

WHO's Categorisation of Clinical Syndromes Associated with COVID-19 in Adults

MILD ILLNESS	<p>Patients uncomplicated upper respiratory tract viral infection may have non-specific symptoms such as fever, fatigue, cough (with or without sputum production), anorexia, malaise, muscle pain, sore throat, dyspnea, nasal congestion, or headache. Rarely, patients may also present with diarrhoea, nausea, and vomiting. The elderly and immunosuppressed may present with atypical symptoms. Symptoms due to physiologic adaptations of pregnancy or adverse pregnancy events, such as dyspnea, fever, GI-symptoms or fatigue, may overlap with COVID-19 symptoms.</p>
PNEUMONIA	<p>Adult with pneumonia but no signs of severe pneumonia and no need for supplemental oxygen.</p>
SEVERE PNEUMONIA	<p>Adolescent or adult: fever or suspected respiratory infection, plus one of the following: respiratory rate > 30 breaths/min; severe respiratory distress; or SpO₂ ≤ 93% on room air (adapted from 14).</p>
ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS)	<p>Onset: within 1 week of a known clinical insult or new or worsening respiratory symptoms. Chest imaging (radiograph, CT scan, or lung ultrasound): bilateral opacities, not fully explained by volume overload, lobar or lung collapse, or nodules. Origin of pulmonary infiltrates: respiratory failure not fully explained by cardiac failure or fluid overload. Need objective assessment (e.g. echocardiography) to exclude hydrostatic cause of infiltrates/oedema if no risk factor present. Oxygenation impairment in adults:</p> <ul style="list-style-type: none"> • Mild ARDS: 200 mmHg < PaO₂/FiO₂^a ≤ 300 mmHg (with PEEP or CPAP ≥ 5 cm H₂O, or non-ventilated) • Moderate ARDS: 100 mmHg < PaO₂/FiO₂ ≤ 200 mmHg (with PEEP ≥ 5 cmH₂O, or non-ventilated) • Severe ARDS: PaO₂/FiO₂ ≤ 100 mmHg (with PEEP ≥ 5 cmH₂O, or non-ventilated) • When PaO₂ is not available, SpO₂/FiO₂ ≤ 315 suggests ARDS (including in non-ventilated patients). <p>Severe ARDS (invasively ventilated): OI ≥ 16 or OSI ≥ 12.3.</p>
SEPSIS	<p>Adults: life-threatening organ dysfunction caused by a dysregulated host response to suspected or proven infection. Sepsis is defined by an increase in the sepsis-related SOFA score of ≥ 2 points. Assume the baseline score is 0 if data are not available. The SOFA score ranges from 0 to 24 and includes points related to six organ systems: respiratory (hypoxemia defined by low PaO₂/FiO₂); coagulation (low platelets); liver (high bilirubin); cardiovascular (hypotension); central nervous system (low level of consciousness defined by Glasgow Coma Scale); and renal (low urine output or high creatinine)</p>
SEPTIC SHOCK	<p>Adults: persisting hypotension despite volume resuscitation, requiring vasopressors to maintain MAP MAP ≥ 65 mmHg and serum lactate level > 2 mmol/L.</p>

^a If altitude is higher than 1000 m, then correction factor should be calculated as follows: PaO₂/FiO₂ x barometric pressure/760.

ABBREVIATIONS: ARI acute respiratory infection; BP blood pressure; bpm beats/minute; CPAP continuous positive airway pressure; FiO₂ fraction of inspired oxygen; MAP mean arterial pressure; NIV non-invasive ventilation; OI Oxygenation Index; OSI Oxygenation Index using SpO₂; PaO₂ partial pressure of oxygen; PEEP positive end-expiratory pressure; SBP systolic blood pressure; SD standard deviation; SIRS systemic inflammatory response syndrome; SOFA sequential organ failure assessment; SpO₂ oxygen saturation.

Source: World Health Organization (WHO) Interim guidance: Clinical Management of Severe Acute Respiratory Infection (SARI) when COVID-19 disease is suspected (13.03.2020)