FIGURE 1A. TRIAGE OF PATIENTS DURING THE COVID-19 PANDEMIC

NOVEMBER 7. 2020

FOOTNOTE

^aClinical criteria of COVID-19 Suspect Case: (WHO Public health surveillance for COVID-19: interim guidance August 7, 2020):

- 1. Acute onset of fever and cough; OR
- 2. Acute onset of any 3 or more of common signs and symptoms of COVID-19

Common Signs and Symptoms: fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia, nausea, vomiting, diarrhea, altered mental status, anosmia, ageusia/dysgeusia

DEpidemiological criteria of COVID-19 Suspect Case: (WHO Public health surveillance for COVID-19: interim guidance August 7, 2020):
Residing or working in an area with high risk of transmission of the virus, e.g. closed residential and camp-like settings,

- Residing or working in an area with high risk of transmission of the virus, e.g. closed residential and camp-like settings within 14 days prior to symptom onset; OR
- 2. Residing in or travel to an area with community transmission within 14 days prior to symptom onset; OR
- 3. Working in health setting, including within health facilities and within households, within 14 days prior to symptom onset.

CSevere Acute Respiratory Illness (SARI): Acute respiratory infection with history of fever or measured fever of ≥ 38C°; and cough; with onset within the last 10 days; and who requires hospitalization.

dComorbids - Underlying health condition listed below:

- Chronic lung disease
- Chronic heart disease or Hypertension
- Chronic kidney disease
- Chronic liver disease
- Chronic neurological conditions
- Diabetes
- Problems with the spleen
- Weakened immune system such as HIV or AIDS, or medicines such as steroid tablets or chemotherapy
- Morbid obesity (BMI > 40)

^eSevere Symptoms:

For adults and adolescents: any of the following:

- Altered mental state
- Severe respiratory distress
- SpO2<93% at room air, RR>30/min
- Systolic blood pressure of <90mmHg
- Other signs of shock or complications

For children: cough or difficulty in breathing plus at least one of the following:

- Central cyanosis of SpO2<90%
- Severe respiratory distress (e.g. grunting, chest indrawing)
- Signs of pneumonia with a general danger sign: inability to breastfeed or drink, lethargy/unconsciousness or convulsions
- Other signs of pneumonia may be present: fast breathing (in breaths/minute) <2 months, ≥ 60; 2-11 months, ≥50; 1-5 year, ≥40

Admission is recommended if reason for moderate classification is pneumonia or if there are other indications for admission and if the physician assessed the patient to be at high risk for severe disease.

9Administer acute care for the patient while considering admission and service capability. Service capability as basis for admission can depend on multiple factors including: (1) best clinical judgement of the health provider (2) appropriateness of health care facility (3) geographical access to the next higher level facility (4) patient context.

hContact: a person who has experienced any one of the following exposures to a probable/confirmed case during the 2 days before and the 14 days after the onset of said case:

- 1. Face-to-face contact within 1 meter and for at least 15 minutes
- 2. Direct physical contact;
- 3. Direct care without using recommended PPE; OR
- Other situations as indicated by local risk assessments.