World Health Organization

Global COVID-19 Clinical Platform
RAPID CORE CASE REPORT FORM (CRF)

INTRODUCTION

In response to the COVID-19 pandemic, the World Health Organization (WHO) has launched 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 related to patients with suspected or confirmed infections with SARS-CoV-2 (collectively "anonymized COVID-19 data"). The anonymized COVID-19 data received by WHO will remain the property of the contributing Entity 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 these objectives, WHO has established an independent Clinical Advisory Group to advise WHO on global reporting and analysis of the anonymized clinical COVID-19 data. State Parties and other entities are invited to contact WHO to obtain more information about how to contribute anonymized clinical COVID-19 data to the WHO Data Platform. To preserve the security and confidentiality of the anonymized COVID-19 data, State Parties and other entities 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 WHO COVID-19 Data Platform, which is a secured, access-limited, password protected electronic platform. WHO will (i) protect the confidentiality and prevent the unauthorized disclosure of the anonymized COVID-19 data; (ii) 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 or entities until such time as any of the conditions set forth in paragraph 2 of Article 11 are first met, and following consultation with affected countries/entities. Pursuant to that same Article 11, WHO will not make the anonymized COVID-19 data available to the public, unless and until the anonymized COVID-19 data have 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. To contribute data to the WHO COVID-19 Data Platform or to receive more information, please contact: COVID_ClinPlatform@who.int

DESIGN OF THIS CASE REPORT FORM (CRF)

The Rapid Core CRF is designed to collect data obtained through examination, interview and review of hospital notes. Data may be collected prospectively or retrospectively. 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 daily during hospital stay 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 for any information.

MODULE 1. Complete on hospital admission (within 24 hrs from hospital admission)

Facility name _____ **Country** _____

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

1a. CLINICAL INCLUSION CRITERIA

One or more of these during this illness	A history of self-reported feverishness or measured fever of ≥38ºC	☐Yes	☐No
	Cough	☐Yes	☐No
	Dyspnoea (shortness of breath) OR Tachypnoea*	☐Yes	☐No
	Clinical suspicion 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** OR [_][_] **days**

Health care worker? ☐Yes ☐No ☐Unknown **Laboratory worker?** ☐Yes ☐No ☐Unknown

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

If currently pregnant or recently pregnant (delivery within 21 days of symptom onset), complete Pregnancy 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 > 2 seconds ☐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 (*active*)	☐Yes	☐No	☐Unk
Asthma	☐Yes	☐No	☐Unk	Tuberculosis (*previous*)	☐Yes	☐No	☐Unk
Chronic kidney disease	☐Yes	☐No	☐Unk	Asplenia	☐Yes	☐No	☐Unk
Chronic liver disease	☐Yes	☐No	☐Unk	Malignant neoplasm	☐Yes	☐No	☐Unk
Chronic neurological disorder	☐Yes	☐No	☐Unk	Other	☐Yes	☐No	☐Unk
				If yes, specify: _____			
HIV	☐Yes (on ART)	☐Yes (not on ART)	☐No ☐Unknown	ART regimen_____			

1e. PRE-ADMISSION AND 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 ☐Lopinavir/Ritonavir ☐Other: _____

1f. SIGNS AND SYMPTOMS ON ADMISSION *(Unk = Unknown)*							
History of fever	☐Yes	☐No	☐Unk	Lower chest 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	☐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	☐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	☐Yes	☐No	☐Unk
Shortness of breath	☐Yes	☐No	☐Unk	If bleeding, specify site(s):			
Stroke: ischaemic stroke	☐Yes	☐No	☐Unk				
Stroke: intracerebral haemorrhage	☐Yes	☐No	☐Unk				
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 **If yes,** specify:_____

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

Invasive ventilation (any)? ☐Yes ☐No ☐Unknown

If yes, what were the following values closest to 08:00:

PEEP (cm H_2O) ____; FiO_2 (%) _____; Plateau pressure (cm H_2O) ____; $PaCO_2$ ____; PaO_2_____

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

Prone position? ☐Yes ☐No ☐Unknown

Inotropes/vasopressors? ☐Yes ☐No ☐Unknown

1i. LABORATORY RESULTS ON ADMISSION *(*record units if different from those listed)*								
Parameter	**Value***	**Units**			**Parameter**	**Value***	**Units**	
Haemoglobin		☐ g/L	☐ g/dL		**Creatinine**		☐ mg/L	☐ µmol/L
WBC count		☐ /mm^3	☐ G/L (= x10^9/L)		**Sodium**		☐ mEq/L = mmol/L	
Haematocrit		☐ %			**Potassium**		☐ mEq/L = mmol/L	
Platelets		☐ /mm^3	☐ G/L (= x10^9/L)		**Procalcitonin**		☐ ng/mL	☐ µg/L
APTT/APTR		☐ seconds			**CRP**		☐ mg/L	
PT (seconds)		☐ seconds			**LDH**		☐ IU/L	
INR					**Creatine kinase**		☐ IU/L	☐ UKAT/L
ALT/SGPT		☐ IU/L			**Troponin**		☐ ng/mL	☐ µg/L
AST/SGOT		☐ IU/L			**ESR**		☐mm/hour	
Total bilirubin		☐ mg/L	☐ µmol/L		**D-dimer**		☐ ng/mL	☐ µg/L
Urea (BUN)		☐ g/L	☐ mg/dL	☐ mmol/L	**Ferritin**		☐ ng/mL	☐ µg/L
Lactate		☐ mg/dL	☐ mmol/L		**IL-6**		☐ pg/mL	

MODULE 2. Daily follow up during hospital stay (daily or as frequent as possible based on feasibility)

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 > 2 seconds ☐Yes ☐No ☐Unknown **A V P U** (circle one)

Oxygen saturation on ☐Room air ☐Oxygen therapy ☐Unknown **GCS/15** [_][____

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: _____	☐Yes ☐No ☐Unk

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

Parameter	Value*	Units			Parameter	Value*	Units		
Haemoglobin		__ g/L	__ g/dL		**Creatinine**		__ mg/L	__ µmol/L	
WBC count		___ /mm^3	___ G/L (= x10^9/L)		**Sodium**		___ mEq/L = mmol/L		
Haematocrit		___ %			**Potassium**		___ mEq/L = mmol/L		
Platelets		___ /mm^3	___ G/L (= x10^9/L)		**Procalcitonin**		___ ng/mL	___ µg/L	
APTT/APTR		___ seconds			**CRP**		___ mg/L		
PT (seconds)		___ seconds			**LDH**		___ IU/L		
INR					**Creatine kinase**		___ IU/L	__ UKAT/L	
ALT/SGPT		___ IU/L			**Troponin**		___ ng/mL	__ µg/L	
AST/SGOT		___ IU/L			**ESR**		__ mm/hour		
Total bilirubin		___ mg/L	__ µmol/L		**D-dimer**		___ ng/mL	___ µg/L	
Urea (BUN)		___ g/L	___ mg/dL	___ mmol/L	**Ferritin**		___ ng/mL	___ µg/L	
Lactate		___ mg/dL	___ 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 **If yes,** specify:_____

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

Invasive ventilation (any)? ☐Yes ☐No ☐Unknown

If yes, what were the following values closest to 08:00:

PEEP (cm H_2O) _____; FiO_2 (%) _____; Plateau pressure (cm H_2O) _____; $PaCO_2$ _____; PaO_2_____

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

Prone position? ☐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 hospitalization, 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 (ARDS)	☐Yes ☐No ☐Unknown	Other If yes, specify	☐Yes ☐No ☐Unknown _____
Stroke: ischaemic stroke	☐Yes ☐No ☐Unknown		
Stroke: intracerebral haemorrhage	☐Yes ☐No ☐Unknown		

3c. MEDICATION While hospitalized 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: _____

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

If yes, specify agent and maximum daily dose: ____

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

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: _____

Systemic anticoagulation ☐Yes ☐No ☐Unknown

3d. SUPPORTIVE CARE At any time during hospitalization, 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: ☐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

Inotropes/vasopressors? ☐Yes ☐No ☐Unknown **If yes,** total duration:_____days
Renal replacement therapy (RRT) or dialysis? ☐Yes ☐No ☐Unknown

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