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]/[Y]/[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]/[Y]/[Y]/[Y]/[Y]/[Y]

Section 1: Patient information

Unique case identifier (used in country): ____________________________
Date of birth: [D]/[D]/[M]/[Y]/[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]/[Y]/[Y]/[Y]/[Y]/[Y] □ Asymptomatic □ Unknown
Admission to hospital: □ No □ Yes □ Unknown
First date of admission to hospital: [D]/[D]/[M]/[Y]/[Y]/[Y]/[Y]/[Y]
Name of hospital: __________________________________________
Date of isolation: [D]/[D]/[M]/[Y]/[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]/[Y]/[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
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:

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<th>Country</th>
<th>City</th>
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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 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: ____________________________

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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]/[Y]/[Y]/[Y]/[Y]/[Y]