

Public Health Clinical Criteria for Surveillance for COVID-19

Acute onset or worsening of **at least two** of the following signs or symptoms:

fever (measured or subjective), or chills or rigors (shaking chills)
myalgia (muscle aches)
headache
sore throat
nausea or vomiting
diarrhea
fatigue
congestion or runny nose

OR

Acute onset or worsening of at least **one** of the following signs or symptoms:

cough
shortness of breath
difficulty breathing
new olfactory disorder (e.g., loss of smell)
new taste disorder (e.g., loss of taste)
new confusion or change in mental status
persistent pain or pressure in the chest
pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone
inability to wake or stay awake

OR

Severe respiratory illness with at least one of the following:

Clinical or radiographic evidence of pneumonia, or
Acute respiratory distress syndrome (ARDS).

AND

No alternative more likely diagnosis.

These are DHS established guidelines used for determining testing referral and isolation dates.