World Health Organization

WHO Case ID (International): _____

# Interim case reporting form for 2019 Novel Coronavirus (2019-nCoV) of confirmed and probable cases

### WHO Minimum Data Set Report Form

Date of reporting to national health authority: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

Reporting institution: _____

Reporting country:_____

Case classification: □ Confirmed □ Probable

Detected at point of entry □ No □ Yes □ Unknown If yes, date [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

## Section 1: Patient information

Unique case identifier (used in country): _____

Date of birth: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_] or estimated age: [___][___][___] in years

if < 1 year, [___][___] in months or if < 1 month, [___][___] in days

Sex at birth: □ Male □ Female

Place where the case was diagnosed: Country: _____

Admin Level 1 (province): _____ Admin Level 2 (district): _____

Patient usual place of residency: Country: _____

Admin Level 1 (province): _____ Admin Level 2 (district): _____

## Section 2: Clinical information

**Patient clinical course**

Date of onset of symptoms: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_] □ Asymptomatic □ Unknown

Admission to hospital: □ No □ Yes □ Unknown

First date of admission to hospital: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

Name of hospital: _____

Date of isolation: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

Was the patient ventilated: □ No □ Yes □ Unknown

Health status (circle) at time of reporting: Recovered / Not recovered / Died / Unknown

Date of death, if applicable: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

**Patient symptoms** (check all reported symptoms):

□ History of fever / chills
□ General weakness
□ Cough
□ Sore throat
□ Runny nose
□ Shortness of breath
□ Diarrhoea
□ Nausea/vomiting
□ Headache
□ Irritability/Confusion
□ Pain (check all that apply)
*( ) Muscular ( ) Chest*
*( ) Abdominal ( ) Joint*
□ Other, specify _____

**Patient signs** :

Temperature: [___][___][___] □°C / □ F

Check all observed signs:

□ Pharyngea exudate
□ Conjunctival injection
□ Seizure
□ Coma
□ Dyspnea / tachypnea
□ Abnormal lung auscultation
□ Abnormal lung x-ray findings

□ Other, specify: _____

**Underlying conditions and comorbidity** (check all that apply)**:**

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

## Section 3: Exposure and travel information in the 14 days prior to symptom onset (prior to reporting if asymptomatic)

**Occupation:** (tick any that apply)

□ Student □ Health care worker □ Other, specify: _____
□ Working with animals □ Health laboratory worker

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

If yes, please specify the places the patient travelled:

| | Country | City |
|---|---|---|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

Has the patient **visited any health care facility(ies)** in the 14 days prior to symptom onset? □ No □ Yes □ Unknown

Has the patient had **close contact**[1] with a person with acute respiratory infection in the 14 days prior to symptom onset?

If yes, contact setting (check all that apply):

□ Health care setting □ Family setting □ Work place □ Unknown □ Other, specify: _____

Has the patient **had contact with a probable or 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:

Case 1 identifier. _____ Case 2 identifier. _____ Case 3 identifier. _____

If yes, contact setting (check all that apply):

□ Health care setting □ Family setting □ Work place □ Unknown □ Other, specify: _____

If yes, location/city/country for exposure: _____

Have you visited any **live animal markets** in the 14 days prior to symptom onset? □ No □ Yes □ Unknown

If yes, location/city/country for exposure: _____

[1] Close contact' is defined as: 1. Health care associated exposure, including providing direct care for nCoV patients, working with health care workers infected with novel coronavirus, visiting patients or staying in the same close environment of a nCoV patient. 2. Working together in close proximity or sharing the same classroom environment with a with nCoV patient. 3. Traveling together with nCoV patient in any kind of conveyance. 4. Living in the same household as a nCoV patient

## Section 4: Laboratory Information

Name of laboratory that conducted the test : _____

Please specify which assay was used: _____

Was sequencing done? □ Yes □ No □ Unknown

Date of laboratory confirmation: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]