

**Table 1 Definitions of patients and situations requiring public health investigation and testing for novel coronavirus (nCoV)**

Organization [reference]	Patient under Investigation	Other situations under Investigation
World Health Organization [9]	<p>A person with an acute respiratory infection, which may include history of fever or measured fever <math>\geq 38^{\circ}\text{C}</math> (<math>100.4^{\circ}\text{F}</math>) and cough; AND</p> <p>Suspicion of pulmonary parenchymal disease (e.g. pneumonia or acute respiratory distress syndrome), based on clinical or radiological evidence of consolidation; AND</p> <p>Residence in or history of travel to the Arabian peninsula or neighbouring countries<sup>a</sup> within 10 days before onset of illness; AND</p> <p>Not already explained by any other infection or etiology, including all clinically indicated tests for community-acquired pneumonia according to local management guidelines. It is not necessary to wait for all test results for other pathogens before testing for nCoV.</p>	<p><i>Ill contacts</i> Individuals with acute respiratory illness of any degree of severity who, within 10 days before onset of illness, were in close physical contact with a confirmed or probable case of nCoV infection while the case was ill.</p> <p>Any person who has had close contact with a probable or confirmed case while the probable or confirmed case was ill should be carefully monitored for the appearance of respiratory symptoms. If symptoms develop within the first 10 days after contact, the individual should be considered a “patient under investigation”, regardless of the severity of illness, and investigated accordingly.</p> <p><i>Clusters</i> Any cluster of severe acute respiratory infection, particularly clusters of patients requiring intensive care, without regard to place of residence or a history of travel; AND</p> <p>Not already explained by any other infection or etiology, including all clinically indicated tests for community-acquired pneumonia according to local management guidelines.</p> <p><i>Health-care workers</i> Health-care workers who care for patients with severe acute respiratory infections, particularly patients requiring intensive care, who develop unexplained pneumonia without regard to place or residence or history of travel.</p>
Centers for Disease Control [10]	<p>A person with an acute respiratory infection, which may include fever <math>\geq 38^{\circ}\text{C}</math> (<math>100.4^{\circ}\text{F}</math>) and cough; AND</p> <p>Suspicion of pulmonary parenchymal disease (e.g. pneumonia or acute respiratory distress syndrome based on clinical or radiological evidence of consolidation); AND</p> <p>History of travel from the Arabian peninsula or neighbouring countries<sup>a</sup> within 10 days; AND</p> <p>Not already explained by any other infection or etiology, including all clinically indicated tests for community-acquired pneumonia<sup>b</sup> according to local management guidelines.</p>	<p>Persons who develop severe acute lower respiratory illness of known etiology within 10 days after travel from the Arabian peninsula or neighbouring countries<sup>a</sup> but do not respond to appropriate therapy; OR</p> <p>Persons who develop severe acute lower respiratory illness who are close contacts of a symptomatic traveller who developed fever and acute respiratory illness within 10 days after travel from the Arabian Peninsula neighbouring countries<sup>a</sup>. Close contact is defined as providing care for the ill traveller (e.g. a health-care worker or family member), or having similar close physical contact; or stayed at the same place (e.g. lived with, visited) as the traveller while the traveller was ill.</p> <p><i>Clusters of severe acute respiratory illness</i> In addition, any clusters of severe acute respiratory illness in health-care workers in the United States should be thoroughly investigated. Occurrence of a severe acute respiratory illness cluster of unknown etiology should prompt immediate notification of local public health for further notification and testing.</p>
Health Protection Agency [11]	<p>Any person with severe acute respiratory infection: Symptoms of fever <math>\geq 38^{\circ}\text{C}</math> or history of fever and cough; AND</p> <p>With evidence of pulmonary parenchymal disease (e.g. pneumonia or acute respiratory distress syndrome) based on clinical or radiological evidence; AND</p> <p>Not already explained by any other infection or etiology; AND</p> <p>History of travel to or residence in an area where infection with nCoV 2012 has recently been reported or where transmission could have occurred in the 10 days before onset of illness.</p>	<p>Health-care worker based in intensive care unit (ICU) caring for patients with severe acute respiratory infection; OR</p> <p>Close contact (i.e. prolonged face-to-face contact) during the 10 days before onset of illness with a confirmed case of nCoV infection while the case was ill.</p> <p><i>Cluster</i> Two or more cases of severe acute respiratory infection requiring ICU admission, regardless of history of travel; AND</p> <p>Not already explained by any other infection or etiology.</p>
Robert Koch Institute [12]	<p>Patient with respiratory symptoms independent of its severity; AND “epidemiological exposure A” (close contact); OR</p> <p>Patient with “clinical picture” and “epidemiological exposure B”.</p> <p><i>Clinical picture</i> Patients with acute respiratory syndrome (with or without fever <math>\geq 38^{\circ}\text{C}</math>) and (with or without cough) for whom based on clinical or radiological signs of an inflammatory infiltrate it is suspected that the lower respiratory tract is affected (e.g. pneumonia or acute respiratory distress syndrome); AND</p> <p>Symptoms not explained by another cause of infection or disease including causes of community-acquired pneumonia (e.g. <i>Streptococcus pneumoniae</i>, <i>Haemophilus influenzae</i> type B, <i>Legionella pneumophila</i>, other bacterial, pneumonia virus, influenza virus type A or B, respiratory syncytial virus).</p> <p><i>Epidemiological exposure</i> Within the last 10 days before onset of illness: (A) Close contact: With a patient, in particular by medical personnel, or family members; OR Stay in the same place (e.g. living together, visit) as a case, while they were symptomatic. (B) Stay (travel or residence) in the Arabian peninsula or in adjacent countries<sup>c</sup>.</p>	<p>Medical personnel meeting the clinical picture after close contact with ICU-treated patients meeting the clinical picture and needing intensive care INDEPENDENT of epidemiological exposure.</p> <p>Two or more persons treated in ICU meeting the clinical picture, with onset of symptoms within the same 2-week period and within the same classroom, workplace, household, extended family, hospital, other residential facility, barracks or camps INDEPENDENT of epidemiological exposure.</p>
European Centre for Disease Prevention and Control [13]	<p>A person with an acute respiratory infection, which may include history of fever and cough and indications of pulmonary parenchymal disease (e.g. pneumonia or acute respiratory infection), based on clinical or radiological evidence of consolidation, who requires admission to hospital; AND</p> <p>Has exposure in the Middle East within 10 days before onset of illness, unless another aetiology has been identified<sup>d</sup>.</p>	<p>A person with an acute respiratory infection, which may include history of fever and cough and indications of pulmonary parenchymal disease (e.g. pneumonia or acute respiratory infection), based on clinical or radiological evidence of consolidation, who requires admission to hospital; AND any of the following:</p> <ul style="list-style-type: none"> <li>• Is in a cluster that occurs within a 10-day period, without regard to place of residence or history of travel, unless another aetiology has been identified<sup>d</sup>.</li> <li>• Occurs in a health-care worker who has been working in an environment where patients with severe acute respiratory infections are being cared for, particularly patients requiring intensive care, without regard to place of residence or history of travel, unless another aetiology has been identified<sup>d</sup>.</li> </ul>

<sup>a</sup>Countries considered in the Arabian peninsula and neighbouring include: Bahrain, Iraq, Islamic Republic of Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syrian Arab Republic the United Arab Emirates and Yemen.

<sup>b</sup>Examples of respiratory pathogens causing community-acquired pneumonia include influenza A and B, respiratory syncytial virus, *Streptococcus pneumoniae* and *Legionella pneumophila*.

<sup>c</sup>Yemen, Qatar, Kuwait, Oman, Saudi Arabia, United Arab Emirates and Iraq, Jordan, Bahrain, Syrian Arab Republic, Lebanon, Islamic Republic of Iran, Palestinian Territories, Israel.

<sup>d</sup>Notes that dual infection has been demonstrated in at least 1 case and so that detection of another pathogen should not exclude testing for nCoV where the first pathogen is unlikely to explain the clinical presentation).