

Patient with signs of UPPER respiratory tract disease

- Sore throat
- Reddened pharynx
- Aching limbs and/or fever
- Anosmia/loss of taste
- Headache

- Only 1 symptom must be present

2 x SARS-CoV-2 PCR
of throat swab*

NEGATIVE

Transfer to non-COVID ward

Persistent finding/persistent
clinical suspicion/continuous **fever**:

Consider low-dose CT!

High sensitivity even
in early disease stages

Patient with signs of LOWER respiratory tract disease

- Cough
- Dyspnea
- Pathological findings of auscultation

- Only 1 symptom must be present

Low-dose CT

NO INFILTRATES

PULMONARY INFILTRATES
(OF ANY KIND)

Diagnosis of Exclusion
COVID-19/Clarification
of Suspicious Cases

(for patients, who already have been
hospitalised on a COVID ward)
(J. Rybníček, N. Jung, H. Grüll – 01.04.2020)

DOI: 10.4126/FRL01-006421229

SARS-CoV-2 PCR of throat swab*
(intubated patients: tracheal secretion)

NEGATIVE

2nd SARS-CoV-2 PCR of throat swab
and concurrently:

SARS-CoV-2 PCR of tracheal secretion
OR sputum OR induced sputum
OR of BAL

(in intubated patients only
1 additional tracheal secretion)

BOTH NEGATIVE

Transfer
to non-COVID ward

Tracheal secretion or sputum or BAL technically
NOT feasible:

Perform 2nd throat swab and send
serum for **ELISA**

2nd SARS-CoV-2 PCR of throat swab*

negative

SARS-CoV-2 ELISA (IgA/IgG)
POSITIVE

Transfer to COVID
Ward
for further
clarification

SARS-CoV-2 ELISA (IgA/IgG)
NEGATIVE

Transfer to non-
COVID ward
*2 *3

- * Ensure to swab correctly the throat.
Arc-shaped swabbing in the REAR of the throat
- *2 CAVE: ELISA positive only after 10-14 days upon
start of symptoms
- *3 Immuno-suppressed patients could have false
negative results in ELISA.