



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

Patient signs :

Temperature: [][][] °C / [] F

Check all observed signs:

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

Other, specify: _____

Underlying conditions and comorbidity (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Pregnancy (trimester: _____) | <input type="checkbox"/> Post-partum (< 6 weeks) |
| <input type="checkbox"/> Cardiovascular disease, including hypertension | <input type="checkbox"/> Immunodeficiency, including HIV |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Renal disease |
| <input type="checkbox"/> Liver disease | <input type="checkbox"/> Chronic lung disease |
| <input type="checkbox"/> Chronic neurological or neuromuscular disease | <input type="checkbox"/> Malignancy |
| <input type="checkbox"/> 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)

- | | | |
|---|---|--|
| <input type="checkbox"/> Student | <input type="checkbox"/> Health care worker | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Working with animals | <input type="checkbox"/> 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 contact¹ 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]