REPUBLIC OF CYPRUS
MINISTRY OF HEALTH

MEDICAL AND PUBLIC HEALTH SERVICES

New case definition and laboratory testing criteria

(updated 23/3/2020 based on the recommendations of the Scientific Advisory Committee for COVID-19)

Definition of a suspected case in the community (Algorithm 1)

Patient with symptoms[1] :

- General malaise/ weakness, and/or
- Temperature >37.3°C, and/or
- Dry Cough, and/or
- Muscle aches

Recommendation for self-isolation at home, self-monitoring every 24-48 hours and follow advise from personal doctor (GP). Laboratory testing for COVID-19 is not recommended.

Self-isolation may be stopped once 14 days have passed from the improvement of the symptoms.

[1] Note: Less common symptoms include sore throat/ dry throat/ nasal congestion/ runny nose/ anemia, headaches and gastrointestinal symptoms (vomiting, diarrhoea). Caution is required here as symptoms such as runny nose, sneezing, runny eyes, itching are most likely due to a seasonal allergy.

Management of suspected case that requires referral to Public Health Practice (Algorithms 1&2)

Respiratory infection (without other clear cause) and at least one:

- Underlying diseases such as cardiovascular disease, chronic respiratory disease, severe immunosuppression (malignancy under chemotherapy), rheumatological/ neurological/other immunosuppressive conditions taking medication such as corticosteroids and immunomodulators, immunodeficiency or diabetes (type 1)
- Age > 60 years
- Fever > 38.5°C
- Shortness of breath
- Chest pain
- Symptoms that persist for more than 2 days
- Travel history or contact with confirmed COVID-19 case within 14 days of onset of symptoms

Recommendation for referral from GP to Public Health Practice by appointment, completion of electronic referral form or calling 1420, laboratory testing for COVID-19 and assessment of severity (see algorithm)

Criteria of severity of patient for hospitalisation (Algorithm 2 & 3)

Patients with acute respiratory infection referred by Public Health Practice, 1420 or from A&E Dept and has at least one of the following conditions:

- Underlying diseases such as cardiovascular disease, chronic respiratory disease, severe immunosuppression (malignancy under chemotherapy), rheumatological/ neurological/other immunosuppressive conditions taking medication such as corticosteroids and immunomodulators, immunodeficiency or diabetes (type 1)
- Newly transpired confusion or communication level disorder
- Need for exogenous oxygen supply (SpO2<93%)
- Severe tachypnoea (breaths >30/min)
- Severe respiratory distress / ARDS
- Sepsis (organic damage)/ Septic shock

Recommendation for laboratory testing for COVID-19 and Influenza A&B, admission to hospital (Suspected Case Management Unit) and appropriate management.

Note: Laboratory findings supporting the potential diagnosis of COVID-19 are: Lymphopenia (<1000/mm3), Neutrophil/lymphocyte ratio >3, High Ferritin, Increased D-Dimers, Increased LDH, Hyperglycaemia, Thrombocytopenia, Transaminase

Criteria for Laboratory Testing of Hospitalised patients (Algorithm 4)

2 of the following 3 criteria must be met for laboratory testing of a hospitalised patient:

- Patient presenting with new respiratory infection symptoms (eg. Fever, cough, shortness of breath) during hospitalisation without any apparent reason (eg. Aspiration, hospital pneumonia)
- Radiology image that supports COVID-19 diagnosis: bilateral infiltration without pleuritic fluid collection
- Contact with confirmed COVID-119 case or travel history within last 14 days

For any other case please contact the Infectious Disease Officer at the Suspected Case Management Unit.

Samples for laboratory testing for COVID-19 to be taken as well as Influenza A&B or Multiplex Respiratory Panel by designated staff for specimen collection.

Transfer to single bed room or to Suspected Case Management Unit until infection is confirmed/ ruled out.

Note: Laboratory findings supporting the potential diagnosis of COVID-19 are: Lymphopenia (<1000/mm3), Neutrophil/lymphocyte ratio >3, High Ferritin, Increased D-Dimers, Increased LDH, Hyperglycaemia, Thrombocytopenia, Transaminase