Case Investigation form for COVID-19

Ministry of Health and Social Services, Namibia, Version 4_ August 2020
HEALTH INFORMATION AND RESEARCH DIRECTORATE
EPIDEMIOLOGY DIVISION

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Laboratory Numbers

EPID Number: fjffjjf

REASONS FOR COVID TESTING

URGENT	PRIORITY	ROUTINE
☐ HOSPITALIZED PATIENT (SYMPTOMATIC)	☐ SUSPECTED NEW CASE	☐ QUARANTINE (1ST SAMPLE)
☐ TRUCK DRIVER (CROSS BORDER)	☐ QUARANTINE (2ND SAMPLE)	☐ CONTACT TRACING ☐ 1ST SAMPLE ☐ 2ND SAMPLE / ☐ ACTIVE CASE SEARCH
☐ HEALTH WORKER (SYMPTOMATIC)	☐ TRAVEL (MEDICAL REASONS)	☐ TRAVEL (NON-MEDICAL)
☐ DECEASED	☐ HOSPITAL ADMISSION / PRE-OP	☐ RETEST (CONFIRMED CASE) DATE OF PREVIOUS TEST: DD MM YYYY

Laboratory results received Positive ☐ Negative ☐ Indeterminate ☐ Not done/rejected ☐ Date lab results received: DD MM YYYY

SPECIMEN TYPE

☐ Nasopharyngeal (NP)swab ☐ Sputum ☐ Other - (Specify): _____
☐ Oropharyngeal (OP) swab ☐ NP&OP swabs

Collection Date DD MM YYYY | Date of symptom onset DD MM YYYY | Date of consultation/admission DD MM YYYY

PATIENT DETAILS

First Name:
Surname:
DOB DD MM YYYY | Age | Sex M ☐ F ☐
Current Address
Residential Address
Patient's contact number/s:
Organization | Occupation:
Residency: Namibia resident ☐ Non-Namibian resident ☐
(specify)
Patient hospital number (if available):
Additional Information

DOCTOR / HEALTH PROVIDER'S DETAILS

Name:
Contact No:
Email Address:
Facility Name:
Region: | District

NEXT OF KIN CONTACT DETAILS

Full Name:
Contact Number
Relationship to the patient:
Form completed by (Name & Surname)
Contact details (Tel & Cell No.)

SIGNS AND SYMPTOMS (tick all that apply)

☐ Fever (≥38 °C) ☐ Sore throat ☐ Diarrhea ☐ Loss of smell ☐ Chills ☐ Other (specify if other)
☐ Cough ☐ Shortness of breath ☐ Myalgia/body pains ☐ Vomiting ☐ Loss of taste

In the ***14 days before onset of symptoms***, did the patient (mark all that apply) have close physical contact with a known COVID-19 case? Y ☐ N ☐
if contact of a known case, first name and surname of case:

- Have close physical contact with an ill traveller from an area within Namibia, other countries where COVID-19 is circulating or where human infections have recently occurred? Y ☐ N ☐ Unkn ☐ (If yes, complete section below for countries and town/city visited)
- Has the patient travelled to/from countries, or other areas in Namibia where COVID-19 is known to be circulating or where human infections have recently occurred? Y ☐ N ☐ Unkn ☐
- **If travelled outside and within Namibia in the last 14 days, please complete the section below:**

Country	Region	City/Town	Date of departure (travel to area)	Date of return (travel from area)
			DD MM YYYY	DD MM YYYY
			DD MM YYYY	DD MM YYYY

UNDERLYING FACTORS / CO-MORBIDITIES

Obesity ☐ Turberculosis ☐ Chronic Kidney Disease ☐ Diabetes ☐ Cardiovascular disease ☐
Pregnancy ☐ HIV ☐ COPD / Chronic Pulmonary disease ☐ Asthma ☐ Chronic Liver Disease ☐
OTHER Y ☐ (specify) _____

DIAGNOSES

- Patient is a healthcare worker? Y ☐ N ☐ Unkn ☐
- Patient is a healthcare worker who was exposed to patients with severe acute respiratory infections? Y ☐ N ☐ Unkn ☐
- Patient has visited a health care facility (as a patient or visitor)? Y ☐ N ☐ Unkn ☐ If yes, specify name of facility _____
- Is the patient part of a severe respiratory illness cluster of unknown diagnosis/ etiology that occurred within a 14 day period?
  - Does the patient have clinical or radiological evidence of pneumonia? Y ☐ N ☐ Were chest X rays (CXR) done: Y ☐ N ☐
  - If yes, CXR Findings: _____
  - Does the patient have clinical or radiological evidence of acute respiratory distress syndrome (ARDS)? Y ☐ N ☐
  - Does the patient have another diagnosis/etiology for their respiratory illness? Y ☐ (specify)_____ N ☐ Unknown ☐

[1]Current address: if patient is currently housed in a supervised quarantine or isolation facility or home which is different from normal residence, may you please provide address of such facility or home here. [2]Residential address: Address of usual placed of residence. For non-permanent residents, provide their current residential address while in Namibia. [3]Close contact is defined as: a) being within approximately 6 feet (2meters) or within the room or care area for a prolonged period of time (e.g. healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e. gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment. Currently brief interactions (walking by a person, are considered low risk and do not constitute close contact). [4]Check WHO website for countries with reported 2019-nCOV cases https://www.who.int/emergencies/diseases/novelcoronavirus-2019/situation-reports

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TREATMENT / MANAGEMENT

Patient Hospitalised Y ☐ N ☐ Unkn ☐ Admitted to ICU Y ☐ N ☐ Unkn ☐
Transferred ☐ Name of transferred facility _____

Ventilation Y ☐ N ☐ Unkn ☐ On ECMO Y ☐ N ☐ Unkn ☐

Tamiflu / other antiviral drugs: Y ☐ N ☐ Unkn ☐

Antibiotics Y ☐ N ☐ Unkn ☐ If yes, list:_____

White cell count total:	Differential neutrophils / lymphocytes %

PATIENT OUTCOME

Active ☐ Recovered ☐ Recovered date:_____ Died ☐ Date of death:_____

Other ☐ (Specify)_____

FOR ADMITTED CASE

Discharge ☐ Discharge date:_____ Referred ☐ Referred date:_____

Referred to (Facility name):_____

Other ☐ (Specify)_____

Reason for referal_____