

# Human Infection with Coronavirus Disease 2019 (COVID-19) Surveillance Worksheet

NAME	ADDRESS (Street and No.)	PHONE	Hospital Record No.
(last) _____	(first) _____	_____	_____
This information will not be sent to CDC			

<b>REPORTING SOURCE TYPE</b> <input type="checkbox"/> physician <input type="checkbox"/> PH clinic <input type="checkbox"/> nurse <input type="checkbox"/> laboratory <input type="checkbox"/> hospital <input type="checkbox"/> other clinic <input type="checkbox"/> other source type _____	<b>NAME</b> _____ <b>ADDRESS</b> _____ <b>ZIP CODE</b> _____ <b>PHONE</b> (____) _____	<b>LOCAL SUBJECT ID</b> _____ <b>SUBJECT ADDRESS STATE</b> <input type="text" value="res_state"/>	<b>SUBJECT ADDRESS COUNTY</b> <input type="text" value="res_county"/>
		<b>SUBJECT ADDRESS ZIP CODE</b> _____	

## CASE INFORMATION

<b>NNDSS ID</b> <input type="text" value="nndss_id"/> (Local Record/Case ID)	<b>Date of Birth</b> <input type="text" value="dob"/> <small>month day year</small>	<b>Country of Birth</b> _____	<b>Other Birthplace</b> _____
<b>Ethnic</b> <input type="text" value="ethnicity"/> =Hispanic/Latino   N=Not Hispanic/Latino   O=Other _____   U=Unknown		<b>Country of Birth</b> _____ <small>race_other; race_spec   race_unk</small>	
<b>Race</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not asked <input type="checkbox"/> Refused to answer <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown			
<b>Sex</b> M=male F=female U=unknown <input type="checkbox"/>	<b>Age at Case Investigation</b> _____ <small>sex   age</small>	<b>Age Unit*</b> _____ <small>ageunit</small>	<b>Date Reported</b> _____ <small>case_cdcreport_dt   month day year</small>
<b>Reporting State</b> _____	<b>Earliest Date Reported to State</b> _____ <small>month day year</small>	<b>Date First Reported to PHD</b> _____ <small>month day year</small>	

<b>Reporting County</b> _____	<b>Earliest Date Reported to County</b> _____ <small>month day year</small>	<b>National Reporting Jurisdiction</b> <input type="text" value="state"/>
<b>CDC 2019-nCOV ID</b> <input type="text" value="cdc_ncov2019_id"/>	<b>Date First Positive Specimen</b> <input type="text" value="pos_spec_dt; pos_spec_unk; pos_spec_na"/> <small>(mm/dd/yyyy)</small>	<b>Previously Infected?</b> Y=Yes N=No U=Unknown <input type="checkbox"/>
<b>Case Investigation Start Date</b> _____ <small>month day year</small>	<b>CASE CLASS STATUS</b> <input type="text" value="current_status"/> <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Unknown <input type="checkbox"/> Suspected <input type="checkbox"/> Not a case	<b>If probable case, reason for case classification</b> <input type="text" value="probable"/> <input type="checkbox"/> Meets clinical criteria AND epidemiologic evidence with no confirmatory lab testing performed for COVID-19 <input type="checkbox"/> Meets presumptive lab evidence AND either clinical criteria OR epidemiologic evidence <input type="checkbox"/> Meets vital records criteria with no confirmatory lab testing
<b>DGMQID</b> <input type="text" value="process_dgmqid"/> <small>[If Epi-X notification of travelers checked, DGMQID]</small>	<b>Previous State Case ID</b> <input type="text" value="prev_st_case_num1; prev_st_case_num2"/>	

<b>DETECTION METHOD</b>	Autopsy	Laboratory reported	Other method (specify below)
	Clinical evaluation <input type="text" value="process_pui"/>	Provider reported	<input type="text" value="process_other"/>
	Contact tracing of case patient <input type="text" value="process_cont"/>	Routine physical examination	<input type="text" value="process_other_spec"/>
	Epi-X notification of travelers <input type="text" value="process_epix"/>	Routine surveillance <input type="text" value="process_surv"/>	Unknown <input type="text" value="process_unk"/>

## HOSPITALIZATION INFORMATION

<b>Illness Onset Date</b> <input type="text" value="onset_dt; onset_unk"/> <small>month day year</small>	<b>Illness End Date</b> <input type="text" value="symp_res_dt"/> <small>month day year</small>	<b>Illness Duration</b> _____	<b>Duration Units*</b> _____
<b>Hospitalized?</b> Y=yes N=no U=unknown <input type="checkbox"/> <input type="text" value="hosp_yn"/>	<b>Hospital Admission Date</b> _____ <small>month day year</small>	<b>Hospital Discharge Date</b> _____ <small>month day year</small>	
<b>Duration of Hospital Stay</b> 0-998 _____ <small>999=unknown (days)</small>	<b>If hospitalized, was a translator/Interpreter required?</b> Y=yes N=no U=unknown <input type="text" value="translator_yn"/>		
<b>Patient admitted to an Intensive Care Unit (ICU)?</b> Y=yes N=no U=unknown <input type="text" value="icu_yn"/>	<b>ICU Admission Date</b> _____ <small>month day year</small>		
<b>Was the patient pregnant at the time of event?</b> Y=yes N=no U=unknown <input type="checkbox"/> <input type="text" value="pregnant_yn"/>	<b>ICU Discharge Date</b> _____ <small>month day year</small>		
<b>If yes, trimester at illness onset:</b> <input type="radio"/> 1 <sup>st</sup> <input type="radio"/> 2 <sup>nd</sup> <input type="radio"/> 3 <sup>rd</sup> <input type="radio"/> unk	<b>Weeks Gestation</b> <input type="text"/>	<b>Number Weeks Gestation</b> <input type="text"/>	
<b>Did subject die from illness/complications of illness?</b> Y=yes N=no U=unknown <input type="checkbox"/> <input type="text" value="death_yn"/>			<b>Date of Death</b> _____ <small>death_dt; death_unk   month day year</small>

\*UNITS a=year d=day h=hour min=minute mo=month s=second wk=week UNK=unknown

## CLINICAL INFORMATION

<b>INFORMATION SOURCE for CLINICAL DATA</b>	<input type="checkbox"/> Medical records <input type="checkbox"/> Patient interview <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> collect_medchart <input checked="" type="checkbox"/> collect_ptinterview <input type="checkbox"/> Other (specify) _____	<b>DATE of DIAGNOSIS</b>	_____ month    day    year
<b>TESTING REASON</b>	<input type="checkbox"/> Asymptomatic testing <input type="checkbox"/> Contact investigation <input type="checkbox"/> Community testing site <input type="checkbox"/> Screening <input type="checkbox"/> Symptomatic <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown		

**Symptoms present during course of illness?** Y=yes N=no U=unknown  Did symptom(s) resolve? Y=yes N=no U=unknown   
sympstatus symp\_res\_yn

**Did the patient have another diagnosis/etiology for illness?** Y=yes N=no U=unknown  (if yes, specify) \_\_\_\_\_  
diagother

SIGNS and SYMPTOMS	[Y=yes]			[N=no]			[U=unknown]		
	Y	N	U	Y	N	U	Y	N	U
abdom_yn				sob_yn			ppchest_yn		
mentstat_yn				fatigue_yn			rigors_yn		
chestpain_yn				sfever_yn			runnose_yn		
chills_yn				fever_yn			sthroat_yn		
confusion_yn				headache_yn			nauseavomit_yn		
cough_yn				hypsom_yn			wheezing_yn		
cyanosis_yn				nauseavomit_yn			othersym1_yn		
diarrhea_yn				taste_yn			othersym1_spec1; othersym1_spec2; othersym1_spec3		
breathing_yn				taste_yn			Unknown		
drowsy_yn				myalgia_yn			Unknown		

CLINICAL FINDINGS	[Y=yes; N=no; U=unknown]				[NA=not applicable]			
	Y	N	U	NA	Y	N	U	NA
acuterespdistress_yn					Other (specify) _____			
abxekg_yn					pna_yn			
abxchest_yn					Unknown			

TREATMENT TYPE	[Y=yes; N=no; U=unknown]				DURATION (days)		[Y=yes; N=no; U=unknown]				DURATION	
	Y	N	U	NA	Y	U	Y	N	U	NA	Y	U
mechvent_yn					mechvent_dur		Other (specify) _____				_____ days	
ecmo_yn							Unknown				_____ days	

**Did patient have underlying medical conditions and/or risk behaviors?** Y=yes N=no U=unknown  Provide a response for each below:

**Underlying Conditions or Risk Factors** medcond\_yn [Y=yes; N=no; U=unknown]

Y		N		U		Y		N		U		Y		N		U	
Autoimmune condition	autoimm_yn	Current smoker	smoke_curr_yn	Hypertension	hypertension_yn	Psychological/psychiatric†	psych_yn										
Cardiovascular disease	cvd_yn	Diabetes mellitus	diabetes_yn	Immunosuppressive condition	immsupp_yn	Severe obesity (BMI ≥40)	obesity_yn										
Chronic liver disease	liverdis_yn	Disability†	neuro_yn	Other chronic disease	otherdis_yn; otherdis_spec	Substance abuse	substance_yn										
Chronic lung disease	cld_yn	Former smoker	smoke_former_yn	Other (specify)	othercond_yn; othercond_spec	Unknown											
Chronic renal disease	renaldis_yn	*If disability, type neuro_spec				*If mental condition, type psych_spec											

## DEMOGRAPHIC INFORMATION

**What is the patient's primary language?**     
**Does this case have any tribal affiliation?** Y=yes N=no U=unknown

**If tribal affiliation, which tribe?**      
**List enrolled tribe name(s)**

tribe\_yn tribe\_name tribe\_member

<b>RESIDENCE at ILLNESS ONSET</b>	Acute care inpatient facility	Homeless shelter	Long term care facility	Other (specify)
	Apartment	Hotel	Mobile home	Outside
	Assisted living facility	House/single family	Motel	Rehabilitation facility
	Correctional facility	Group home	Nursing home	Unknown

housing    housing\_spec

**Was case-patient a healthcare personnel (HCP) at time of illness onset?** Y=yes N=no U=unknown  If yes, select from below:

HCP OCCUPATION TYPE	[Y=yes; N=no; U=unknown]		HCP WORKPLACE SETTING	[Y=yes; N=no; U=unknown]	
	Y	U		Y	U
hc_job			hc_setting		
Environmental services			Assisted living facility		
Respiratory therapist			Long term care facility		
Nurse			Rehabilitation facility		
Physician			Unknown		
			Other (specify)	hc_setting_spec	

## EXPOSURE and IMPORTATION INFORMATION

**In the 14 days prior to illness onset, did the patient have any of the following exposures: (check all that apply)**

<b>Y</b> <b>N</b> <b>U</b> [Y=yes, N=no, U=unknown]	<b>Y</b> <b>N</b> <b>U</b>	<b>Y</b> <b>N</b> <b>U</b>
<input type="checkbox"/> exp_airport Airport/Airplane	<input type="checkbox"/> exp_correctional Correctional facility	<input type="checkbox"/> exp_other Other (specify) <input type="text"/> exp_other_spec
<input type="checkbox"/> exp_adultfacility Adult congregate living facility	<input type="checkbox"/> exp_othstate Domestic travel	
<input type="checkbox"/> exp_school Childcare facility	<input type="checkbox"/> exp_othcountry International travel	
<input type="checkbox"/> exp_gathering Community event/mass gathering	<input type="checkbox"/> exp_school School/university	<input type="checkbox"/> exp_unk Unknown exposures in the 14 days prior to illness onset
<input type="checkbox"/> exp_animal Animal (confirmed/suspected COVID-19)	Type of animal <input type="text"/> exp_animal_spec	
<input type="checkbox"/> exp_work Workplace	<input type="checkbox"/> exp_work_critical Workplace critical infrastructure?	Setting (specify) <input type="text"/> exp_work_critical_spec
<input type="checkbox"/> exp_ship Cruise ship or vessel travel as passenger or crew	Name of ship(s) 1) <input type="text"/> exp_ship_spec	2) <input type="text"/>
	Contact with confirmed/probable COVID-19 case <input type="checkbox"/> exp_community <input type="checkbox"/> healthcar <input type="checkbox"/> exp_health <input type="checkbox"/> household <input type="checkbox"/> exp_house <input type="checkbox"/> unknown	
	If contact with COVID-19 case, was this person a U.S. case? Y=yes N=no U=unknown	Linked Case Number <input type="text"/> Contact_id; cdc_ncovd2019_sourceid_2; cdc_ncovd2019_sourceid_3; cdc_ncovd2019_sourceid_4

<b>TRAVEL HISTORY</b>	<b>International Destinations</b>	Country <input type="text"/> exp_othcountry_spec	Departure Date (mm/dd/yyyy)	Return Date (mm/dd/yyyy)
	<b>Domestic Destinations</b>	State <input type="text"/> exp_othstate_spec	Departure Date (mm/dd/yyyy)	Return Date (mm/dd/yyyy)

<b>CASE DISEASE IMPORTED CODE</b>	Indigenous	In state, out of jurisdiction	Out of state
	International	Unknown	Yes, imported, but not able to determine source state/country

Imported Country <input type="text"/>	Imported State <input type="text"/>	Imported County <input type="text"/>	Imported City <input type="text"/>
Country of Exposure <input type="text"/>	State or Province of Exposure <input type="text"/>		
County of Exposure <input type="text"/>	City of Exposure <input type="text"/>		

Outbreak related? Y=yes N=no U=unknown	Outbreak Name <input type="text"/> outbreak_name	Transmission Mode <input type="text"/>
<input type="checkbox"/> outbreak_associated		

### LABORATORY INFORMATION

Test Type	Test Result	Result Units	Test Result Quantitative	Date Specimen Collected <small>mm dd yyyy</small>	Specimen Type	Performing Laboratory Specimen ID	WGS ID Number	Performing Laboratory Type
			<input type="text"/> test_PCR				<input type="text"/> wgs1id, wgs2id	
			<input type="text"/> test_serologic			<input type="text"/> spec_otherspecimen1id		
			<input type="text"/> test_other; test_other_spec			<input type="text"/> spec_otherspecimen2id		
						<input type="text"/> spec_otherspecimen3id		

PERFORMING LABORATORY TYPE	SPECIMEN TYPE																																																																																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44																																																				
1=CDC lab 2=commercial lab 3=hospital lab 4=other clinical lab 5=public health 6=VPD testing lab 8=other 9=unknown	1	Bacterial isolate	9	CSF	17	NP swab	25	Saliva	33	Swab	41	Vesicle fluid	2	Blood	10	Crust	18	NP washing	26	Scab	34	Swab, skin lesion	42	Viral isolate	3	Body fluid	11	DNA	19	Nucleic acid	27	Serum	35	Swab, nasal sinus	43	Other	4	BAL	12	Dried blood	20	Oral fluid	28	Skin lesion	36	Swab, vesicular	44	Unknown	5	Buccal smear	13	Lesion	21	Oral swab	29	Specimen	37	Swab, internal nose			6	Buccal swab	14	Macular scraping	22	Plasma	30	Lung (BAL wash)	38	Throat swab			7	Capillary blood	15	Microbial isolate	23	Respiratory	31	Lavage	39	Tissue			8	Cataract	16	NP aspirate	24	RNA	32	Stool	40	Urine		
	<b>TEST RESULT</b>	1	Equivocal	6	Other	11	SARS-CoV-2 variant B.1.351 (501Y.V2)	16	Significant rise in IgG	2	Indeterminate	7	Other variant	12	SARS-CoV-2 variant P.1 (501Y.V3)	17	Unknown	3	Negative	8	Pending	13	Deprecated SARS-CoV-2 variant B.1.1.7 (501Y.V1)	18	Unsatisfactory	4	No significant rise in IgG	9	Positive	14	Deprecated SARS-CoV-2 variant B.1.351 (501Y.V2)	19	Vaccine type strain	5	Not done	10	SARS-CoV-2 variant B.1.1.7 (501Y.V1)	15	Deprecated SARS-CoV-2 variant P.1 (501Y.V3)	20	Wildtype strain																																																							

## VACCINATION HISTORY INFORMATION

**Vaccinated (has the case-patient ever received a vaccine against this disease)?** Y=yes N=no U=unknown

**Number of doses against this disease received prior to illness onset?** 0-6 99=unknown (dos )

**Date of last vaccine dose against this disease prior to illness onset?** \_\_\_\_\_ (mm/dd/yyyy)

**Was the case-patient vaccinated as recommended by the ACIP?** Y=yes N=no U=unknown

Vaccine Type	Vaccination Date	Vaccine Manuf	Vaccine Lot No.	National Drug Code	Vaccine Expiration Date	Vaccination Record Identifier	Vaccine Event Information Source	Vaccine Dose Number
vaxtype1..4	month day year vaxdate1..4	vaxmfr1..4	vaxlot1..4	vaxndc1..4	month day year vaxexpt1..4	vaxrecid1..4	vaxinfosrc1..4	vaxdose1..4

Vaccine Type	Vaccine Event Information Codes
<b>207</b> =SARS CoV-2 (COVID-19), mRNA, LNP-S, PF, 100 mcg/0.5 mL dose <b>208</b> =SARS CoV-2 (COVID-19), mRNA, LNP-S, PF, 30 mcg/0.3 mL dose <b>210</b> =SARS CoV-2 (COVID-19), vector-nr, rS-ChAdOx1, PF, 0.5 mL dose <b>211</b> =SARS CoV-2 (COVID-19), Subunit, rS-nanoparticle+Matrix-M1 Adjuvant, PF, 0.5mL dose <b>212</b> =SARS CoV-2 (COVID-19), vector-nr, rS-Ad26, PF, 0.5 mL dose <b>213</b> =SARS-COV-2 (COVID-19) UNSPECIFIED <b>217</b> =COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose, tris-sucrose <b>218</b> =COVID-19, mRNA, LNP-S, PF, 10 mcg/0.2 mL dose, tris-sucrose <b>219</b> =COVID-19, mRNA, LNP-S, PF, 3 mcg/0.2 mL dose, tris-sucrose <b>510</b> =SARS-COV-2 (COVID-19) Inactivated Non-US (BIBP, Sinopharm) <b>511</b> =SARS-COV-2 (COVID-19) Inactivated Non-US (Coronavac, Sinovac) <b>OTH</b> =other (specify) <b>UNK</b> =unknown	<b>00</b> =New immunization record <b>05</b> =Other registry (historical) <b>08</b> =Public agency (historical) <b>01</b> =Unspecified source <b>06</b> =Birth certificate (historical) <b>OTH</b> =Other <b>02</b> =Other provider (historical) <b>07</b> =School record (historical) <b>UNK</b> =Unknown <b>PHC1435</b> =Patient/parent recall (historical) <b>PHC1436</b> =Patient/parent written record <b>PHC1936</b> =Immunization Information System <b>PP</b> =Primary care provider <b>184225006</b> =Medical record
	Vaccine Manufacturer
<b>ASZ</b> =Astra Zeneca <b>JSN</b> =Janssen <b>MOD</b> =Moderna <b>NVX</b> =Novavax <b>PFR</b> =Pfizer <b>SPH</b> =Sinopharm-Biotech <b>SNV</b> =Sinovac	

**Reason Not Vaccinated Per ACIP**

1=religious exemption	5=MD diagnosis of previous disease	9=unknown	13=parent/patient unaware of recommendation
2=medical contraindication	6=too young	10=parent/patient forgot to vaccinate	14=missed opportunity <input type="checkbox"/>
3=philosophical objection	7=parent/patient refusal	11=vaccine record incomplete/unavailable	15=foreign visitor <input type="checkbox"/>
4=lab evidence of previous disease	8=other _____	12=parent/patient report of previous disease	16=immigrant
			17=vaccine not available

**Vaccine History Comments**

### CASE NOTIFICATION

**CONDITION CODE**  **Immediate National Notifiable Condition** Y=yes N=no U=unknown

**Date of First Verbal Notification to CDC** \_\_\_\_\_ **Date of Electronic Case Notification to CDC** \_\_\_\_\_  
month day year      month day year

**State Case ID** \_\_\_\_\_ **Legacy Case ID** \_\_\_\_\_ **Date First Electronic Submission** \_\_\_\_\_  
month day year

**Notification Result Status**  Final results  Correction  Cannot obtain      **Jurisdiction Code** \_\_\_\_\_

**Binational Reporting Criteria** \_\_\_\_\_ **MMWR WEEK**  **MMWR YEAR**

**Current Occupation** (type of work patient does) \_\_\_\_\_ **Current Occupation Standardized** (NIOCCS code) \_\_\_\_\_

**Current Industry** (type of business/industry in which patient works) \_\_\_\_\_ **Current Industry Standardized** (NIOCCS code) \_\_\_\_\_

**Person Reporting to CDC NAME**  (first)  (last)      **Person Reporting to CDC Email**  @ \_\_\_\_\_  
**Person Reporting to CDC Phone Number**

**Comments**

## CLINICAL CASE DEFINITION<sup>§</sup>

### Suspect

- \* Meets supportive laboratory evidence<sup>¶</sup> with no prior history of being a confirmed or probable case.  
*[For suspect cases, jurisdictions may opt to place them in a registry for other epidemiological analyses or investigate to determine probable or confirmed status.]*

### Probable

- \* Meets clinical criteria<sup>#</sup> AND epidemiologic linkage<sup>\*\*</sup> with no confirmatory or presumptive laboratory evidence for SARS-CoV-2, OR
- \* Meets presumptive<sup>††</sup> laboratory evidence, OR
- \* Meets vital records<sup>‡‡</sup> criteria with no confirmatory laboratory evidence for SARS-CoV-2.

### Confirmed

- \* Meets confirmatory<sup>§§</sup> laboratory evidence.

<sup>¶</sup>Detection of antibody in serum, plasma, or whole blood specific to natural infection with SARS-CoV-2 (antibody to nucleocapsid protein),  
OR  
Detection of SARS-CoV-2 specific antigen by immunocytochemistry in an autopsy specimen.  
OR  
Detection of SARS-CoV-2 RNA or specific antigen using a test performed without CLIA oversight.

---

<sup>#</sup>In the absence of a more likely diagnosis:

- Acute onset or worsening of at least two of the following symptoms:
    - fever (measured or subjective),
    - chills,
    - rigors,
    - myalgia,
    - headache,
    - sore throat,
    - nausea or vomiting,
    - diarrhea,
    - fatigue,
    - congestion or runny nose,
  - OR
  - Acute onset or worsening of any one of the following symptoms or signs:
    - cough,
    - shortness of breath,
    - difficulty breathing,
    - olfactory disorder,
    - taste disorder,
    - 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
    - Acute respiratory distress syndrome (ARDS).
- 

<sup>\*\*</sup>One or more of the following exposures in the prior 14 days:

- Close contact with a confirmed or probable case of COVID-19 disease;
- OR
- Member of an exposed risk cohort as defined by public health authorities during an outbreak or during high community transmission.

*[Close contact is generally defined as being within 6 feet for at least 15 minutes (cumulative over a 24 hour period). However, it depends on the exposure level and setting; for example, in the setting of an aerosol-generating procedure in healthcare settings without proper PPE, this may be defined as any duration. Data are insufficient to precisely define the duration of exposure that constitutes prolonged exposure and thus a close contact.]*

---

<sup>††</sup>Detection of SARS-CoV-2 specific antigen in a post-mortem obtained respiratory swab or clinical specimen using a diagnostic test performed by a CLIA certified provider.

‡‡ A death certificate that lists COVID-19 disease or SARS-CoV-2 or an equivalent term as an underlying cause of death or a significant condition contributing to death.

---

§§ Detection of SARS-CoV-2 RNA in a post-mortem respiratory swab or clinical specimen using a diagnostic molecular amplification test performed by a CLIA certified provider, OR  
Detection of SARS-CoV-2 by genomic sequencing.

*[Some genomic sequencing tests that have been authorized for emergency use by the FDA do not require an initial PCR result to be generated. Genomic sequencing results may be all the public health agency receives.]*

§ [https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/ps2021/21-ID-01\\_COVID-19.pdf](https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/ps2021/21-ID-01_COVID-19.pdf)