19 test result.
Iran	Laboratory confirmation with or without suspected or probable criteria.
Chile	 Anyone who meets the definition of a suspected case in which the specific test for SARS-CoV-2 was positive (RT-PCR). Any asymptomatic person identified through an active search strategy in which the specific test for SARS-CoV-2 was positive (RT-PCR).
Saudi Arabia	A person who meets the suspected case definition with laboratory confirmation of COVID-19 infection (PCR).

Country	Definition
Turkey	Cases in which SARS-CoV-2 is detected by molecular methods among the cases matching the possible case
-	definition.
Indonesia	A person who has tested positive for the COVID-19 virus proven by the RT-PCR laboratory examination.
	Confirmation cases are divided into: confirmation case with symptoms (symptomatic), confirmation cases without
	symptoms (asymptomatic).
Israel	Positive COVID-19 test result.
Ukraine	A person with a laboratory-confirmed COVID-19 disease, regardless of clinical signs and symptoms.

^{*}COVID-19, coronavirus disease; ECLIA, electrochemiluminescence immunoassay; ILI, influenza-like illness; MIS-C, multisystem inflammatory syndrome-children; NAAT, nucleic acid amplification technique; RT-PCR, reverse transcription PCR; SARS, severe acute respiratory syndrome; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2. †World Health Organization definition. ‡European Centre for Disease Prevention and Control definition.

Appendix Table 7. Full confirmed COVID-19 case definition criteria across 25 countries with the highest case counts, current as of January 1, 2021*

			Dia	gnostic sting				Clinica					Epidemiologio criteria		Other†
	PCR	Antigon	Antibody	Positive test	Radiographic	Meet suspected		symptor	IIS	Loss of taste			criteria	Confirmed	
Country	test	Antigen test	test	(nonspecified)	imagery	case definition	Cough	Fever	SARI	or smell		el history	Hospitalized	contact	Diagnostic, clinical, or EPI
WHO definition	X	1001	1001	(110110 00011100)			o o a g		<u> </u>	0. 0		<u></u>		00.110.01	oou., o. <u></u>
(reference)															
Àrgentina [′]	X	X				Χ	Χ	Χ			Χ			X	Χ
Bangladesh‡	X														
Brazil	X	X	X		X				Х		Χ			X	X
Chile	X					Χ					X		X		
Colombia	X	X													
France§	X	X													
Germany§	X	X													
India‡	,,	, ,		X											
Indonesia	X			•											
Iran	,,			Χ											
Iraq‡	X			,,											
Israel	,,			Χ											
Italy§	X	X		,,											
Mexico	,,	^		X		X					Χ			X	
Pakistan‡				X X		^					^			Λ	
Peru	Χ	X		Λ		X						Х	X	X	
Philippines‡	X	X				^						,	^	Λ	
Russia	X	X	Х												
Saudi Arabia	X	^	^			X						Χ	X	X	
South Africa	X					~						^	~	,,	
Spain	X	X				X					X				
Turkey	X	^				X					X	X	X	X	
Ukraine	Α			X		Λ					^	^	Λ	Α	
United Kingdom				X X											
USA	Х			^											
Totals	18	10	2	7	1	7	1	1	1		6	3	4	6	2
% of countries¶	72%	40%	8%	28%	4%	28%	4%	4%	4%		4%	12%	16%	24%	8%
70 OI COUITITES	1 2 70	40 /0	O /0	20 /0	4 /0	20 /0	4 /0	4 /0	470	<u> </u>	-1 /0	12 /0	10 /0	Z4 /0	O /0

^{*}X indicates the criterion was sufficient for, or a potential component of, the confirmed case definition requirement(s). Full confirmed case definitions can be found in Appendix Table 6. †Refer to probable case definition for applicable country (Appendix Table 6). ‡World Health Organization definition (confirmed case definition did not change between March 2020 and August 2020 update). §European Centre for Disease Prevention and Control definition.

[¶]Denominator is 25 countries with confirmed case definitions.

Appendix Table 8. COVID-19 testing policies for asymptomatic persons in 25 countries with highest case counts as of January 1, 2021*

Countries	Asymptomatic testing	EPI Criteria: Confirmed contact	EPI Criteria: Healthcare employee
WHO	Yes with EPI Criteria	Yes	
Iraq	Yes with EPI Criteria	Yes	
Bangladesh	No		
Philippines	Yes		
India	Yes with EPI Criteria	Yes	Yes
Pakistan	Yes		
United States	Yes		
Italy	Yes		
Germany	Yes with EPI Criteria	Yes	Yes
France	Yes		
Brazil	Yes with EPI Criteria	Yes	Yes
Russia	Yes		
Colombia	No		
Peru	No		
Argentina	No		
Spain	Yes with EPI Criteria	Yes	Yes
Mexico	No		
South Africa	Yes with EPI Criteria	Yes	
United Kingdom	No		Yes
Iran	Yes with EPI Criteria	Yes	
Chile	Yes		
Saudi Arabia	No		Yes
Turkey	Yes with EPI Criteria	Yes	Yes
Indonésia	No		
Israel	Yes		
Ukraine	No		

^{*}EPI, epidemiologic; WHO, World Health Organization.

References

- 1. World Health Organization. Public health surveillance for COVID-19: interim guidance, 7 August 2020 [cited 2020 Dec 13]. https://apps.who.int/iris/handle/10665/333752
- 2. Argentina Ministry of Health. Case definition [in Spanish]. 2020 [cited 2020 Jan 4]. https://www.argentina.gob.ar/salud/coronavirus-COVID-19/definicion-de-caso
- 3. Argentina Ministry of Health. Consensus on the use of diagnostic tests for SARS-CoV-2 [in Spanish] [cited 2020 Dec 4]. https://bancos.salud.gob.ar/sites/default/files/2020-09/covid-19-consenso-sobre-uso-de-pruebas-diagnosticas-para-sars-cov-2.pdf
- 4. Government of the People's Republic of Bangladesh. National guidelines on clinical management of COVID-19. 2020 [cited 2020 Dec 4]. https://covidlawlab.org/wpcontent/uploads/2021/01/Bangladesh_2020.11.05_Guideline_National-Guidelines-on-Clinical-Management-of-COVID-19_EN.pdf
- 5. Ministry of Health. Brazil. Epidemiological surveillance guide public health emergency of national importance for coronavirus disease 2019 [in Portuguese]. 2020 Aug 5 [cited 2020 Dec 3]. https://portalarquivos.saude.gov.br/images/af_gvs_coronavirus_6ago20_ajustes-finais-2.pdf
- 6. Narbona P. Update on the definition of a suspected, confirmed and probable case for epidemiological surveillance in the face of a COVID-19 pandemic [in Spanish]. 2020 Oct 1 [cited 2021 Jan 4]. https://www.minsal.cl/wp-content/uploads/2020/10/201006-Definici%C3%B3n-de-caso-sospechoso.pdf
- 7. Government of Chile. Action plan for coronavirus [in Spanish]. 2020 [cited 2020 Nov 30]. https://www.gob.cl/coronavirus
- 8. Ministry of Health and Social Protection, Government of Colombia. Optimization of testing, tracking and isolation program for the monitoring and follow-up of COVID-19 cases and contacts in Colombia [in Spanish]. 2020 Oct 19 [cited 2020 Nov 30].
 https://www.minsalud.gov.co/Normatividad Nuevo/Decreto%201374%20de%202020.pdf
- Ministry of Health and Social Protection, Government of Colombia. Testing, tracking and sustainable selective insulation [in Spanish]. 2020 [cited 2020 Dec 4].
 https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/ED/VSP/abece-prass.pdf

- 10. European Centre for Disease Prevention and Control. Case definition for coronavirus disease 2019 (COVID-19), as of 29 May 2020 [cited 2020 Sep 16]. https://www.ecdc.europa.eu/en/covid-19/surveillance/case-definition
- 11. Ministry of Solidarities and Health, Government of France. RT-PCR, antigenic and salivary tests [in French]. 2020 [cited 2020 Dec 3]. https://solidarites-sante.gouv.fr/soins-et-maladies/maladies/maladies-infectieuses/coronavirus/tout-savoir-sur-la-covid-19/article/les-tests-rt-pcr-antigeniques-et-salivaires
- 12. Federal Ministry of Health. Germany. The national test strategy. 2020 [cited 2021 Jan 5]. https://www.zusammengegencorona.de/en/die-nationale-teststrategie/
- Government of India. Clinical management protocol for COVID-19. 2020 [cited 2020 Oct 25].
 https://www.mohfw.gov.in/pdf/UpdatedClinicalManagementProtocolforCOVID19dated0307202
 0.pdf
- 14. Indian Council of Medical Research, Government of India. Advisory on strategy for COVID-19 testing in India. 2020 Sep 4 [cited 2020 Nov 25].
 https://www.mohfw.gov.in/pdf/AdvisoryonstrategyforCOVID19TestinginIndia.pdf
- 15. Republic of Indonesia. Prevention and control guidelines coronavirus disease 2019 (COVID-19) [in Indonesian]. 2020 Jul 13 [cited 2020 Nov 27]. https://covid19.go.id/p/protokol/pedoman-pencegahan-dan-pengendalian-coronavirus-disease-covid-19-revisi-ke-5
- 16. Government of Indonesia. Q&A [in Indonesian]. 2020 [cited 2020 Dec 3]. https://covid19.go.id/tanya-jawab?page=2
- 17. Israel Ministry of Health. Testing for COVID-19. 2020 [cited 2020 Nov 30]. https://www.gov.il/en/Departments/General/corona-tests
- 18. Minister of Health, Government of Italy. Operational guidelines for carrying out rapid antigen tests by general practitioners and pediatricians of free choice [in Italian]. 2020 [cited 2021 Jan 6]. https://www.trovanorme.salute.gov.it/norme/renderNormsanPdf?anno=2020&codLeg=76980&parte=1%20&serie=null
- 19. Secretary of Health, Government of Mexico. Standardized guidelines for the epidemiological and laboratory surveillance of viral respiratory disease [in Spanish]. 2020 [cited 2020 Jan 4]. https://coronavirus.gob.mx/wp-content/uploads/2020/09/Lineamiento_VE_y_Lab_Enf_Viral_Ago-2020.pdf

- 20. Government of Mexico. Update of the operational definition of suspicious case of viral respiratory disease [in Spanish]. 2020 Aug 24 [cited 2020 Sep 16]. https://www.gob.mx/cms/uploads/attachment/file/573732/Comunicado_Oficial_DOC_sospechoso_ERV_240820.pdf
- 21. Secretary of Health, Government of Mexico. Emerging statement on the use of tests for the detection of SARS-CoV-2 antigen in Mexico [in Spanish]. 2020 Nov 11 [cited 2020 Dec 3]. https://coronavirus.gob.mx/wp-content/uploads/2020/11/Prueba_antigenica_COVID_11Nov2020.pdf
- 22. National Institute of Health. Pakistan. Case definition for COVID-19. 2020 [cited 2020 Nov 27]. https://www.nih.org.pk/wp-content/uploads/2020/03/Case-Definition-for-COVID-19.pdf
- 23. Ministry of National Health Services. Pakistan. National testing guidelines: real-time polymerase chain reaction (RT-PCR) diagnostic test. 2020 [cited 2021 Dec 7]. https://storage.covid.gov.pk/new_guidelines/02July2020_20200701_National_Testing_Guidelines_for_(RT-PCR)_Diagnostic_Test_0103.pdf
- 24. Ministry of National Health Services. Pakistan. Testing Strategy Incorporating COVID-19 Antigen Detection Rapid Diagnostic Tests (Ag-RDT). 2020 [cited 2020 Jan 5]. https://storage.covid.gov.pk/new_guidelines/02December2020_20201202_TESTING_STRATEG Y_INCORPORATING_COVID-19 ANTIGEN DETECTION RAPID DIAGNOSTIC TESTS (Ag-RDT) 5302.pdf
- 25. Government of Peru. Epidemiological alert to the risk of intensification of community transmission of COVID-19 in the post-quarantine period, in Peru [in Spanish]. 2020 [cited 2020 Jan 4]. https://www.dge.gob.pe/portal/docs/alertas/2020/AE019.pdf
- 26. Government of Peru. Epidemiological alert for the application of diagnostic tests in cases of COVID-19 in Peru [in Spanish]. 2020 [cited 2020 Sep 30]. https://www.dge.gob.pe/portalnuevo/publicaciones/alertas-epidemiologicas/
- 27. Republic of the Philippines Department of Health. Further amendment to administrative order no. 2020–0013 dated 09 April 2020 entitled, "Revised administrative order no. 2020-0012, 'guidelines for the implementation for the inclusion of the coronavirus disease 2019 (COVID-19) in the list of notifiable diseases for mandatory reporting to the Department of Health' dated March 17, 2020." 2020 [cited 2020 Jan 4]. https://doh.gov.ph/sites/default/files/health-update/ao2020-0013-B.pdf

- 28. Republic of the Philippines Department of Health. Amendment to department memorandum no. 2020–0258 entitled updated interim guidelines on expanded testing for COVID-19. 2020 Jul 6 [cited 2020 Dec 07]. https://www.doh.gov.ph/sites/default/files/health-update/dm2020-0258-A.pdf
- 29. Russian Federation. Temporary methodological recommendations prevention, diagnosis and treatment of new coronavirus infection (COVID-19) [in Russian]. 2020 [cited 2020 Dec 07]. https://xn-80aesfpebagmfblc0a.xn--p1ai/ai/doc/699/attach/mr COVID-19 v9 .pdf
- 30. Russian Federation. Frequently asked questions. 2020 [cited 2020 Nov 30]. https://xn-80aesfpebagmfblc0a.xn--p1ai/faq/?tags=39
- 31. Kingdom of Saudi Arabia. COVID-19 coronavirus disease guidelines. 2020 [cited 2020 Dec 14]. https://covid19.cdc.gov.sa/wp-content/uploads/2020/10/EN COVID 19 Coronavirus Disease Guidelines v2.0.pdf
- 32. Republic of South Africa. Coronavirus disease 2019 (COVID-19) caused by a novel coronavirus (SARS-CoV-2). 2020 [cited 2020 Nov 25]. https://www.nicd.ac.za/wp-content/uploads/2020/09/Guidelines-for-case-finding-diagnosis-and-public-health-response-in-South-Africa 18Aug2020.pdf
- 33. Republic of South Africa Department of Health. Statement by President Cyril Ramaphosa on progress in the national effort to contain the COVID-19 pandemic. 2020 Sep 16 [cited 2020 Dec 07]. https://sacoronavirus.co.za/2020/09/16/statement-by-president-cyril-ramaphosa-on-progress-in-the-national-effort-to-contain-the-covid-19-pandemic-3/
- 34. Government of Spain. Early detection, surveillance and control of COVID-19 [in Spanish]. 2020 [cited 2020 Jan 4].
 https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/CO VID19_Estrategia_vigilancia_y_control_e_indicadores.pdf
- 35. Republic of Turkey Ministry of Health. COVID-19 (SARS-CoV-2 infection) general information, epidemiology, and diagnosis [in Turkish]. 2020 [cited 2020 Dec 8]. https://covid19.saglik.gov.tr/Eklenti/39551/0/covid-19rehberigenelbilgilerepidemiyolojivetanipdf.pdf

- 36. Ministry of Health of Ukraine. Organization of medical care for patients with coronavirus disease (COVID-19) [in Ukrainian]. 2020 [cited 2021 Jan 04]. https://moz.gov.ua/article/ministry-mandates/nakaz-moz-ukraini-vid-28032020--722-organizacija-nadannja-medichnoi-dopomogi-hvorim-na-koronavirusnu-hvorobu-covid-19
- 37. Ministry of Health of Ukraine. COVID-19 pandemic in Ukraine [cited 2020 Dec 8]. https://covid19.gov.ua/en
- 38. UK Healthy Security Agency. COVID-19: investigation and initial clinical management of possible cases. 2020 [cited 2020 Nov 25]. https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection
- 39. UK National Health Service. Get tested for coronavirus (COVID-19) [cited 2020 Nov 30]. https://www.gov.uk/getting-tested-for-coronavirus
- 40. Centers for Disease Control and Prevention. Coronavirus Disease. 2019 (COVID-19) 2020 interim case definition, approved August 5, 2020. 2020 [cited 2020 Oct 13]. https://ndc.services.cdc.gov/case-definitions/coronavirus-disease-2019-2020-08-05/
- 41. Centers for Disease Control and Prevention. Overview of testing for SARS-CoV-2 (COVID-19). 2020 [cited 2020 Dec 07]. https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html.