



Revised case report form for Confirmed Novel Coronavirus COVID-19 (report to WHO within 48 hours of case identification)

Date of reporting to national health authority: [D][D]/[M][M]/[Y][Y][Y][Y]

Reporting country: \_\_\_\_\_

Why tested for COVID-19:

- Contact of a case, Ill Seeking Healthcare due to suspicion of COVID-19, Detected at point of entry, Repatriation, Routine respiratory disease surveillance systems (e.g influenza), Unknown

If none of the above, please explain: \_\_\_\_\_

Section 1: Patient information

Unique Case Identifier (used in country): \_\_\_\_\_

Age (years): [ ][ ][ ] if <1 year old, [ ][ ] in months or if < 1 month, [ ][ ] in days

Sex at birth: Male Female

Place where the case was diagnosed: Country: \_\_\_\_\_

Admin Level 1 (province): \_\_\_\_\_

Case usual place of residency: Country: \_\_\_\_\_

Section 2: Clinical Status

Date of first laboratory confirmation test: [D][D]/[M][M]/[Y][Y][Y][Y]

Any symptoms\* or signs at time of specimen collection that resulted in first laboratory confirmation?

- No (i.e., asymptomatic), Yes, Unknown

If yes, date of onset of symptoms: [D][D]/[M][M]/[Y][Y][Y][Y]

Underlying conditions and comorbidity:

- Any underlying conditions? No Yes Unknown

If yes, please check all that apply:

- Pregnancy (trimester: \_\_\_\_\_), Cardiovascular disease, Diabetes, Liver disease, Chronic neurological or neuromuscular disease, Other(s), please specify, Post-partum (< 6 weeks), Immunodeficiency, including HIV, Renal disease, Chronic lung disease, Malignancy

**Health Status at time of reporting:**

Admission to hospital:             No     Yes     Unknown

First date of admission to hospital: [D][D]/[M][M]/[Y][Y][Y][Y]

*If yes*

Did the case receive care in an intensive care unit (ICU)?             No     Yes     Unknown

Did the case receive ventilation?             No     Yes     Unknown

Did the case receive extracorporeal membrane oxygenation?             No     Yes     Unknown

*Is case in isolation with Infection Control Practice in place*             No     Yes     Unknown

Date of isolation: [D][D]/[M][M]/[Y][Y][Y][Y]

**Section 3: Exposure risk in the 14 days prior to symptom onset (prior to testing if asymptomatic)**

Is case a Health Care Worker (any job in a health care setting):     No     Yes     Unknown

*If yes, Country:* \_\_\_\_\_ *City:* \_\_\_\_\_ *Name of Facility:* \_\_\_\_\_

Has the case **travelled** in the 14 days prior to symptom onset?     No     Yes     Unknown

*If yes, please specify the places the patient travelled to and date of departure from the places:*

	<b>Country</b>	<b>City</b>	<b>Date of Departure from the place</b>
1.	Country _____	City _____	Date _____
2.	Country _____	City _____	Date _____
3.	Country _____	City _____	Date _____

Has case **visited any health care facility** in the 14 days prior to symptom onset?             No     Yes     Unknown

Has case **had contact with a confirmed case** in the 14 days prior to symptom onset?     No     Yes     Unknown

*If yes, please list unique case identifiers of all probable or confirmed cases:*

*If yes, please explain contact setting:* \_\_\_\_\_

	<b>Contact ID</b>	<b>First Date of Contact</b>	<b>Last Date of Contact</b>
1.	_____	Date _____	Date _____
2.	_____	Date _____	Date _____
3.	_____	Date _____	Date _____
4.	_____	Date _____	Date _____
5.	_____	Date _____	Date _____

Most likely country of exposure: \_\_\_\_\_



Section 4: Outcome : complete and re-ent the full form as soon as outcome of disease is known or after 30 days after initial report

Date of re-submission of this report: [D][D]/[M][M]/[Y][Y][Y][Y]

If case was asymptomatic at time of specimen collection resulting in first laboratory confirmation, did the case develop any symptoms or signs at any time prior to discharge or death:

- No (i.e., case remains asymptomatic)
Yes, asymptomatic case (as previously reported ) developed symptoms and/or signs of illness

If yes, date of onset of symptoms/signs of illness: [D][D]/[M][M]/[Y][Y][Y][Y]

- Unknown

Clinical Course:

Admission to hospital (may have been previously reported): No Yes Unknown

If admitted to hospital:

First date of admission to hospital: [D][D]/[M][M]/[Y][Y][Y][Y]

- Did the case receive care in an intensive care unit (ICU)? No Yes Unknown
Did the case receive ventilation? No Yes Unknown
Did the case receive extracorporeal membrane oxygenation? No Yes Unknown

Health Outcome: Recovered/Healthy Not recovered Death Unknown: Other:

If other, please explain: \_\_\_\_\_

Date of Release from isolation/hospital or Date of Death: [D][D]/[M][M]/[Y][Y][Y][Y]

If released from hospital /isolation, date of last laboratory test:

[D][D]/[M][M]/[Y][Y][Y][Y]

Results of last test: positive negative Unknown

Total number of contacts followed for this case: \_\_\_\_\_ Unknown