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V01072020

## MINISTRY OF HEALTH

## Division of Disease Surveillance and Surveillance

**Case investigation form for 2019 Novel Coronavirus (COVID-19)**

Date of reporting to national level: D[\_\_][\_\_]/M[\_\_][\_\_]/Y[\_\_][\_\_][\_\_][\_\_]

Why was the person tested for COVID-19 or investigation being conducted?

□ Contact with confirmed case □Presented at health facility □ Surveillance □ Point of entry detection

□ Repatriation □Other

|  |
| --- |
| **Date of investigation:** D[\_\_][\_\_]/M[\_\_][\_\_]/Y[\_\_][\_\_][\_\_][\_\_] |

# Section 1: Patient information

1.1 National Id No. for Kenyans:/Passport No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.2 Full name (3 names): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.3 Mobile phone No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1.4 Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.5 Race: □ African □ Asian □ European/American □ Other \_\_\_\_\_\_\_\_\_\_\_\_

1.6 Citizenship: □ Kenyan □ others (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.7 Age: [ ][ ] in years 1.8 Sex : □ Male □ Female

1.9 Marital status □ Married □ Single □ Divorced

1.10 Level of education □ No formal education □ Primary □ Secondary □ Tertiary

1.11 Is the case alive □ Yes □ No

1.12 Place where the case was investigated: □ Household □ Mass Testing

□ Quarantine □ Health Facility Specify health facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.13 Patient usual place of residence County: Sub county: Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (village/estate): \_\_\_\_\_\_\_\_\_\_\_\_\_

1.14 Next of Kin Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 2: Clinical information

## Patient clinical course

2.1 Date of onset of symptoms: D[\_\_][\_\_]/M[\_\_][\_\_]/Y[\_\_][\_\_][\_\_][\_\_]

□ Asymptomatic □ Unknown

2.2 Admission to hospital: □ No □ Yes □ Unknown

2.2.1 If yes, first date of admission to hospital: D[\_\_][\_\_]/M[\_\_][\_\_]/Y[\_\_][\_\_][\_\_][\_\_]

2.2.2 Name of hospital:

2.2.3 Patient taken to isolation □ No □ Yes □ Unknown

If yes, date of isolation: D [\_\_] [\_\_]/M[\_\_][\_\_]/Y[\_\_][\_\_][\_\_][\_\_]

2.2.4 Patient admitted to ICU □ No □ Yes □ Unknown

2.2.5 Was the patient ventilated: □ No □ Yes □ Unknown

2.3 Health status at time of reporting:

□ Stable □ Severely ill □ Dead □ Unknown

2.3.1 Outcome □ Still in hospital □ Discharged □ Death

2.3.2 Date of outcome (discharged, death) if applicable:

D [\_\_] [\_\_]/M [\_\_][\_\_]/Y[\_\_][\_\_][\_\_][\_\_]

**2.4 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

Have the symptoms resolved? Yes □ No □ Unknown □

If Yes, Date of symptom resolution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unknown □

## Patient signs:

2.5 Temperature \_\_\_\_\_\_\_\_0C

2.6 Check all observed signs:

* Pharyngeal exudate □ Coma □ Abnormal lung X-Ray findings
* Conjunctival injection □ Dyspnea / tachypnea
* Seizure □ Abnormal lung auscultation
* Other, specify:

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

* Pregnancy (trimester: ) □ Post-partum (< 6 weeks)
* Hypertension
* Other Cardiovascular diseases e.g Heart Failure □ HIV
* Diabetes □ Renal disease
* Liver disease □ Chronic lung diseases
* Chronic neurological or neuromuscular disease □ Malignancy

□ Smoking (current or former smoker)

□ Other, specify:

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

* 1. **Occupation:** (tick any that apply)
* Student □ Health care worker □ Other, specify:
* Working with animals □ Health laboratory worker

3.2 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 | Date |
| 1 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |

3.3 Has the patient **visited any health care facility(s)** in the 14 days prior to symptom onset?

□No □ Yes □ Unknown

3.4 Has the patient had **close contact1** with a person with acute respiratory infection in the 14 days prior to symptom onset?

□ No □ Yes □ Unknown

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

□ Health care setting □ Family setting □ Workplace □ Unknown

□ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.5 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 □ Workplace □ Unknown □Other, specify:

If yes, location/city/country for exposure:

# Section 4: Laboratory Information

**Specimen collection *(****To be completed by the health facility)*

* 1. Was specimen collected? 1=Yes 2=No  
     If no, why? …………………………………………………......…………………………………………………………..……….
  2. Date(s) of specimen collection: D­­­­­[\_\_][\_\_]/M[\_\_][\_\_]/Y[\_\_][\_\_][\_\_][\_\_]
  3. Specimen type: NP Swab OP Swab Serum Sputum Tracheal Aspirate

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Date specimen send to the lab: D­­­­­[\_\_] [\_\_]/M[\_\_][\_\_]/Y[\_\_][\_\_][\_\_][\_\_]

***(To be completed by the confirming lab)***

* 1. Date specimen received in the lab: D­­­­­[\_\_][\_\_]/M[\_\_][\_\_]/Y[\_\_][\_\_][\_\_][\_\_] Time[\_\_][\_\_]:[\_\_][\_\_]
  2. Name of confirming lab: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. Please specify which assay was used:
  4. Preliminary lab results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  5. Has sequencing been done? □ Yes □ No □ Unknown
  6. Date of laboratory confirmation: D[\_\_][\_\_]/M[\_\_][\_\_]/Y[\_\_][\_\_][\_\_][\_\_]
  7. Name of the Interviewer/investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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