



## **POLICY PP-02: Case Definitions for Influenza like illness/ Respiratory Tract illness/COVID-19**

### **Infection Control**

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#### **Acute Respiratory Illness (ARI)**

ARI is a term used to describe a wide range of droplet-spread respiratory infections, such as colds, influenza-like illness (ILI) and pneumonia, which usually present with symptoms of a fever of greater than 38 degrees Celsius and/or new or worsening cough or shortness of breath. Note: elderly people and people who are immunocompromised may not have a febrile response to a respiratory infection.

#### **Clinical Presentation**

Older adults may present with atypical symptoms due to age-related weakening of the immune system. Weakened immunity or aging of the immune system which is also referred to as "Immunosenescence" can also lead to increased risk of infection.

Symptoms that may present differently in older individuals include: fever, cough and shortness of breath (differentiate from chronic lung conditions), loss of taste or smell (differentiate if due to medications or neurodegenerative processes causing sensory impairment), and fatigue and body ache (common in older individuals). Sore throat, new-onset congestion, nausea, vomiting, or diarrhea may be more valuable as diagnostic criteria for SARS-CoV-2 infection in older individuals.

#### **Case Definitions**

##### **Upper Respiratory Tract Illness (Includes common cold, pharyngitis)**

The Resident must have at least 2 of the following symptoms:

- Runny nose or sneezing
- Stuffy nose (congestions)
- Sore throat or hoarseness or difficulty swallowing
- Dry cough
- Swollen or tender glands in the neck (Cervical lymphadenopathy)

- Fever/ abnormal temperature for the Resident may be present but it is not required
- Tiredness (Malaise)
- Muscle aches (Myalgia)
- Loss of appetite
- Headache and chills

### **Pneumonia**

All of the following criteria must be met:

- Interpretation of a chest x-ray as pneumonia, probable pneumonia or the presence of infiltrate
- The Resident must have at least two of the signs and symptoms described under “Other Lower Respiratory Tract Infections”
- Other non-infections causes of symptoms, in particular congestive heart failure, must be ruled out

### **Lower Respiratory Tract Infections (Bronchitis, tracheobronchitis)**

- New or increased cough
- New or increased sputum production
- Abnormal temperature for the Resident  $\geq 38$  degrees C
- Pleuritic chest pain
- New or increased physical findings on chest examination (Rales rhonchi, wheezes, bronchial breathing)

One of the following to indicate change in status or breathing difficulty:

- New-increase shortness of breath
- Respiratory rate greater than 25/minute
- Worsening functional or mental status (Deterioration in Resident’s ability to perform activities of daily living or lowering of their consciousness)

### **Influenza-Like Illness**

Both of the following must be met:

1. Fever ( $\geq 38$  degrees C)
2. The Resident must have at least three of the following signs or symptoms:
  - Chills
  - New headache or eye pain
  - Myalgia
  - Malaise or loss of appetite
  - Sore throat
  - New or increased dry cough

**Avian (or bird) Flu**

Is an influenza infection in birds. Avian influenza viruses occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can rarely be transmitted from birds to humans. There is no human immunity and no human vaccine available.

**Confirmed Case:** A person with laboratory confirmation of influenza A(H5N1)

**Probable case:** A person meeting the exposure criteria with or without symptoms that are compatible with illness criteria, who is positive for influenza A and for whom subtyping laboratory test results are unknown or pending.

**Exposure criteria:** Exposure within the previous ten (10) days to any of the following: direct or indirect close contact (within 2 metres) to presumptive/confirmed infected birds or other animals (e.g., visiting a live market, touching or handling infected animals, under- or uncooked poultry or egg) close contact (within 2 metres) with a person under investigation, probable, or confirmed human case.

Exposure to contaminated environments includes direct contact with surfaces contaminated with animal parts (e.g., carcasses, internal organs) or feces from A(H5N1) infected animals.

Incubation period for H5N1 has been reported as one to five days, and up to seven days.

**Pandemic Flu**

Is a global outbreak that occurs when a new Influenza Like Illness virus emerges, to which the population has little immunity, that has the capacity to spread easily from person to person and causes serious human illness.

**COVID-19**

Confirmed or probable COVID-19 case should self-isolate on Droplet and Contact Precautions for at least 5 days from symptom onset and until symptoms have been improving for 24hrs (or 48 hours if gastrointestinal symptoms) and no fever is present

**Confirmed Case**

A person with confirmation of SARS-CoV-2 infection documented by: Detection of at least one specific gene target by a validated laboratory-based nucleic acid amplification testing (NAAT) assay (e.g., real-time PCR) performed at a community, hospital or reference laboratory (e.g., Public Health Ontario Laboratory or the National Microbiology Laboratory);

OR

A validated point-of-care (POC) NAAT that has been deemed acceptable by the Ontario Ministry of Health to provide a final result;

OR

Demonstrated seroconversion or diagnostic rise (at least 4-fold or greater from baseline) in viral specific antibody titre in serum, plasma, or whole blood using a validated laboratory-based serological assay for SARS-CoV-2.

OR

A report from an Ontario coroner, as defined in the Coroners Act, R.S.O. 1990, c. C.37, indicating that COVID-19 or SARS-CoV-2 was the cause of death or a contributing factor to the death.

### **Probable Case**

A person who:

Has symptoms compatible with COVID-19

### **Symptoms:**

Any new onset acute respiratory infection that could potentially spread by the droplet route (either upper or lower respiratory tract), which presents with symptoms of a fever greater than 38 degrees Celsius and/or a new or worsening cough or shortness of breath

- **Fever and/or chills** Temperature of 38 degrees Celsius/100 degrees Fahrenheit or higher.
- **Cough or barking cough (croup)** Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have.
- **Shortness of breath** Not related to asthma or other known causes or conditions you already have.
- **Decrease or loss of smell or taste** Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have.
- **Muscle aches/joint pain** Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have). If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, select "No."
- **Fatigue** Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have). If you received a COVID-19 and/or flu vaccination in the last

48 hours and are experiencing mild fatigue that only began after vaccination, select "No."

- **Sore throat** Painful or difficulty swallowing (not related to post-nasal drip, acid reflux, or other known causes or conditions you already have).
- **Runny or stuffy/congested nose** Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have.
- **Headache** New, unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have. If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing a headache that only began after vaccination, select "No."
- **Nausea, vomiting and/or diarrhea** Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have.

AND

Had high-risk or close contact exposure, OR

Was exposed to a known cluster or outbreak;

AND

In whom a laboratory-based NAAT-assay (e.g., real-time Polymerase Chain Reaction [PCR]) for SARS-CoV-2 has not been completed; OR SARS-CoV-2 antibody is detected in a single serum, plasma, or whole blood sample using a validated laboratory-based serological assay for SARS-CoV2 collected within 4 weeks of symptom onset

OR

Has symptoms compatible with COVID-19

AND

In whom a laboratory-based NAAT assay (e.g., real-time PCR) for SARS-CoV-2 was inconclusive

OR

Is asymptomatic

AND

Had high-risk or close contact exposure, OR

Was exposed to a known cluster or outbreak

AND

In whom a laboratory-based NAAT-based assay (e.g., real-time PCR) for SARSCoV-2 is inconclusive.

**References:**

Ontario Public Health Standards: Requirements for Programs, Services and Accountability Infectious Diseases Protocol Appendix 1: Case Definitions and Disease Specific Information Disease: Coronavirus Disease 2019 (COVID-19) Effective: October 2024

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control. Best practices for the prevention of acute respiratory infection transmission in all health care settings. 2nd revision. Toronto, ON: King's Printer for Ontario; 2025.

United States Centers for Disease Control and Prevention. (2022). Case Definitions for Investigations of Human Infection with Avian Influenza A Viruses in the United States.

Public Health Agency of Canada. (2013). Severe Acute Respiratory Infection (SARI) Case Definition.