

SARS-CoV-2 laboratory surveillance in the Western Pacific Region

As of week 22, 2024 (the week ending on 2 June 2024), a total of 12 184 specimens tested for SARS-CoV-2 were submitted to FluNet from 12 countries and areas in the Western Pacific Region. The positivity rate was 5.9% (**Figure 1**). The country-specific number of testing and calculated positivity rate in week 21-22 of 2024 are presented in **Table 1** below. Compared to the previous week, Australia, Cambodia, Papua New Guinea and Viet Nam reported an increasing trend in their SARS-CoV-2 positivity rate. Percent positivity is calculated using the numbers of samples positive and processed for SARS-CoV-2. The data are provided to FluNet by National influenza Centres (NICs) of the [Global Influenza Surveillance and Response System \(GISRS\)](#) and other national influenza reference laboratories collaborating actively with GISRS. More information on FluNet and its data sharing mechanism are available [here](#).

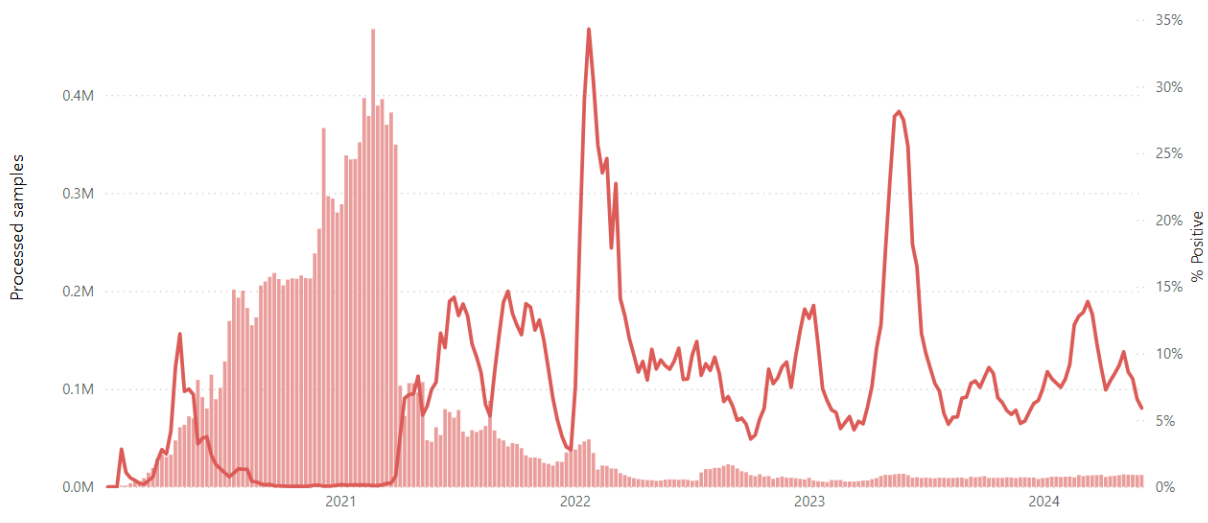


Figure 1: SARS-CoV-2 tested specimens reported to FluNet from countries, areas and territories, Western Pacific Region, 2020-2024

(Source: [GISRS surveillance data reported to FluNet](#))

Table 1: Weekly number of testing and positive rate reported to FluNet, week 22

(Source: [Integrated influenza and other respiratory viruses surveillance dashboard](#))

Countries and areas (most recent week of data)	Number of testing for SARS-CoV-2	SARS-CoV-2 positivity rate (%)	Trend
Australia (22 of 2024)	2 910	9.93	↑
Cambodia (22 of 2024)	94	21.28	↑
China (22 of 2024)	8 060	4.06	↓
Republic of Korea (22 of 2024)	316	5.06	↓
Lao People's Democratic Republic (22 of 2024)	69	1.45	↓
Mongolia (22 of 2024)	177	1.13	-
New Zealand (22 of 2024)	99	12.12	↓
Papua New Guinea (22 of 2024)	75	8	↑
Philippines (22 of 2024)	71	4.23	↓
Singapore (22 of 2024)	266	15.79	↓
Viet Nam (22 of 2024)	20	10	↑
New Caledonia (22 of 2024)	24	0	-

Notes: The quality and consistency of this surveillance data are influenced by changes in health seeking behaviours, routine in sentinel sites, national testing priorities and capacities, and public health and social measures implementation. In addition, test present positivity from sentinel surveillance can be very different than that of universal surveillance due to varying objectives, case definitions and coverage. Therefore, the data presented here should be interpreted carefully. The data is also subject to change over time, and there can be difference from national public health authorities and other sources.

Tracking SARS-CoV-2 variants in the Western Pacific Region

As of 20 June 2024, relative frequency of circulating variants in the Western Pacific Region is as follows: JN.1 at 91 % and B.1.1.529 at 9% (**Figure 2**). JN.1 has become a dominant variant in the Region since January 2024. The country-specific data is available below for certain countries where the information is routinely updated.

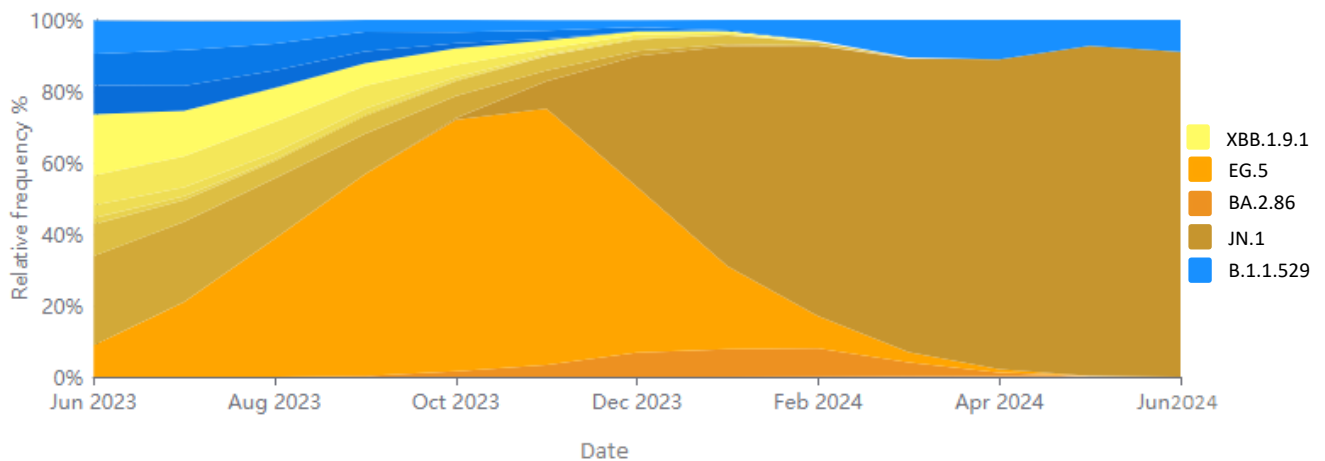


Figure 2: Relative frequency (%) of circulating variants in the Western Pacific Region, 2023-2024
(Source: [GISAIID hCoV-19 Variants Dashboard](#))

COVID-19 surveillance summary

COVID-19 surveillance in the WHO Western Pacific Region reflects the ongoing transition of Member States from the pandemic emergency response to sustainable, integrated, and longer-term COVID-19 disease management. In the current transitional phase, some countries have already integrated their COVID-19 surveillance into existing systems while other countries maintain COVID-19 surveillance from the emergency phase of the pandemic. Due to these various approaches, population groups, data formats, and reporting mechanisms of COVID-19 surveillance are different across countries.

In the interim, guided by standing recommendations, WHO continues to support Member States in monitoring, assessing and responding to the risks posed by COVID-19. This COVID-19 surveillance summary, therefore, covers countries and areas where routine surveillance is conducted, and the surveillance data is publicly available. A detailed description of COVID-19 surveillance in each country included in the report is available in Annex 1. The surveillance data should be interpreted with caution, taking into account various surveillance methodologies and reporting systems described in Annex 1.

Countries in the temperate zone of the Northern Hemisphere

China – severe cases and deaths (monthly update)

From 1 to 31 May 2024, 157 new severe COVID-19 cases and eight deaths were reported from 31 provinces, autonomous regions and municipalities, and Xinjian Production and Construction Corps in China (**Figure 3**), which is a decrease compared to 322 severe cases and 14 deaths in March 2024. From 1 to 31 May 2024, JN.1 was the most prevalent variant in China.

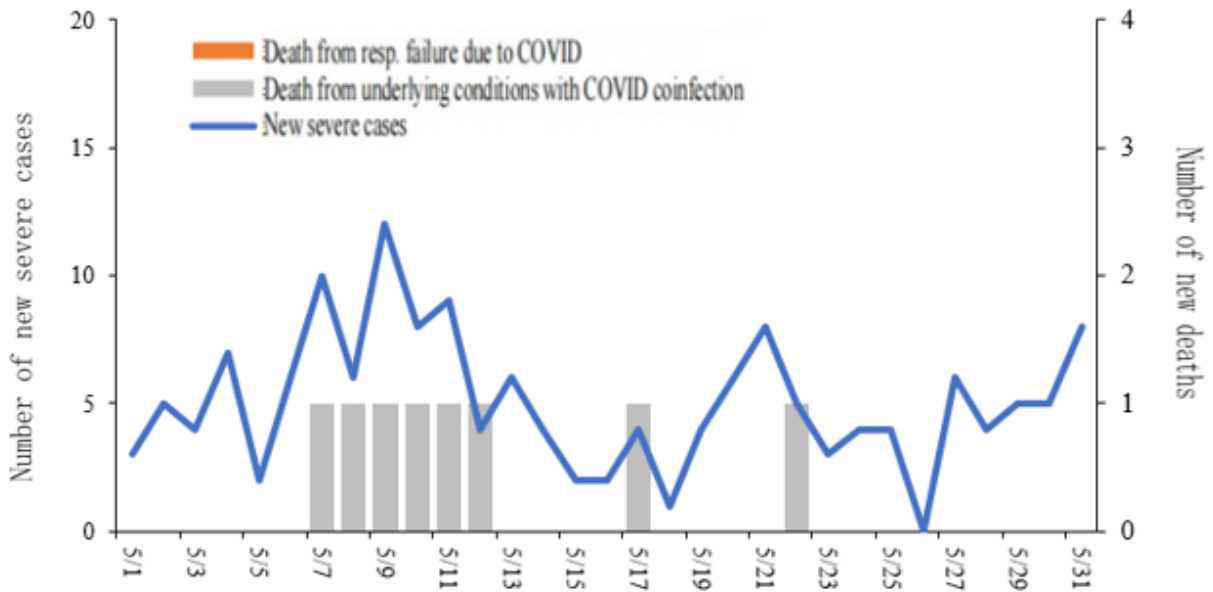


Figure 3: Severe COVID-19 cases and deaths reported in China, May 2024
(Source: China National disease Control and Prevention Administration)

Japan – COVID-19 cases (sentinel surveillance)

Japan transitioned to reporting monthly data from May 2024 onwards.

In week 22 of 2024, the weekly number of cases reported by sentinel hospital site was 3.52 (number of cases: 17 401), an increase from 3.35 (number of cases: 16 554) cases in week 21 (Figure 4). The weekly number of new hospital admissions per sentinel was 1 260, an increase from 1 489 in the previous week (Figure 5).

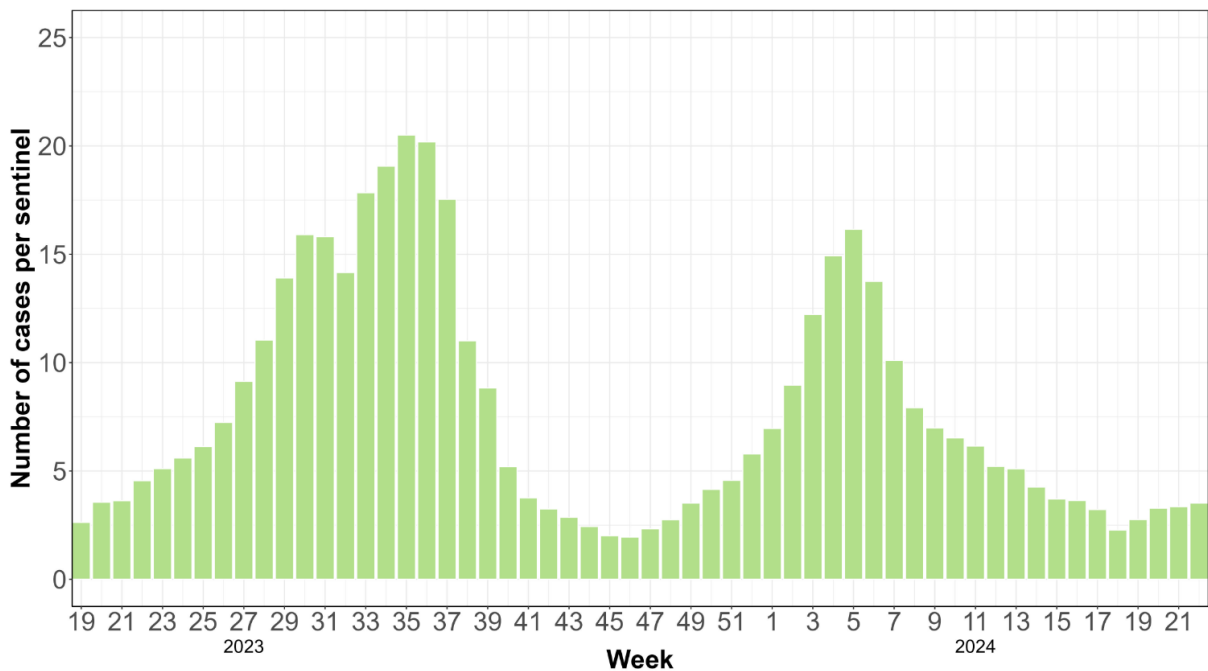


Figure 4: Weekly number of COVID-19 cases reported per sentinel hospital site in Japan, 2023-2024
(Source: Japan National Institute of Infectious Diseases)

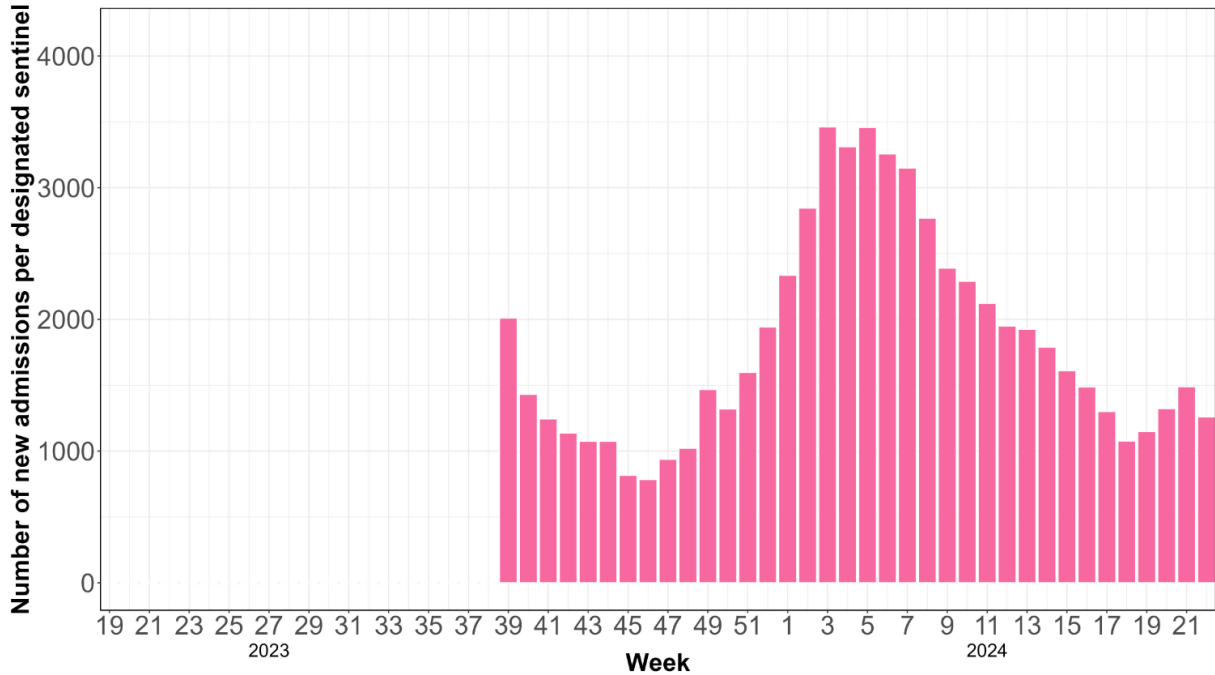


Figure 5: Weekly number of hospitalizations reported from sentinel sites in Japan, 2023-2024
(Source: Japan National Institute of Infectious Diseases)

Republic of Korea – COVID-19 cases (sentinel surveillance)

In week 23 (the week ending on 8 June 2024), the detection rate of SARS-CoV-2 reported from virological sentinel sites was 5.8%, a slight decrease from week 22 (5.4%) (Table 2). Overall, the hospital admissions remained at less than 100 admissions from week 19 onwards, with 62 hospital admissions reported in week 24, a slight decrease from week 23 when 81 hospital admissions were reported. (Figure 6).

Table 2: Laboratory-based pathogen surveillance in Republic of Korea: respiratory viruses, week 20-23 of 2024
(Source: Public Health Weekly Report, Korea Disease Control and Prevention Agency)

2024 (week)	Weekly total	Detection rate (%)								
	Detection rate (%)	HAdV	HBoV	HPIV	HRSV	HRV	HMPV	HCoV	IFV	SARS-CoV-2
20	71.3	3.8	6.4	19.7	1.6	20.1	10.2	1.0	2.2	6.4
21	80.5	10.1	11.3	21.4	0.9	17.9	8.5	0.9	3.1	6.3
22	70.6	9.8	6.3	19.0	0.3	19.0	8.9	0.0	2.2	5.1
23	69.0	8.3	9.9	17.3	0.0	21.4	4.8	0.0	1.9	5.4
Cum.*	72.9	8.0	8.5	19.3	0.7	19.6	8.1	0.5	2.4	5.8
2023 Cum.†	81.4	14.8	4.0	6.3	6.4	14.3	4.5	5.2	16.1	9.8

– HAdV : human Adenovirus, HPIV : human Parainfluenza virus, HRSV : human Respiratory syncytial virus, IFV : Influenza virus, HCoV : human Coronavirus, HRV : human Rhinovirus, HBoV : human Bocavirus, HMPV : human Metapneumovirus
* Cum. : the rate of detected cases between May 12, 2024 – Jun 8, 2024
† 2023 Cum. : the rate of detected cases between January 1, 2023 – December 30, 2023

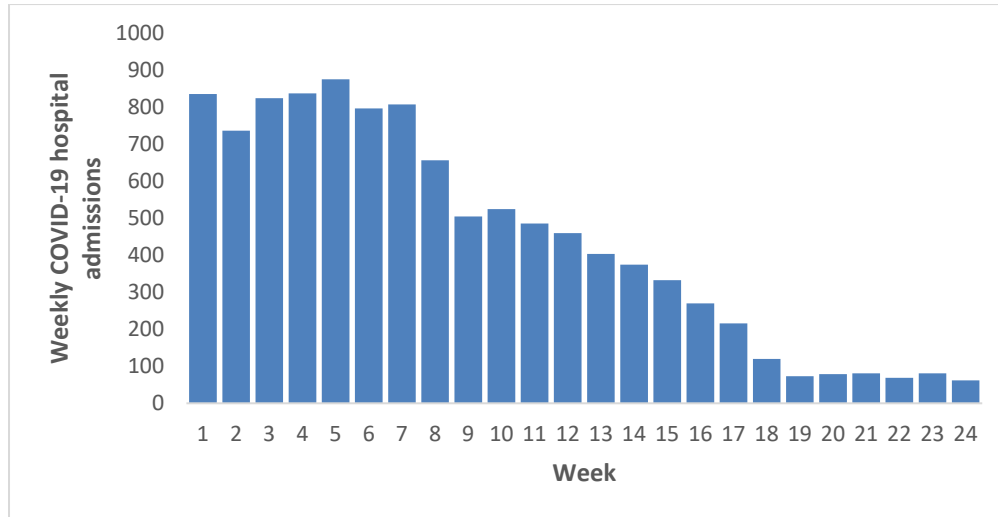


Figure 6: Weekly COVID-19 hospital admissions reported from acute respiratory infection surveillance system in Republic of Korea, week 1-24 of 2024

(Source: Korea Disease Control and Prevention Agency)

Countries/areas in the tropical zone

Hong Kong SAR, China – laboratory-confirmed COVID-19 cases, severe cases, and deaths

In week 23 of 2024 (2 June -8 June 2024), the weekly number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus was 250 as compared to 320 in the preceding week (**Figure 7**). The weekly number of severe COVID-19 cases including deaths with cause of death preliminarily assessed to be related to COVID-19 was 9 compared to 14 in the preceding week (**Figure 8**). Based on the sewage samples collected for surveillance of SARS-CoV-2 variants, as of 12 June 2024, JN.1 and its descendant lineages remained the most prevalent variant in Hong Kong SAR, China, comprising 99.9% of all characterized specimens, and about 36.2% of all belongs to the newer descendant strain KP.2, one of the descendant lineage of JN.1, assigned by WHO as one of the variants under monitoring (VUMs).

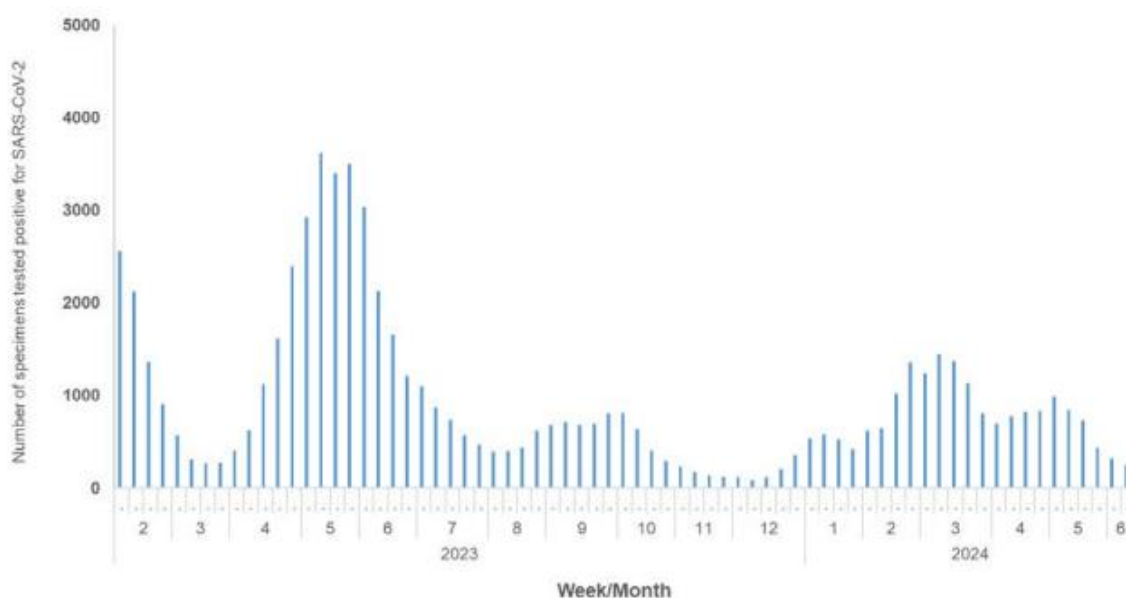


Figure 7: Weekly number of positive nucleic acid test laboratory detections for SARS-CoV-2 virus

(Source: Hong Kong Centre for Health Protection)

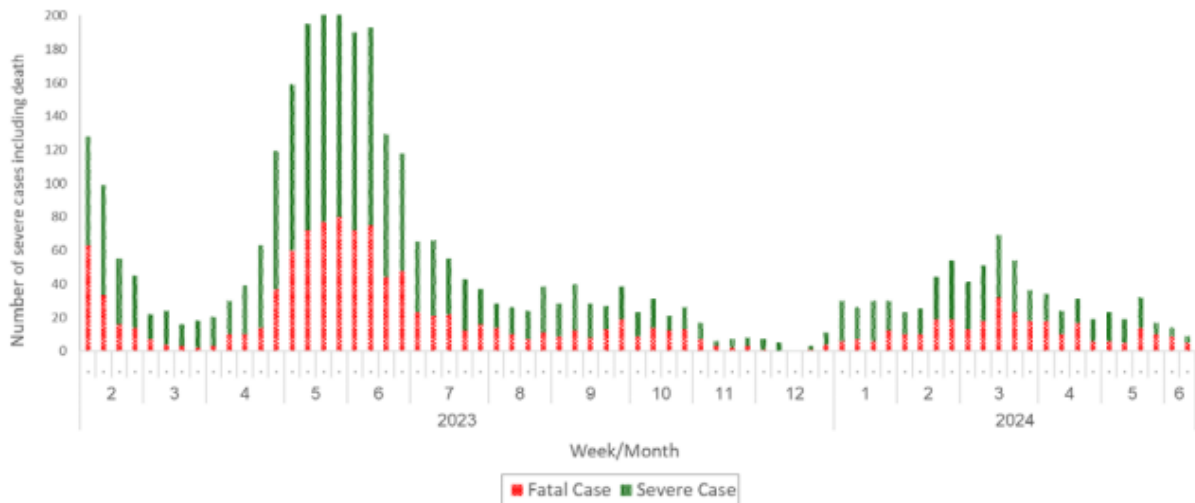


Figure 8: Weekly number of Severe COVID-19 cases including deaths

(Source: Hong Kong Centre for Health Protection)

Malaysia – COVID-19 confirmed cases and hospital admissions (sentinel surveillance)

The 7-day daily average of COVID-19 confirmed cases was 309 on 9 June 2024, compared to 254 on 2 June 2024 (Figure 9). COVID-19 related hospital admissions have shown a slight decrease with 7-day average of admissions recorded at 81.1 on 9 June 2024, compared to 71.4 on 2 June 2024 (Figure 10).

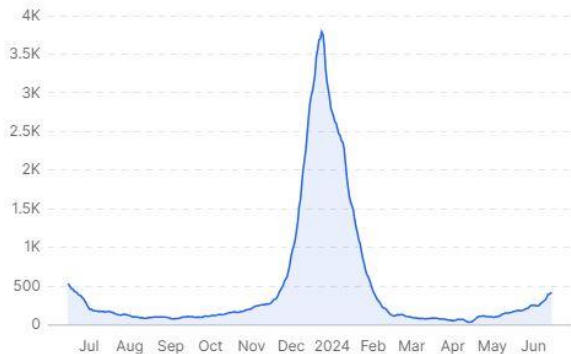


Figure 9: COVID-19 confirmed cases in Malaysia by date, 2023-2024

(Source: Ministry of Health Malaysia)

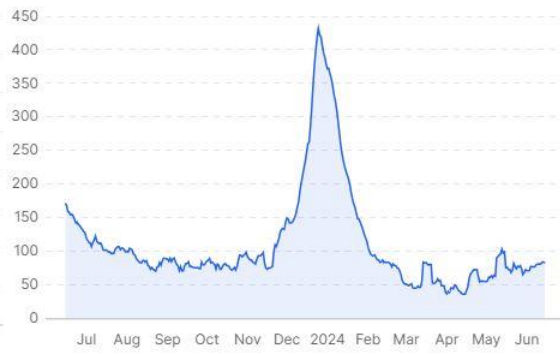


Figure 10: COVID-19 hospital admissions in Malaysia by date, 2023-2024

(Source: Ministry of Health Malaysia)

Viet Nam : COVID-19 cases

From 1 January to 16 June 2024, Viet Nam has reported cumulatively 3 660 cases without deaths. The majority of cases were reported from the Northern Region (2 891 cases), accounting for 79% of the total cases, followed by the Southern Region (596 cases) with 16%.

During the epi week 24 (from 10 June to 16 June 2024), a total of 107 cases with no deaths have been reported across 27 out of 63 cities/provinces. This marks a 27.4% increase compared to the average number of cases over the past four weeks (84 cases).

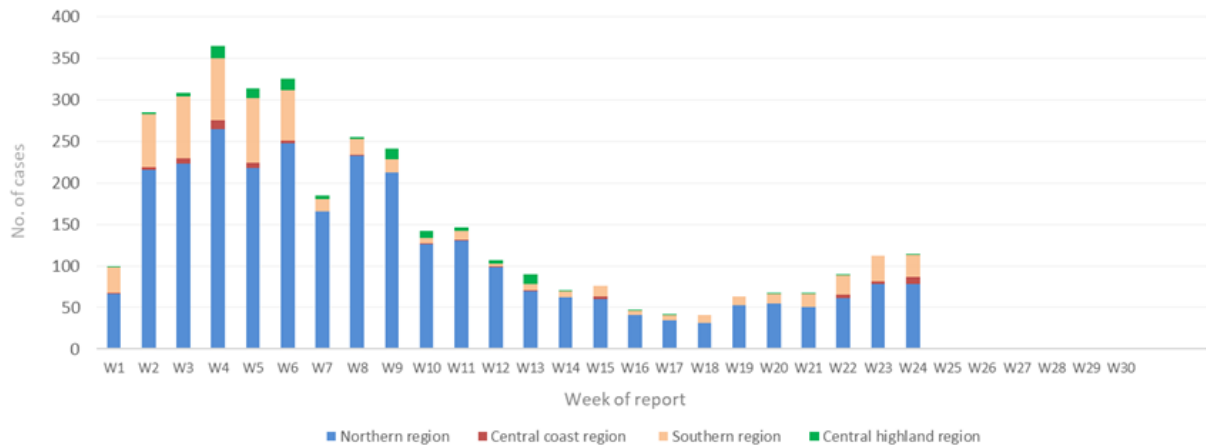


Figure 11: Number of weekly COVID-19 cases by Region, as of week 24 2024 (week ending on 16 June 2024), Viet Nam

(Source: General Department of Preventive Medicine, Ministry of Health, Viet Nam)

Notes: Data reporting data might have a delay, particularly for the last two weeks; recent data will be subject to revision.

Countries in the temperate zone of the southern hemisphere

Australia – COVID-19 hospital admission and deaths (monthly update)

In week 23 (3 June- 9 June) , 12 075 new cases were reported, a decrease in new weekly cases after reporting an increasing trend for over a month. A total of 43 deaths were reported in week 23 as compared to 55 deaths in the previous week. The number of new admissions to ICU showed a slight decrease in week 23 (**Figure 12**).

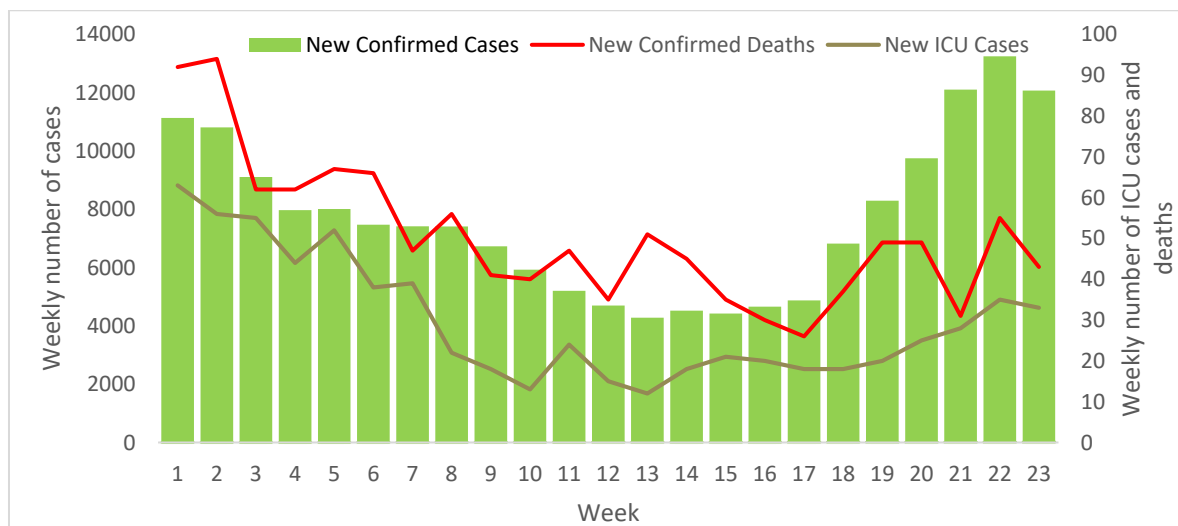


Figure 12: COVID-19 confirmed cases, deaths and ICU cases, 1 January – 9 June 2024

(Source: International Health Regulations (IHR) National Focal Point , Australia)

* Notes: Due to a reduction in case ascertainment, including changes in testing and reporting requirements, notifications of COVID-19 are underestimate of disease incidence in the community. The completeness of information on COVID-19 associated deaths varies, as data is sourced in different ways by state and territories based on their local surveillance system capabilities, definitions, priorities, and needs. Data should be interpreted with caution as the way states and territories source and report COVID-19 associated deaths has also changed through out the pandemic and may continue to change further. For more detail, please refer to reports and data considerations published by individual jurisdictions in Australia.

New Zealand – COVID-19 cases and deaths

Since the beginning of May until week 24 of 2024 (week ending on 16 June 2024) , a decreasing trend was reported in COVID-19 cases in New Zealand with the 7 day-moving average of daily cases per 100 000 population at 9.7 cases on 16 June 2024 (**Figure 13**). The 7-day moving average of daily attributed deaths per 100 000 population remained at 0.04 deaths until 9 June 2024 (**Figure 14**).

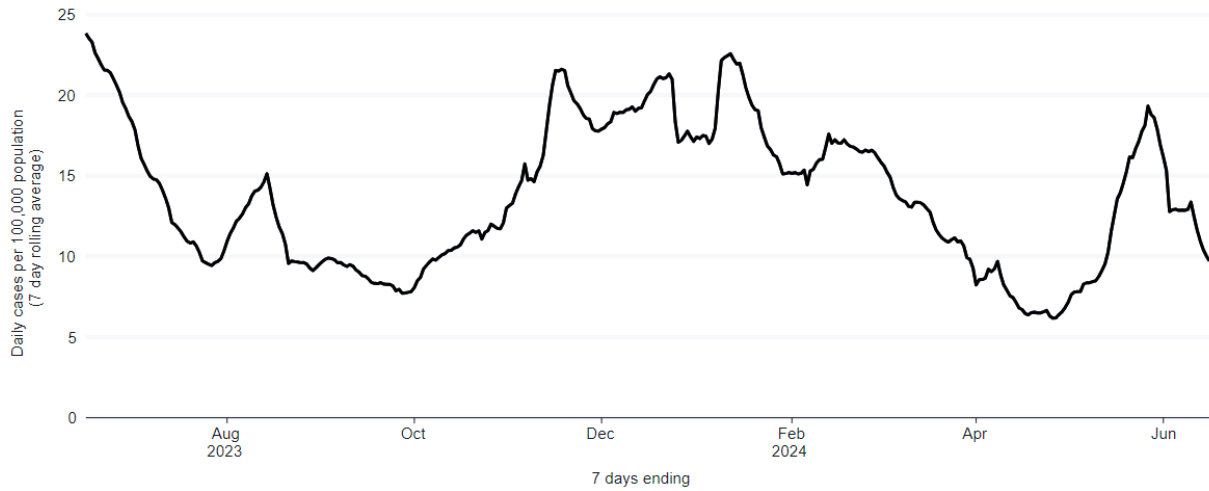


Figure 13: 7-day moving average of daily cases per 100 000 population in New Zealand, 2023-2024

([Source](#): Te Whatu Ora, Health New Zealand)



Figure 14: 7-day moving average of daily COVID-19 attributed deaths per 100 000 population in New Zealand, 2023-2024

([Source](#): Te Whatu Ora, Health New Zealand)

Pacific Island Countries and Areas (PICs) – COVID-19 cases

From 3 to 9 June 2024, two out of 21 PICs reported COVID-19 cases: Cook Islands, and Commonwealth of the Northern Mariana Islands (**Table 3**). The 7-day rolling average of cases in nine PICs has decreased since mid-April 2024 and plateaued in the recent weeks (**Figure 15**).

Table 3: Weekly and cumulative number of COVID-19 cases and deaths in PICs, 20 to 26 May 2024
(Source: Pacific COVID-19 Weekly Epidemiological Update, WHO Division of Pacific Technical Support)

Country/Area	Cases			Deaths			Date of last report
	Cumulative weekly	2023 to Date	Pandemic cumulative	Cumulative weekly	2023 to Date	Pandemic cumulative	
American Samoa		74	8,359		34	34	08-Oct-23
Cook Islands	1	625	7,327	0	2	2	09-Jun-24
Fiji		297	69,047		885	885	29-Jun-23
French Polynesia		1352	79,309		0	650	02-Jun-24
Guam		2285	52,287		419	419	29-Dec-23
Kiribati		1655	5,085		24	24	08-Aug-23
Marshall Islands, Republic of the (RMI)		701	16,248		17	17	21-May-24
Micronesia, Federated States of (FSM)		4391	26,460		0	65	18-May-24
Nauru		772	5,393		1	1	05-Mar-23
New Caledonia		586	80,163		314	314	28-Apr-24
Niue		616	1,074		0	0	06-May-24
Northern Mariana Islands, Commonwealth of the (CNMI)	4	1466	14,702	0	41	41	08-Jun-24
Palau		398	6,366		10	10	17-May-24
Pitcairn Islands		0	4		0	0	31-Dec-22
Samoa		1075	17,057		31	31	25-Feb-24
Solomon Islands		4391	25,954		199	199	01-Oct-23
Tokelau		75	80		0	0	14-Jul-23
Tonga	0	479	16,966	0	0	12	09-Jun-24
Tuvalu		164	2,943		1	1	16-Jun-23
Vanuatu		5	12,019		14	14	24-Sep-23
Wallis and Futuna		333	3,760		9	9	29-Feb-24

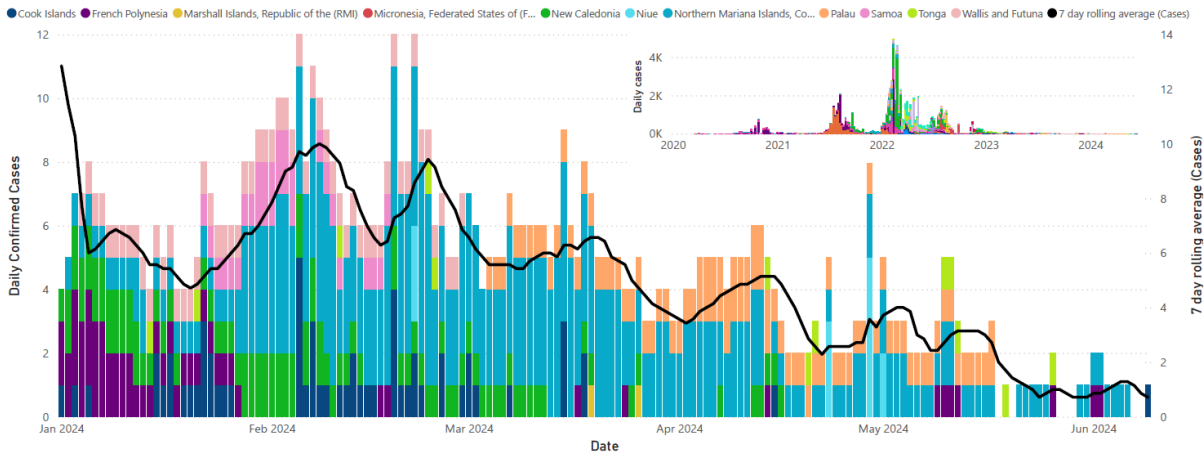


Figure 15: Epidemic curve of COVID-19 in nine PICs since 1 January 2024 with inset-epidemic curve for the full pandemic period

(Source: Pacific COVID-19 Weekly Epidemiological Update, WHO Division of Pacific Technical Support)

Global COVID-19 situation updates

- [Integrated influenza and other respiratory viruses surveillance outputs](#)
- [COVID-19 monthly epidemiological updates](#)
- [Global COVID-19 dashboard](#)

Others:

- Report of the Review Committee regarding standing recommendations for COVID-19 [Link](#)
- Tracking SARS-CoV-2 variants [Link](#)
- JN.1 updated risk evaluation [Link](#)

Annex 1. Summary of COVID-19 surveillance in countries and areas in the Western Pacific Region as of April 2024

Countries/areas	Case definition	Surveillance system description	Reference
		Case surveillance	
Australia	<p>Confirmed case: Newly diagnosed cases with laboratory definitive evidence</p> <ul style="list-style-type: none"> Laboratory definitive evidence: Detection of SARS-CoV-2 by nucleic amplification acid testing (NAAT); or isolation of SARS-CoV-2 in cell culture, with confirmation using a NAAT; or SARS-CoV-2 IgG seroconversion or a four-fold or greater increase in SARS-CoV-2 antibodies of any immunoglobulin subclass including 'total' assays in acute and convalescent sera, in the absence of vaccination. <p>Probable case: Individuals who have laboratory suggestive evidence</p> <ul style="list-style-type: none"> Laboratory suggestive evidence: Detection of SARS-CoV-2 by rapid antigen testing (RAT). 	<p>COVID-19 is a <u>nationally notifiable disease</u>; The National Notifiable Diseases Surveillance System (NNDSS) coordinates national surveillance data for diseases on the National Notifiable Disease List. <u>Every day, the state and territory health authorities report to the NNDSS</u> about new cases of notifiable diseases.</p> <p>(Reporting) COVID-19 data <u>includes both confirmed and probable cases</u> reported to NNDSS. <u>Six jurisdictions have stopped collecting probable cases</u>: Victoria on 1 July 2023, Queensland on 1 September 2023, New South Wales on 1 October 2023, Western Australia on 9 October, NT on 21 October 2023 and ACT from 22 December 2023. Point of care tests administered in healthcare or aged care settings continue to be reported to the NNDSS by some jurisdictions. New South Wales ceased notification of hospitalization status for COVID-19 cases to the NNDSS on 5 March 2024.</p>	1, 2
China	<p>Diagnosis should be made based on comprehensive analysis of epidemiological history, clinical manifestations and laboratory tests.</p> <ul style="list-style-type: none"> Have clinical manifestations associated with the 2019-nCoV infection; Have one or more of the following pathogenic and serological result: <ol style="list-style-type: none"> A positive PCR detection of the 2019-nCoV; A positive antigen detection of the 2019-nCoV; A positive 2019-nCoV isolation and cultivation; Four times or more elevated levels of 2019-nCoV-specific IgG antibodies in the recovery phase than in the acute phase. 	<p>COVID-19 is <u>a class B notifiable disease</u>:</p> <p>(Case reporting) Medical institutions at all levels and in all categories should report cases in time according to regulations and laws, in line with relevant requirements for information reporting. COVID-19 infection and asymptomatic cases need to be reported directly on China's network-based infectious disease reporting system within 24 hours of diagnosis. For severe, critical and death cases and other special cases identified, disease prevention and control agencies should conduct epidemiological investigations in a timely manner and upload results as required.</p> <p>(Pathogen monitoring) viral gene sequencing is analyzed for patient samples that test positive for COVID-19, which are collected from outpatients admitted to sentinel hospitals, severe and death cases in emblematic cities, as well as inbound travelers entering through emblematic ports.</p> <p>(Sentinel surveillance) outpatient influenza-like illness (ILI) and inpatient severe acute respiratory infection (SARI) cases will be monitored for COVID-19 in 554 sentinel hospitals for national influenza surveillance.</p>	3, 4, 5

		(Surveillance for pneumonia of unknown causes) Cases also can be detected and reported based on the National Plan for Surveillance, Screening and Management of Patients with Pneumonia of Unknown Causes	
Hong Kong SAR, China	Confirmed case: Laboratory confirmed cases using PCR or antigen-detecting rapid diagnostic tests	(Reporting) COVID-19 is a <u>notifiable disease</u> . Only severe and death cases are required to be reported, with outcomes (serious, critical, and death) within 28 days of the first positive specimen collection date.	6
Japan	Confirmed case: Laboratory confirmed cases using PCR or rapid/quantitative antigen test	<p>COVID-19 is a category five <u>sentinel disease</u>; positive cases must be reported every week.</p> <p>(Clinical surveillance) Sentinel surveillance – positive cases from 5,000 sentinel sites at healthcare facilities for both Influenza and COVID-19; hospitalizations from 500 sentinel sites at healthcare facilities.</p> <p>(Virological surveillance) SARS-CoV-2 genomic surveillance is conducted every week by the National Institute of Infectious Diseases in collaboration with commercial medical laboratories. Public health institutes at a prefectural level also conduct genomic surveillance for GISAID submission.</p> <p>(Reporting) Weekly number of positive cases, hospitalizations (including those requiring ICU admission or mechanical ventilator), and variant data are reported.</p>	7, 8
Republic of Korea	Confirmed case: Laboratory confirmed cases using PCR or RAT	<p>COVID-19 is a level four <u>notifiable disease</u>; positive cases must be reported within seven days of confirmation.</p> <p>(Surveillance) COVID-19 surveillance system has been integrated into existing influenza-like illness (ILI), acute respiratory infection surveillance (ARI), and severe acute respiratory infection surveillance (SARI) system.</p> <p>(Reporting) Weekly detection rate from ILI and COVID-19 hospital admissions from ARI and SARI are reported as part of existing Weekly Infectious Disease Sentinel Surveillance Newsletter.</p>	9, 10
Malaysia	<p>Suspected case: one of the following options</p> <p>A. A person who meets the clinical AND epidemiological criteria</p> <p>B. A patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever</p>	<p>COVID-19 is a <u>notifiable disease</u>.</p> <p>COVID-19 surveillance has transitioned from exhaustive <u>to sentinel surveillance</u> using the existing influenza-like-illness (ILI) and severe acute respiratory infection</p>	11

	<p>of 38 C°; and cough; with onset within the last 10 days; and who requires hospitalization);</p> <p>C. An asymptomatic person not meeting epidemiologic criteria with a positive SARS-CoV-2 rapid test kit antigen (RTK-Ag)</p> <p>Probable case: One of the following options</p> <p>A. A patient who meets clinical criteria above AND is a contact of a probable or confirmed case or is linked to a COVID-19 cluster</p> <p>B. A suspected case (described above) with chest imaging showing findings suggestive of COVID-19 disease</p> <p>C. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause</p> <p>D. Death, not otherwise explained, in an adult with respiratory distress preceding death AND who was a contact of a probable or confirmed case or linked to a COVID-19 cluster</p> <p>Confirmed case: One of the following options</p> <p>A. A person with a positive NAAT; RT-PCR, Rapid Molecular, and Gene X-pert</p> <p>B. A person with a positive SARS-CoV-2 RTK-Ag AND meeting either the probable case definition or suspected criteria (A) or (B)</p> <p>C. An asymptomatic person with a positive SARS-CoV-2 RTK-Ag AND who is a contact of a probable or confirmed case</p>	<p>(SARI) surveillance. All samples meeting the criteria for ILI and SARI case definition undergo testing for COVID-19 as well.</p> <p>ILI surveillance prioritizes outpatient settings and is categorized into two main types:</p> <ul style="list-style-type: none"> - Clinical or epidemiological surveillance, which encompasses 1 040 health clinics and eight hospitals, and - Laboratory-based surveillance involving 58 health clinics. <p>SARI surveillance is tailored to hospitalized patients with 16 hospitals where laboratory-based surveillance is conducted.</p>	
<p>New Zealand</p>	<p>Confirmed case: Definitive laboratory evidence, without being a confirmed or probable case in the previous 28 days</p> <ul style="list-style-type: none"> • Definitive laboratory evidence: SARS-CoV-2 detected from a clinical specimen using a validated NAAT or by RAT in a health care setting. <p>Probable case: Suggestive laboratory evidence, without being a confirmed or probable case in the previous 28 days</p> <ul style="list-style-type: none"> • Suggestive laboratory evidence: SARS-CoV-2 detected through a self-reported RAT where the quality of result cannot be verified. 	<p><u>Exhaustive surveillance</u>: COVID-19 is a <u>notifiable disease</u> under Section 74 of the Health Act 1956, which requires <u>all health practitioners</u> and those in charge of medical laboratories to officially report actual and suspected cases of COVID-19 to the medical officer of health in the local public health service. Self-diagnosed cases detected by RAT are not required to be reported under the Health Act.</p> <p>(Reporting) With widespread community transmission of SARS-CoV-2, reporting priorities to central communicable diseases units should include a) laboratory notification of positive NAAT results, b) self-reporting of positive RAT results, c) case demographics, d) clusters and outbreaks in high-risk settings and communities, e) cases in hospital and intensive care, and f) COVID-19 related deaths.</p>	<p>12</p>

Pacific Island Countries and Areas	Cook Islands	<p>Confirmed case: Laboratory definitive evidence, satisfying one of the following:</p> <ul style="list-style-type: none"> • Detection of SARS-CoV-2 from a clinical specimen using a validated NAAT (PCR) • Detection of coronavirus from a clinical specimen using pan-coronavirus NAAT (PCR) and confirmation as SARS-CoV-2 by sequencing • Significant rise in IgG antibody level to SARS-CoV-2 between paired sera (when serological testing becomes available). 	Exhaustive surveillance	13, 14
	Fiji	<p>Confirmed case: Meeting one of the following criteria:</p> <ul style="list-style-type: none"> • A person with a positive RT-PCR or Gene Expert Test • A person with a positive SARS-CoV-2 Ag-RDT AND meeting either the probable case definition or suspected criteria • An asymptomatic contacts of a positive/probable case with a positive SARS-CoV-2 Ag-RDT 	COVID-19 test results are reported from multiple laboratories from multiple sites (sentinel and non-sentinel).	13
	Guam	<p>Confirmed case: Meeting one of the following confirmatory laboratory evidence</p> <ul style="list-style-type: none"> • Detection of SARS-CoV-2 ribonucleic acid (RNA) in a post-mortem respiratory swab or clinical specimen using a diagnostic molecular amplification test performed by a Clinical Laboratory Improvement Amendments (CLIA)-certified provider, OR • Detection of SARS-CoV-2 by genomic sequencing 	COVID-19 test results are reported from multiple laboratories (non-sentinel) at varying times of the day. The Joint Information Center reports cumulative results once a day, unless available.	13, 15

References:

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