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| TOPIC: Staff Resources | SUBJECT: COVID-19 Reference Document for Symptoms Ver. 9.0 | Code: SR000 |
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Ministry of Health

COVID-19 Reference Document for Symptoms

Version 9.0 – January 4, 2022

This document outlines the symptoms, signs, and clinical features that have been most commonly associated with COVID-19. This information is current as of January 4, 2022 and may be updated as the situation on COVID-19 continues to evolve. If there is a discrepancy between this list and other guidance, this list should be considered the most up to date information.

When assessing for the symptoms below the focus should be on evaluating if they are **new, worsening, or different from an individual's baseline health status (usual state)**. Symptoms should not be chronic or related to other known causes or conditions (see examples below).

The most common symptoms of COVID-19 that require immediate self-isolation and, if eligible, COVID-19 testing include:

- **Fever** (temperature of 37.8°C/100.0°F or greater) and/or **chills**
- **Cough** (that is new or worsening (e.g. continuous, more than usual if chronic cough) including croup (barking cough, making a whistling noise when breathing)
 - *Not related to other known causes or conditions for which current symptoms do not represent a flare-up/exacerbation related to infection (e.g., chronic obstructive pulmonary disease)*
- **Shortness of breath** (dyspnea, out of breath, unable to breathe deeply, wheeze, that is worse than usual if chronically short of breath)
 - *Not related to other known causes or conditions (e.g., chronic heart failure, asthma, chronic obstructive pulmonary disease)*
- **Decrease or loss of smell or taste**
 - *Not related to other known causes or conditions (e.g., nasal polyps, allergies, neurological disorders)*

Two or more of the following symptoms of COVID-19 require immediate self-isolation and, if eligible, COVID-19 testing include:

- **Extreme fatigue, lethargy, or malaise** (general feeling of being unwell, lack of energy, extreme tiredness) that is unusual or unexplained
 - *Not related to other known causes or conditions (e.g., depression, insomnia, thyroid dysfunction, anemia, malignancy, receiving a COVID-19 or flu vaccine in the past 48 hours)*
- **Muscle aches or joint pain** that are unexplained, unusual, or long-lasting

AVENUE II COVID-19 PANDEMIC PLANNING MANUAL

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- *Not related to other known causes or conditions (e.g., fibromyalgia, receiving a COVID-19 or flu vaccine in the past 48 hours)*
- **Nausea, vomiting and/or diarrhea**
 - *Not related to other known causes or conditions (e.g. transient vomiting due to anxiety in children, chronic vestibular dysfunction, irritable bowel syndrome, inflammatory bowel disease, side effect of medication)*
- **Sore throat** (painful swallowing or difficulty swallowing)
 - *Not related to other known causes or conditions (e.g., post nasal drip, gastroesophageal reflux)*
- **Rhinorrhea or nasal congestion** (runny nose or stuffy nose)
 - *Not related to other known causes or conditions (e.g., returning inside from the cold, chronic sinusitis unchanged from baseline, seasonal allergies)*
- **Headache** that is new and persistent, unusual, unexplained, or long-lasting
 - *Not related to other known causes or conditions (e.g., tension-type headaches, chronic migraines, receiving a COVID-19 or flu vaccine in the last 48 hours)*

Other symptoms that may be associated with COVID-19 and should be monitored, include:

- **Abdominal pain** that is persistent or ongoing
 - *Not related to other known causes or conditions (e.g., menstrual cramps, gastroesophageal reflux disease)*
- **Conjunctivitis** (pink eye)
 - *Not related to other known causes or conditions (e.g., blepharitis, recurrent styes)*
- **Decreased or lack of appetite**
 - *For young children and not related to other known causes or conditions (e.g., anxiety, constipation)*

As per regular protocols, all sick individuals with any symptoms of any illness should stay home and seek assessment from their regular health care provider if required. Primary care physicians may provide further referrals based on a full clinical assessment of the symptomology and patient history. Individuals with severe symptoms requiring emergency care should go to their nearest emergency department.