World Health Organization

Global COVID-19 Clinical Platform
NOVEL CORONAVIRUS (COVID-19) - RAPID VERSION

INTRODUCTION

In response to the coronavirus disease 2019 (COVID-19) epidemic, the World Health Organization (WHO) is launching a global COVID-19 Anonymized Clinical Data Platform (the "COVID-19 Data Platform") to enable State Parties to the International Health Regulations (IHR) (2005) to share with WHO anonymized clinical data and information related to patients with suspected or confirmed infections with the 2019-nCoV (collectively "Anonymized COVID-19 Data").
The Anonymized COVID-19 data received from State Parties through the COVID-19 Data Platform will remain property of the contributing State Party and will be used by WHO for purposes of verification, assessment and assistance pursuant to the IHR (2005), including to inform the public health and clinical operation response in connection with the COVID-19 outbreak. To help achieve such purposes, WHO will establish an independent Clinical Advisory Group to advise WHO on global reporting and analysis of the Anonymized COVID-19 Data. State Parties are invited to contribute Anonymized COVID-19 Data to the COVID-19 Data Platform. State Parties should please contact WHO at to obtain more information about, including log-in credentials for, the COVID-19 Platform. To preserve the security and confidentiality of the Anonymized COVID-19 Data, State Parties are respectfully requested to take all necessary measures to protect their respective log-in credentials and passwords to the COVID-19 Data Platform.

The Anonymized COVID-19 Data will be stored in the COVID-19 Data Platform, which is a secured, access-limited, password protected electronic platform that is hosted on behalf of WHO by a third-party platform provider. WHO and such party have entered into contractual arrangements requiring the latter, among other things: (i) to protect the confidentiality and prevent the unauthorized disclosure of the Anonymized COVID-19 Data; (ii) to refrain from using the Anonymized COVID-19 Data for any purpose other than providing hosting services to WHO in accordance with the contractual arrangements; and (ii) to implement and maintain appropriate technical and organizational security measures to protect the security of the Anonymized COVID-19 Data and the COVID-19 Data Platform. In accordance with Article 11(4) of the IHR (2005), WHO will not make the Anonymized-COVID-19 Data generally available to other State Parties until such time as any of the conditions set forth in paragraph 2 of such Article 11 are first met and following consultation with affected countries. Pursuant to that same Article 11, WHO will not make Anonymized -COVID-19 data available to the public, unless and until Anonymized -COVID-19 data has already been made available to State Parties, and provided that other information about the -COVID-19 epidemic has already become publicly available and there is a need for the dissemination of authoritative and independent information. For more information, please contact: COVID_ClinPlatform@who.int.

DESIGN OF THIS CASE RECORD FORM (CRF)

The CRF is designed to collect data obtained through examination, interview and review of hospital notes. Data may be collected retrospectively if the patient is enrolled after the admission date. The data collection period is defined as the period from hospital admission to discharge, transfer, death, or continued hospitalization without possibility of continued data collection.

This CRF has 3 modules:

Module 1 to be completed on the first day of admission to the health centre.

Module 2 to be completed on first day of admission to ICU or high dependency unit. Module 2 should also be completed daily for as many days as resources allow. Continue to follow-up patients who transfer between wards.

Module 3 to be completed at discharge or death.

GENERAL GUIDANCE

- Participant Identification Numbers consist of a site code and a participant number. You can register on the data management system by contacting COVID_ClinPlatform@who.int , and our data management team will contact you with instructions for data entry and will assign you a 5-digit site code at that time.
- Please contact us at COVID_ClinPlatform@who.int if we can help with databases, if you have comments and to let us know that you are using the forms.

This case report form was adapted from SPRINT SARI CRF by ISARIC.

World Health Organization

PARTICIPANT ID I___I I___I I___I I___I I___I -- I___I I___I I___I I___I

MODULE1: complete on admission/enrolment

Facility name _____ **Country** _____

Date of enrolment [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

1a. CLINICAL INCLUSION CRITERIA

Proven or suspected infection with pathogen of Public Health Interest ☐Yes ☐No

One or more	A history of self-reported feverishness or measured fever of ≥38oC	☐Yes	☐No
of these	Cough	☐Yes	☐No
during this	Dyspnoea (shortness of breath) OR Tachypnoea*	☐Yes	☐No
illness	Clinical suspicion of ARI despite not meeting criteria above	☐Yes	☐No

** respiratory rate ≥50 breaths/min for <1 year; ≥40 for 1-4 years; ≥30 for 5-12 years; ≥20 for ≥13 years*

1b. DEMOGRAPHICS

Sex at Birth ☐Male ☐Female ☐Not specified **Date of birth** [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

If date of birth is unknown, record: **Age** [___][___][___]years OR [_][_]months

Healthcare Worker? ☐Yes ☐No ☐Unknown **Laboratory Worker?** ☐Yes ☐No ☐Unknown

Pregnant*? ☐Yes ☐No ☐Unknown ☐N/A **If yes: Gestational weeks assessment** [___][_]weeks

If pregnant or delivered within 21 days of symptom onset, also complete "Pregnancy Module CRF"

1c. DATE OF ONSET AND ADMISSION VITAL SIGNS *(first available data at presentation/admission)*

Symptom onset (date of first/earliest symptom) [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Admission date at this facility [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Temperature [_][___].[_]°C **Heart rate** [___][___][_]beats/min

Respiratory rate [_][___]breaths/min

BP [_] [_] [_](systolic) [___][_][_](diastolic) mmHg **Severe dehydration** ☐Yes ☐No ☐Unknown

Sternal capillary refill time >2seconds ☐Yes ☐No ☐Unknown

Oxygen saturation: [__][ ][__]% on ☐room air ☐oxygen therapy ☐Unknown **A V P U** (circle one)

Glasgow Coma Score (GCS /15) [_][_] **Malnutrition** ☐Yes ☐No ☐Unknown

Mid-upper arm circumference [_][_][___]mm **Height:** [___] [___][___]cm **Weight**: [_][_][___]kg

1d. CO-MORBIDITIES *(existing at admission) (Unk = Unknown)*

Chronic cardiac disease *(not hypertension)*	☐Yes	☐No	☐Unk	Diabetes	☐Yes	☐No	☐Unk
Hypertension	☐Yes	☐No	☐Unk	Current smoking	☐Yes	☐No	☐Unk
Chronic pulmonary disease	☐Yes	☐No	☐Unk	Tuberculosis	☐Yes	☐No	☐Unk
Asthma	☐Yes	☐No	☐Unk	Asplenia	☐Yes	☐No	☐Unk
Chronic kidney disease	☐Yes	☐No	☐Unk	Malignant neoplasm	☐Yes	☐No	☐Unk
Chronic liver disease	☐Yes	☐No	☐Unk	Other	☐Yes	☐No	☐Unk
Chronic neurological disorder	☐Yes	☐No	☐Unk	If yes, specify: _			
HIV	☐Yes-on ART		☐Yes-not on ART	☐No	☐Unknown		

1e. PRE-ADMISSION & CHRONIC MEDICATION Were any of the following taken within 14 days of admission:

Angiotensin converting enzyme inhibitors (ACE inhibitors)? ☐Yes ☐No ☐Unknown

Angiotensin II receptor blockers (ARBs)? ☐Yes ☐No ☐Unknown

Non-steroidal anti-inflammatory (NSAID)? ☐Yes ☐No ☐Unknown

Antiviral? ☐chloroquine/ hydroxychloroquine ☐azithromycin
☐kaletra (lopinavir-ritonavir) ☐favipiravir ☐other_____

1f. SIGNS AND SYMPTOMS ON ADMISSION *(Unk = Unknown)*

History of fever	☐Yes	☐No	☐Unk	Lower chest wall indrawing	☐Yes	☐No	☐Unk
Cough	☐Yes	☐No	☐Unk	Headache	☐Yes	☐No	☐Unk
with sputum production	☐Yes	☐No	☐Unk	Altered consciousness/confusion	☐Yes	☐No	☐Unk
with haemoptysis	☐Yes	☐No	☐Unk	Seizures	☐Yes	☐No	☐Unk
Sore throat	☐Yes	☐No	☐Unk	Abdominal pain	☐Yes	☐No	☐Unk
Runny nose (rhinorrhoea).	☐Yes	☐No	☐Unk	Vomiting / Nausea	☐Yes	☐No	☐Unk
Wheezing	☐Yes	☐No	☐Unk	Diarrhoea	☐Yes	☐No	☐Unk
Chest pain	☐Yes	☐No	☐Unk	Conjunctivitis	☐Yes	☐No	☐Unk
Muscle aches (myalgia)	☐Yes	☐No	☐Unk	Skin rash	☐Yes	☐No	☐Unk
Joint pain (arthralgia).	☐Yes	☐No	☐Unk	Skin ulcers	☐Yes	☐No	☐Unk
Fatigue / Malaise	☐Yes	☐No	☐Unk	Lymphadenopathy	☐Yes	☐No	☐Unk
Loss of taste	☐Yes	☐No	☐Unk	Inability to walk	☐Yes	☐No	☐Unk
Loss of smell	☐Yes	☐No	☐Unk	Bleeding (Haemorrhage).	☐Yes	☐No	☐Unk
Shortness of breath .	☐Yes	☐No	☐Unk	If bleeding: specify site(s):			

Other ☐Yes ☐No ☐Unk If yes, specify: _____

1g. MEDICATION *On the day of admission, did the patient receive any of the following:*

Oral/orogastric fluids? ☐Yes ☐No ☐ Unknown **Intravenous fluids?** ☐Yes ☐No ☐ Unknown

Antiviral? ☐Yes ☐No ☐ Unknown **If yes:** ○Ribavirin ○Lopinavir/Ritonavir ○Neuraminidase inhibitor ○Interferon alpha ○Interferon beta ○Other, specify: _____

Corticosteroid? ☐Yes ☐No ☐ Unknown **If yes,** route: ○Oral ○Intravenous ○Inhaled

If yes, please provide agent and maximum daily dose: _____

Antibiotic? ☐Yes ☐No ☐ Unknown **Antifungal agent?** ☐Yes ☐No ☐ Unknown

Antimalarial agent? ☐Yes ☐No ☐ Unknown **If yes,** specify:_____

Experimental agent? ☐Yes ☐No ☐ Unknown **If yes,** specify:_____

Non-steroidal anti-inflammatory (NSAID) ☐Yes ☐No ☐ Unknown

Angiotensin converting enzyme inhibitors (ACE inhibitors) ☐Yes ☐No ☐ Unknown

Angiotensin II receptor blockers (ARBs) ☐Yes ☐No ☐ Unknown **Systemic anticoagulation** ☐Yes ☐No ☐ Unknown

1h. SUPPORTIVE CARE *On the day of admission, did the patient receive any of the following:*

ICU or High Dependency Unit admission? ☐Yes ☐No ☐Unknown

Oxygen therapy? ☐Yes ☐No ☐ Unknown **If yes**, complete all below

O_2 flow: ☐1-5 L/min ☐6-10 L/min ☐11-15 L/min ☐>15 L/min ☐Unknown

Source of oxygen: ☐Piped ☐Cylinder ☐Concentrator ☐Unknown

Interface: ☐Nasal prongs ☐HF nasal cannula ☐Mask ☐Mask with reservoir ☐CPAP/NIV mask ☐Unknown

Non-invasive ventilation? *(e.g.BIPAP/CPAP)* ☐Yes ☐No ☐Unknown **Prone position?** ☐Yes ☐No ☐ Unknown

Invasive ventilation *(Any)***?** ☐Yes ☐No ☐ Unknown **If yes, what were the following values closest to 0800:**

PEEP (cm H_2O) _____; F_iO_2 (%) _____; Plateau pressure (cm H_2O) _____; P_aCO_2 _____; P_aO_2_____

Inotropes/vasopressors? ☐Yes ☐No ☐Unknown

Extracorporeal (ECMO) support? ☐Yes ☐No ☐ Unknown

1i. LABORATORY RESULTS ON ADMISSION (*record units if different from those listed)

Parameter	Value*	Not done	Parameter	Value*	Not done
Haemoglobin (g/L)		☐	Creatinine (µmol/L)		☐
WBC count (x109/L)		☐	Sodium (mEq/L)		☐
Haematocrit (%)		☐	Potassium (mEq/L)		☐
Platelets (x109/L)		☐	Procalcitonin (ng/mL)		☐
APTT/APTR		☐	CRP (mg/L)		☐
PT (seconds)		☐	LDH (U/L)		☐
INR		☐	Creatine kinase (U/L)		☐
ALT/SGPT (U/L)		☐	Troponin (ng/mL)		☐
Total bilirubin (µmol/L)		☐	ESR (mm/hr)		☐
AST/SGOT (U/L)		☐	D-dimer (mg/L)		☐
Urea (BUN) (mmol/L)		☐	Ferritin (ng/mL)		☐
Lactate (mmol/L)		☐	IL-6 (pg/mL)		☐

MODULE 2: follow-up (frequency of completion determined by available resources)

Date of follow up [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

2a. VITAL SIGNS *(record most abnormal value between 00:00 to 24:00)*

Temperature [_][___].[_]°C **Heart rate** [___][___][_]beats per min **Respiratory rate** [_][___]breaths/min

BP [_] [_] [_](systolic) [___][_][_](diastolic) mmHg **Severe dehydration** ☐Yes ☐No ☐Unknown

Sternal capillary refill time >2seconds ☐Yes ☐No ☐Unknown **GCS/15** [_][___]

Oxygen saturation [_][ ][ ]% on ☐ room air ☐ oxygen therapy ☐Unknown **A V P U** (circle one)

2b. DAILY CLINICAL FEATURES *(Unk = Unknown)*

Cough	☐Yes ☐No ☐Unk	Confusion	☐Yes ☐No ☐Unk
and sputum production	☐Yes ☐No ☐Unk	Seizures	☐Yes ☐No ☐Unk
Sore throat	☐Yes ☐No ☐Unk	Vomiting / Nausea	☐Yes ☐No ☐Unk
Chest pain	☐Yes ☐No ☐Unk	Diarrhoea	☐Yes ☐No ☐Unk
Shortness of breath	☐Yes ☐No ☐Unk	Conjunctivitis	☐Yes ☐No ☐Unk
Loss of smell	☐Yes ☐No ☐Unk	Myalgia	☐Yes ☐No ☐Unk
Loss of taste	☐Yes ☐No ☐Unk	Other, specify:__ _	

2c. LABORATORY RESULTS (*record units if different from those listed)

Parameter	Value*	Not done	Parameter	Value*	Not done
Haemoglobin (g/L)		☐	Creatinine (µmol/L)		☐
WBC count (x109/L)		☐	Sodium (mEq/L)		☐
Haematocrit (%)		☐	Potassium (mEq/L)		☐
Platelets (x109/L)		☐	Procalcitonin (ng/mL)		☐
APTT/APTR		☐	CRP (mg/L)		☐
PT (seconds)		☐	LDH (U/L)		☐
INR		☐	Creatine kinase (U/L)		☐
ALT/SGPT (U/L)		☐	Troponin (ng/mL)		☐
Total bilirubin (µmol/L)		☐	ESR (mm/hr)		☐
AST/SGOT (U/L)		☐	D-dimer (mg/L)		☐
Urea (BUN) (mmol/L)		☐	Ferritin (ng/mL)		☐
Lactate (mmol/L)		☐	IL-6 (pg/mL)		☐

2d. MEDICATION ***At any time during this 24-hour hospital day, did the patient receive:***

Oral/orogastric fluids? ☐Yes ☐No ☐ Unknown **Intravenous fluids?** ☐Yes ☐No ☐Unknown

Antiviral? ☐Yes ☐No ☐Unknown **If yes:** ○Ribavirin ○Lopinavir/Ritonavir ○Neuraminidase inhibitor ○Interferon alpha ○Interferon beta ○Other, specify: _____

Corticosteroid? ☐Yes ☐No ☐Unknown **If yes,** route: ○Oral ○Intravenous ○Inhaled

If yes, please provide agent and maximum daily dose: _____

Antibiotic? ☐Yes ☐No ☐Unknown **Antifungal agent?** ☐Yes ☐No ☐Unknown

Antimalarial agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____

Experimental agent? ☐Yes ☐No ☐Unknown **If yes,** specify:_____

Non-steroidal anti-inflammatory (NSAID) ☐Yes ☐No ☐Unknown

Angiotensin converting enzyme inhibitors (ACE inhibitors) ☐Yes ☐No ☐Unknown

Angiotensin II receptor blockers (ARBs) ☐Yes ☐No ☐Unknown **Systemic anticoagulation** ☐Yes ☐No ☐ Unknown

2e. SUPPORTIVE CARE ***At any time during this 24-hour hospital day, did the patient receive:***

ICU or High Dependency Unit admission? ☐Yes ☐No ☐Unknown

Date of ICU/HDU admission [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐Unknown

ICU/HDU discharge date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐Not discharged yet ☐Unknown

Oxygen therapy? ☐Yes ☐No ☐Unknown **If yes,** complete all below:

O_2 flow: ☐1-5 L/min ☐6-10 L/min ☐11-15 L/min ☐>15 L/min ☐Unknown

Source of oxygen: ☐Piped ☐Cylinder ☐Concentrator ☐Unknown

Interface: ☐Nasal prongs ☐HF nasal cannula ☐Mask ☐Mask with reservoir ☐CPAP/NIV mask ☐Unknown

Non-invasive ventilation? *(e.g. BIPAP, CPAP)* ☐Yes ☐No ☐Unknown **Prone position?** ☐Yes ☐No ☐ Unknown

Invasive ventilation *(Any)***?** ☐Yes ☐No ☐Unknown **If yes, what were the following values closest to 0800:** PEEP (cm H_2O) _____; F_iO_2 (%) _____; Plateau pressure (cm H_2O) _____; P_aCO_2 _____; P_aO_2_____

Extracorporeal (ECMO) support? ☐Yes ☐No ☐Unknown **Inotropes/vasopressors?** ☐Yes ☐No ☐Unknown

Renal replacement therapy (RRT) or dialysis? ☐Yes ☐No ☐Unknown

MODULE 3: complete at discharge/death

3a. DIAGNOSTIC/PATHOGEN TESTING

Chest X-Ray /CT performed? ☐Yes ☐No ☐Unknown **If Yes: infiltrates present?** ☐Yes ☐No ☐Unknown

Was pathogen testing done during this illness episode? ☐Yes ☐No ☐Unknown **If yes**, complete all below:

Influenza virus: ☐Positive ☐Negative ☐Not done **If positive,** type _____

Coronavirus: ☐Positive ☐Negative ☐Not done **If positive:** ☐MERS-CoV ☐SARS-CoV-2 ☐Other _____

Other respiratory pathogen: ☐Positive ☐Negative ☐Not done **If positive,** specify _____

Viral haemorrhagic fever: ☐Positive ☐Negative ☐Not done **If positive,** specify virus _____

Other pathogen of public health interest detected: If yes, specify: _____

Falciparum malaria: ☐Positive ☐Negative ☐Not done **Non-falciparum malaria:** ☐Positive ☐Negative ☐Not done

HIV: ☐Positive ☐Negative ☐Not done

3b. COMPLICATIONS: At any time during hospitalisation did the patient experience:

Shock	☐Yes ☐No ☐Unknown	Bacteraemia	☐Yes ☐No ☐Unknown
Seizure	☐Yes ☐No ☐Unknown	Bleeding	☐Yes ☐No ☐Unknown
Meningitis/Encephalitis	☐Yes ☐No ☐Unknown	Endocarditis	☐Yes ☐No ☐Unknown
Anaemia	☐Yes ☐No ☐Unknown	Myocarditis/Pericarditis	☐Yes ☐No ☐Unknown
Cardiac arrhythmia	☐Yes ☐No ☐Unknown	Acute renal injury	☐Yes ☐No ☐Unknown
Cardiac arrest	☐Yes ☐No ☐Unknown	Pancreatitis	☐Yes ☐No ☐Unknown
Pneumonia	☐Yes ☐No ☐Unknown	Liver dysfunction	☐Yes ☐No ☐Unknown
Bronchiolitis	☐Yes ☐No ☐Unknown	Cardiomyopathy	☐Yes ☐No ☐Unknown
Acute Respiratory Distress Syndrome	☐Yes ☐No ☐Unknown	Other If Yes, specify	☐Yes ☐No ☐Unknown _____

3c. MEDICATION: While hospitalised or at discharge, were any of the following administered:

Oral/orogastric fluids? ☐Yes ☐No ☐Unknown **Intravenous fluids?** ☐Yes ☐No ☐Unknown

Antiviral? ☐Yes ☐No ☐Unknown **If yes:** ○Ribavirin ○Lopinavir/Ritonavir ○Neuraminidase inhibitor ○Interferon alpha ○Interferon beta ○Other, specify: _____

Antibiotic? ☐Yes ☐No ☐Unknown **If yes,** specify: _____

Corticosteroid? ☐Yes ☐No ☐Unknown **If yes,** route: ○Oral ○Intravenous ○Inhaled

If yes, specify agent and maximum daily dose: _____

Antifungal agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____

Antimalarial agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____

Experimental agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____

Non-steroidal anti-inflammatory (NSAID) ☐Yes ☐No ☐Unknown **If yes,** specify: _____

3d. SUPPORTIVE CARE: At ANY time during hospitalisation, did the patient receive/undergo:

ICU or High Dependency Unit admission? ☐Yes ☐No ☐Unknown **If yes,** total duration:_____days

Date of ICU admission:[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐N/A

Date of ICU discharge:[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐in ICU at outcome ☐N/A

Oxygen therapy? ☐Yes ☐No ☐Unknown **If yes, complete all:** **Total duration**:_____days

O_2 flow volume: ○1-5 L/min ○6-10 L/min ○11-15 L/min ○>15 L/min

Source of oxygen: ○Piped ○Cylinder ○Concentrator

Interface: ○Nasal prongs ○HF nasal cannula ○Mask ○Mask with reservoir ○CPAP/NIV mask

Non-invasive ventilation? *(e.g. BIPAP, CPAP)* ☐Yes ☐No ☐ Unknown **If yes,** total duration:_____days

Invasive ventilation *(Any)***?** ☐Yes ☐No ☐Unknown **If yes,** total duration:_days

Extracorporeal (ECMO) support? ☐Yes ☐No ☐Unknown **If yes,** total duration:_____days

Prone position? ☐Yes ☐No ☐ Unknown **If yes,** total duration:_____days

Renal replacement therapy (RRT) or dialysis? ☐Yes ☐No ☐Unknown

Inotropes/vasopressors? ☐Yes ☐No ☐Unknown **If yes,** total duration:_____days

3e. OUTCOME

Outcome: ☐Discharged alive ☐Hospitalized ☐Transfer to other facility ☐Death ☐Palliative discharge ☐Unknown

Outcome date: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐Unknown

If Discharged alive: Ability to self-care at discharge versus before illness: ☐Same as before illness ☐Worse ☐Better ☐Unknown