Supplementary Material 2: Questionnaires

Supplementary Material 2.1: COVID-19 Household Screening tool

|  |  |  |
| --- | --- | --- |
| **Variable** | **Question** | **Notes** |
|  | **Household Identifier** | From Population Surveillance |
| cca\_visit\_date | Date of Interview |  |
|  | Proxy Informant Identifier | From Population Surveillance |
|  |  |  |
| **Household Level Questions** | | |
|  | **Actions in response to COVID-19** | |
| ar01 | Have you heard of COVID-19 or Coronavirus | Yes; No; Don't Know |
| ar02 ar01==Yes | Have you or members of your household changed anything you do as a result of hearing about COVID-19 or Coronavirus? | Yes; No; Don't Know |
| ar03 ar02==Yes | What things have you or your household changed as a result of hearing about COVID-19 or Coronavirus? (mark all that apply) | Washed hands more often; Avoiding crowded areas; Avoided social events; Avoided taking taxis; Avoided going out; Avoided going to work; Avoided travelling long distances; Using face masks; Wearing gloves; Using hand sanitizer; Other |
| ar04 ar03==Other | Specify other |  |
| xx01 | How much do you feel you know about the COVID-19 pandemic? | Less than I should know; A little, but not enough; Enough; A little more than most people; I am up to date on the latest research |
| **Household Members and Visitors** | | |
| hv01 | Thinking of the whole of yesterday, did anyone visit your home who did not sleep in the house the previous night? | Yes; No; Don't Know |
| hv02 hv01==1 | How many such visitors were there yesterday? If you are not sure, please make your best guess. |  |
| hs01 | To your knowledge does everyone in your household who usually takes a daily medication had access to all necessary doses over the last week? | Yes; No; Don't Know |
| **Household Impact of COVID-19** | | |
| hi01 | Over the past seven days, have you or any member of your household wanted to access healthcare but have been unable to do so? | Yes; No; Don't Know |
| hi03 | Over the past seven days, has your family been able to get all food and other household necessities they need? | Yes; No; Don't Know |
| hi04 | Over the past seven days, have COVID-19 laws/regulations/rules affected the ability of you or your household to earn money? | Yes; No; Don't Know |
| hi05 hi04==Yes | The ability of you or your household to earn money over the past seven days? Select all that apply | Someone in the household has lost a job; Someone in the household is on unpaid leave; Other |
| hi06 hi04==Yes | What are you planning to do to as a result of this financial hardship? Select all that apply | Not pay bills that are due; Take out a loan; Skip meals; Other |
| hi07 | Over the past seven days, have you had access to soap and water at home for hand hygiene? | Always; Sometimes; Never |
| PHQ2\_1 | Over the past seven days, how often have you been bothered by having little interest or pleasure in doing things? | Not at all; Several days; More than half the days; Nearly every day |
| PHQ2\_2 | Over the past seven days, how often have you been bothered by feeling down, depressed or hopeless? | Not at all; Several days; More than half the days; Nearly every day |
| GAD2\_1 | Over the past seven days, how often have you been bothered by feeling nervous, anxious or on edge? | Not at all; Several days; More than half the days; Nearly every day |
| GAD2\_2 | Over the past seven days, how often have you been bothered by not be able to stop or control worrying. | Not at all; Several days; More than half the days; Nearly every day |
| **Household Roster - following question for each resident household member** | | |
| covid\_member\_intid | Member Registered IntID | From Population Surveillance |
| covid\_member\_name | Member Name | From Population Surveillance |
| covid\_member\_age | Member Age | From Population Surveillance |
| currently\_resident | Does %rostertitle% currentky stay at the homestead? | Yes; No |
| prior\_covid\_dx | Has %rostertitle% previously been diagnosed with COVID-19? | Yes; No; Don’t know |
| prior\_covid\_dx\_date | When was %rostertitle% diagnosed with COVID-19? | date |
| **Symptom Screen** | | |
| sx\_pos\_hhm1\_sx | Does %rostertitle% have any of the following symptoms currently? | Fever ≥ 38°C; Cough; Chills; Sore throat; Shortness of breath / breathing difficulties; Nausea / Vomiting; Diarrhea; Myalgia / Body pains; General weakness; Irritability / Confusion;  Loss of taste (ageusia);  Loss of sense of smell (anosmia);  Other; None |
| sx\_pos\_hhm1\_sx\_other | If other, specify symptom |  |
| sx\_pos\_hhm1\_sx\_child | Additional symptoms for children <2 years old. (Multi-select) | Lethargy; Poor feeding; None |
| sx\_onset\_hhm1 | What was the earliest date of symptoms onset for %rostertitle%? | date |
| **Epidemiological Risk (In the 14-days before symptom onset)** | | |
| case\_contact\_hhm1 | Has %rostertitle% had close physical contact\* with a known COVID-19 case? \*Close contact: A person having had face-to-face contact or was in a closed environment with a CoVID-19 case; this includes, amongst other, all persons living in the same household as a CoVID-19 case | Yes; No; Don't Know |
| case\_con\_hhm1\_set | If %rostertitle% has been in close physical contact with a known COVID-19 case, please indicate contact setting. | Healthcare setting; Household setting; Work place; Public transport setting; Other; |
| case\_contact\_hhm1\_desc | If Other, specify contact |  |
| hcw\_hhm1 | Is %rostertitle% a healthcare worker (HCW) who has been exposed to suspects of cases of COVID-19? | Yes; No; Don't Know |
| hcw\_type\_hhm1 hcw\_hhm1==Yes | Healthcare worker role | Nurse; Physician; Pharmacist; Counselor; Laboratory Worker; Other |
| hcw\_other\_hhm1 | If other healthcare worker, describe |  |
| ~~unknown\_aetiology\_hhm1~~ | ~~Is %rostertitle% part of a severe respiratory illness cluster of unknown aetiology that occurred within a 14-day period?~~ | ~~Yes;No;Don't Know~~ |
| hcf\_visit\_hhm1 | Has %rostertitle% visited a healthcare facility (as a patient or visitor) in a country where COVID-19 cases have been reported? | Yes; No; Don't Know |
| visit\_facility\_type | What type of visit/facility? | Clinic visit; GP; Hospitalization |
| international\_travel\_hhm1 | Has %rostertitle% traveled to a part of South Africa with local COVID-19 transmission or outside of South Africa in the last 14-days? | Yes; No; Don’t know |
| travel\_to\_where | If yes, where did %rostertitle% travel to? | Foreign travel; Elsewhere in South Africa with local transmission of COVID-19; Both |
| travel\_where\_sa | Where did %rostertitle% traveled to in South Africa? (select all that applies) | Eastern Cape; Free State; Gauteng; KwaZulu-Natal; Limpopo; Mpumalanga; Northern Cape; North West; Western Cape |
| int\_travel\_hhm1 | If %rostertitle% traveled outside South Africa in the last 14-days, please specify how many countries and complete section below for each country visited |  |
| travel\_history\_roster | Travel History |  |
| travel\_transport\_medium | By which means did you travel | Plane; Bus; Taxi; Car; Train; Other |
| travel\_history\_country | Country visited? |  |
| travel\_history\_dep\_date | Date of departure (travel to area) |  |
| travel\_history\_ret\_date | Date of return (travel from area) |  |
| **Travel and Movement** | | |
| tm01 | Over the past seven days, have %rostertitle% left your home? | Yes; No; Don't Know |
| tm02 tm01==Yes | Over the past seven days, have %rostertitle% left your village/suburb or isigodi? | Yes; No; Don't Know |
| tm03 tm02==Yes | Over the past seven days, have %rostertitle% travelled to your local town (e.g. Mtubatuba, KwaMsane, Hlabisa, Hluhluwe, St Lucia) | Yes; No; Don't Know |
| tm04 tm02==Yes | Over the past seven days, have %rostertitle% travelled beyond the subdistrict (e.g. Mtubatuba municipality)? | Yes; No; Don't Know |
| tm05 | Why did %rostertitle% leave your home? (multi-select) | To get food/medication; To go to work; To visit friends or family; To get exercise; To provide care to a vulnerable person; Other |
| tm06 | Other, specify? |  |

Supplementary Material 2.2: COVID-19 Household Social Sub-survey

|  |  |  |
| --- | --- | --- |
| **Social contacts** | | |
| sc01 | We will now ask you to remember who you have been in contact with yesterday, between 5am yesterday and 5am today. We are only interested in direct contacts, which are people who you met in person and with whom you exchanged at least a few words, or with whom you had physical contact (e.g. a handshake, embracing, kissing, contact sports). Note that if you only spoke to someone over the phone or internet, they should not be included.  Please write the nickname of each other person in your household. Note that this nickname is only needed to make it easier for you to complete the survey, so please pick a nickname that will help you identify each household member later in the questionnaire. Nicknames are not visible to anyone outside of this survey. |  |
| sc02 | [Loop over list from Q1] Which of these household members did you have direct contact with in person, between 5am yesterday and 5am today? | Yes; No |
| sc03 | And what other people did you have direct contact with in person, between 5am yesterday and 5am today? Please think about anyone else you had direct contact with. This could include friends, family, work colleagues, or people you spoke to in shops and so on. The order in which you give these names does not matter. However, it is easiest to give them in chronological order, e.g. when I woke up, I saw Busi and Thabo at breakfast. I then drove to my work, where I met with Thandiwe and Sfiso. On my way back home, I stopped at a petrol station, where I had a brief chat with the shop assistant. Etc.  Please write the nickname of each person you had direct contact with. Note that this nickname is only needed to make it easier for you to complete the survey, so please pick a nickname that will help you identify each contact later in the questionnaire. Nicknames are not visible to anyone outside of this survey. |  |
| sc04 | [Loop over list from Q3 for Q4-11] What age is NAME? Please give an estimate if you are not sure. | 0-4, 5-9, 10-14, … , 70-74, 75-79, 80-84, 85+ |
| sc05 | What gender is NAME? | Male; Female; Other; Prefer not to answer; Don’t know |
| sc06 | What is NAME’s relationship to you? | They are a family member who is not in my household; They are someone I work with; They are someone I go to school, college or university with; They are a friend; Other; Prefer not to answer |
| sc07 | Before the coronavirus epidemic started, how often did you usually have direct contact with NAME? A direct contact is when you meet with this person in person and when you exchange at least a few words, or when you have physical contact (e.g. handshake, embracing, kissing, contact sports). Please do not include times that you speak to them over the phone or internet. | Every day or almost every day; About once or twice a week; Every 2-3 weeks; About once per month; Less often than once per month; Never met them before; Prefer not to answer |
| sc08 | When you had direct contact with NAME yesterday, did you have | Physical contact (any sort of skin-to-skin contact such as e.g. hand shaking, embracing or kissing); Non-physical contact (you did not touch the person); Prefer not to answer |
| sc09 | Where did you have direct contact with NAME? [Do not read out list] | 0 "Own home" 1 "Other house on plot" 2 "House off plot" 3 "Church" 4 "Clinic" 5 "Community building" 6 "Creche" 7 "Gym" 8 "Library" 9 "Mall / Shops" 10 "in Bar / Spotini / Nightclub" 11 "Spaza" 12 "School" 13 "Salon/Barber" 14 "In a tent" 15 "Counselling Centre" 16 "Guest House" 17 "Office" 18 "Workshop" 19 "Restaurant" 96 "Other" 98 "Prefer not to say" |
| sc10 | Please estimate the total amount of time you spent with [NAME] in person yesterday | time |
| sc11 | Was the time you spent with [NAME] yesterday inside or outside? [Select all that apply] | Inside; Outside; Both |

|  |  |  |
| --- | --- | --- |
| **Physical locations** | | |
|  | Make a list of all the indoor places you entered between 5am yesterday and 5am today. The interviewer will make a list of all of the places on a piece of paper. This will only be used to help you remember the places. Do not include locations that you did not go inside (e.g. shops where you were served through a hatch). Include tents that were enclosed, but not tents that only had a roof. This should include your own home if you spent time there. If you visited a location more than once, then list it more than once, and answer the subsequent questions for each time you visited. For workplaces, put the type of workplace (e.g. shop). |  |
| ph1 | How many places are on your list of buildings visited? | integer |
|  | [Loop over list from Q1 for PH2-5] |  |
| ph2 | What type of location was it? | 0 "Own home" 1 "Other house on plot" 2 "House off plot" 3 "Church" 4 "Clinic" 5 "Community building" 6 "Creche" 7 "Gym" 8 "Library" 9 "Mall / Shops" 10 "in Bar / Spotini / Nightclub" 11 "Spaza" 12 "School" 13 "Salon/Barber" 14 "In a tent" 15 "Counselling Centre" 16 "Guest House" 17 "Office" 18 "Workshop" 19 "Restaurant" 96 "Other" 98 "Prefer not to say" |
| ph3 | What time did you arrive? | time |
| ph4 | How long did you spend there? | time |
| ph5 | How many people (adults and children) were there, halfway through the time you were there? | integer |
| ph6 | How many of those people were children aged < 15? | integer |
| ph7 | On how many days did you visit this location in the past week? | integer |
|  | Make a list of all the transport you used between 5am yesterday and 5am today. If you used a method of transport more than once (for instance a trip on two different taxis), then list it more than once, and answer the subsequent questions for each time you used it. |  |
| ph8 | How many trips are on your list of trips made? | integer |
| ph9 | What type of transport was it? | 0 "Taxi" 1 "Bakkie" 2 "Private car" 3 "Bus" 4 “Motorbike” 5 “Bicycle” 96 "Other" 98 "Prefer not to answer" |
| ph10 | What time did it start? | time |
| ph11 | How long did the journey take? (Don't worry if approximate) | time |
| ph12 | How many people (adults and children) were on the vehicle at the start of your trip? | integer |
| ph13 | How many of those people were children aged < 15? | integer |

Supplementary Material 2.3: COVID-19 Household In -Depth Social Sub-survey

|  |  |  |
| --- | --- | --- |
| **Open questions** | | |
| oq1 | Who are you most worried about getting COVID-19 in your family [Probe on why do you think they are at risk] |  |
| oq2 | What symptoms would make you seek medical help? [Probe on why or why not – and on other symptoms] |  |
| oq3 | What do you consider the most reliable source of information on COVID-19 (Probe for why) |  |

Supplementary Material 2.4: COVID-19 Clinical screening tool

**INSTRUCTIONS: Important to note the use of following symbols in dropdown response options**

* Means chose one only
* Means select all that are applicable

NB: **This module is be used at the mobile and fixed clinics**

**Section 1: Symptoms**

* 1. Date of Clinical Screening: \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_
  2. Completed by - Staff Member: \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_
  3. Was the participant’s temperature taken?
     + Yes
     + No
  4. Symptoms
* History of fever
* Cough
* Chills
* Sore throat
* Shortness of breath / breathing difficulties
* Nausea / Vomiting
* Diarrhea
* Myalgia / Body pains
* General weakness
* Irritability / Confusion
* Loss of taste (ageusia)
* Loss of sense of smell (anosmia)
* Other
* None
  1. If Other, Specify symptom\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_
  2. What was the earliest date of symptoms onset? \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_

**Section 2: Epidemiological Risk**

* 1. Have close physical contact\* with a known CoVID-19 case?
* Yes
* No
* Don’t know
  1. If the patient has been in a close physical contact with a known CoVID-19 case, please indicate contact setting.
* Healthcare setting
* Household setting
* Workplace
* Public transport setting
* Other
  1. If other please specify details regarding other contact setting? \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_
  2. Is the person a Healthcare Worker (HCW) who has been exposed to suspects of cases of COVID-19?
* Yes
* No
* Don’t know
  1. What is the Healthcare worker role?
* Nurse
* Physician
* Pharmacist
* Counsellor
* Laboratory Worker
* Other
  1. Please specify details on other HCW role\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_
  2. Patient has visited a healthcare facility (as a patient or visitor) where COVID-19 cases have been reported?
* Yes
* No
* Don’t know
  1. What type of visit/facility?
     + Clinic visit
     + GP
     + Hospitalisation
  2. Has the patient travelled to a part of South Africa with local COVID-19 transmission or outside of South Africa in the last 14-days?
     + Yes
     + No
     + Don’t know
  3. If yes, where did the patient travelled to?
     + Foreign travel
     + Elsewhere in South Africa with local transmission of COVID-19
     + Both
  4. Please specify how many countries/provinces you have travelled to and complete section below for each country visited. \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
  5. Country and city visited: \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_
  6. By which means did you travel?
     + Plane
     + Bus
     + Taxi
     + Car
     + Train
     + Other
  7. Date of departure (travel to area): \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_
  8. Date of return (travel from area): \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_
  9. Date of departure (travel to area): \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_
  10. Date of return (travel from area): \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_

**Section 3: Underlying Factors / Comorbid conditions**

* 1. Asthma
* Yes
* No
* Don’t know
  1. Cardiac disease
* Yes
* No
* Don’t know
  1. Chronic kidney disease
     + Yes
     + No
     + Don’t know
  2. Chronic liver disease
* Yes
* No
* Don’t know
  1. Chronic neurological/neuromuscular disease
* Yes
* No
* Don’t know
  1. COPD/Chronic pulmonary disease
* Yes
* No
* Don’t know
  1. Diabetes
* Yes
* No
* Don’t know
  1. Hypertension
     + Yes
     + No
     + Don’t know
  2. Immuno-deficiency (excluding HIV)
* Yes
* No
* Don’t know
  1. HIV
* Yes
* No
* Don’t know
  1. Patient knows recent Viral Load
* Yes
* No
* Don’t know
  1. Recent viral load: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_
  2. Is the patient virally suppressed?
* Yes
* No
* Don’t know
  1. On ARVs
* Yes
* No
* Don’t know
  1. Obesity
* Yes
* No
* Don’t know
  1. Tuberculosis
* Yes
* No
* Don’t know
  1. Other
* Yes
* No
* Don’t know
  1. Other Specify: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_

**Section 4: Contact line list**

* 1. Surname: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_
  2. First name(s) : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_
  3. Sex
* Male
* Female
  1. Age (in years)
* Yes
* No
* Don’t know
  1. Relation to case
* Spouse
* Aunt
* Child
* Classmate
* Colleague
* Cousin
* Father
* Friend
* Grandfather
* Grandmother
* Healthcare worker
* Mother
* Nephew
* Niece
* Other relative
* Uncle
  1. Date of last contact with case
  2. Place of last contact with case (Provide name and address
  3. Residential address (for next month)
  4. Phone number(s), separated by semicolon (;)
  5. Is the case a Healthcare worker (HCW)
* Yes
* No
  1. Facility name: \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_

**Section 6: COVID-19 Swab collection**

* 1. Was a specimen collected?
* No
* Yes
  1. If not, please provide reason why not: \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_
  2. Date of Specimen Collection: \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_\_ \_\_ \_\_ \_\_ \_ \_\_
  3. Collected by, Staff Member Code: \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_
  4. Swab Specimen QR code: \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_\_ \_\_ \_\_ \_\_ \_ \_\_ \_\_ \_\_ \_\_
  5. Specimen Status: \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_\_ \_\_ \_\_ \_\_ \_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_
  6. Specimen Result: \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_\_ \_\_ \_\_ \_\_ \_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_
  7. Please provide additional information regarding the swab collection

**Section 5: Clinical Assessment**

* 1. Performed by: - Staff Member: \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_
  2. Date of Clinical Assessment: \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_

Glasgow Coma Scale (GCS)

* 1. Observation – Eyes
     + Open spontaneously
     + Open to speech
     + Open to painful stimulus
     + No response (no eye opening)
  2. Observation – Verbal
     + Responds sensibly
     + Confused
     + Inappropriate words
     + Incomprehensible sounds
     + No response (silent)
  3. Observation – Motor
     + Obeys commands
     + Points (localises) to pain
     + Withdraws from pain
     + Bends limbs in response to pain (flexion)
     + Straighten limbs in response to pain (extension)
     + No response
  4. Total score (best response = 15; comatose client = 8 or less; totally unresponsive = 3)

Measurements

* 1. Respiratory rate – rpm [8 - 30]: \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_
  2. O2 Saturation - % [80 - 100]: \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_
  3. Pulse – bpm [45 – 180]: \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_
  4. Ill appearing
* No
* Yes
  1. General physical examination comments: \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_
  2. Outcome of Clinician's assessment
* CoVID PUI - Clinically Unwell
* CoVID PUI - Clinically Stable
* Not CoVID PUI - Clinically Stable
* Not CoVID PUI - Clinically Unwell

**Section 7: COVID-19 Surveillance case definitions for PUI who should be tested for SARS-COV-2**

A screenshot of a social media post

Description automatically generated

**Section 8: Testing Triage Pathway**

**NO COVID-19 symptoms and NO epidemiological risk factors @ Not a COVID suspect**

**Response**

* General hygiene advice: follow most up to date advice from the South African Department of Health.
* Maintain social distancing.
* Frequent hand washing with soap and water.
* Refrain from touching the face.

**NO COVID-19 symptoms and epidemiological risk factors @ Not a COVID suspect**

**Response**

* Please self-monitor appearance of symptoms and call the NICD hotline symptoms appear. Do follow good hygiene practices at home and stay safe.
* Limit contact with others (<6 feet) for 14 days after last exposure (self-isolation).
* Refrain from contact with people over 50 years old or with other health conditions.
* Self-monitor for signs and symptoms (fever, cough, dyspnea, sore throat, fatigue) up to 14 days.
* If symptoms develop, call NICD hotline to inquire about COVID testing and referral to care.
* Maintain social distancing.
* Frequent hand washing with soap and water.
* Refrain from touching the face.

**COVID-19 Symptoms and NO epidemiological risk factors @ Not a COVID suspect**

**Response**

* You are not eligible for testing; please refer to the closest clinical center for further investigation of your symptoms.
* General hygiene advice: follow most up to date advice from the South African Department of Health.
* Maintain social distancing.
* Frequent hand washing with soap and water.
* Refrain from touching the face.
* Do follow good hygiene practices at home and stay safe.

**COVID-19 Symptoms and epidemiological risk factors @ COVID suspect.**

**Response**

* You are eligible for COVID-19 testing, please present to the mobile clinic at (location) for COVID testing. If you are unable to get to the mobile clinic, please present to the hospital as soon as possible.
* Limit contact with others (<6 feet) for 14 days after last exposure (self-isolation).
* Maintain social distancing.
* Frequent hand washing with soap and water.
* Refrain from touching the face