NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division in the National Health Laboratory Service

health
Department: Health
REPUBLIC OF SOUTH AFRICA

CENTRE FOR RESPIRATORY DISEASES AND MENINGITIS OUTBREAK RESPONSE, DIVISION OF PUBLIC HEALTH SURVEILLANCE AND RESPONSE

Person under investigation (PUI) form for coronavirus disease 2019 (COVID-19): Request for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) testing

Internal use
CRDM unique no: ____________

Tel: (+27) 386 6392/ (+27) 386 6410 | Fax: (+27)11 882 9979 | **Hotline: (+27)82 883 9920** | **(+27)66 562 4021**
Forward original forms with the specimen collected.
Email completed specimen submission form and PUI form to ncov@nicd.ac.za

Today's date: DD/MM/YYYY **Form completed by (Name, Surname):** ____________ **Contact number(s):** ____________

All suspected COVID-19 cases are Category 1 **notifiable medical conditions** under "Respiratory disease caused by a novel respiratory pathogen". Notify as per NMC procedures. If using NMC app provide case ID indicated on alert email.

Case ID : ____________

Is this a: **New clinical query** ☐ **Contact of a known case** ☐

If contact of a known case, provide case details:
Known case first name: ____________
Known case surname: ____________
Known case DOB: DD/MM/YYYY

Detected at point of entry? Y☐ N☐ Unkn☐ **If yes, date:** DD/MM/YYYY **Please specify the point of entry:** ____________

PATIENT DETAILS

Patient hospital number (if available): ____________
First name: ____________ **Surname:** ____________
DOB: DD/MM/YYYY **Sex:** Male ☐ Female ☐
Residency: SA resident ☐ Non-SA resident ☐ Specify: ____________
Current residential address[1]: ____________
Patient's contact number(s): ____________
Include alternative number

Please indicate occupation (tick all that apply):
Student ☐ Unemployed ☐
Working with animals ☐ Health laboratory worker ☐
Healthcare worker ☐ Facility name: ____________
Other ☐ Specify: ____________

DOCTOR'S DETAILS

First name: ____________
Surname: ____________
Facility name: ____________
Contact number/s: ____________
Email address: ____________

NEXT OF KIN CONTACT DETAILS (alternative contact details)

First name: ____________ **Surname:** ____________
Relationship to the patient: ____________ **Contact number(s):** ____________

CLINICAL PRESENTATION AND HISTORY

Date of symptom onset: DD/MM/YYYY **Date of current consultation/admission:** DD/MM/YYYY

Symptoms (tick all that apply):

Symptom		Symptom		Symptom	
Fever (≥38˚C)	Y☐ N☐	Sore throat	Y☐ N☐	Myalgia/body pains	Y☐ N☐
History of fever	Y☐ N☐	Shortness of breath	Y☐ N☐	General weakness	Y☐ N☐
Cough	Y☐ N☐	Nausea/vomiting	Y☐ N☐	Irritability/confusion	Y☐ N☐
Chills	Y☐ N☐	Diarrhoea	Y☐ N☐	Other	Y☐ N☐ Specify____________

DIAGNOSIS

- Did the patient have clinical or radiological evidence of pneumonia Y☐ N☐
- Were chest X-rays (CXR) done: Y☐ N☐ If yes, CXR Findings: ____________
- Did the patient have clinical or radiological evidence of acute respiratory distress syndrome (ARDS)? Y☐ N☐

This section is a prerequisite for testing, therefore, please fill out the below section to the best of your ability.
Laboratory testing will be delayed if forms are incomplete or were filled in incorrectly.
In the 14 days before symptom onset did the patient (mark all that apply):

- Have close physical contact[2] with a **known** COVID-19 case? Y☐ N☐ Unkn☐
- If the patient has been in a close physical contact with a known COVID-19 case, please indicate contact setting:

  Healthcare setting ☐ Family setting ☐ Work place ☐ Public transport setting ☐ Other ☐ Specify:______________
- Patient is a healthcare worker (HCW) who was exposed to patients with severe acute respiratory illness, unless another aetiology has been identified to explain the clinical presentation of the HCW? Y☐ N☐ Unkn☐
- Is the patient part of a severe respiratory illness cluster of unknown aetiology that occurred within a 14-day period? Y☐ N☐ Unkn☐
- Patient has visited a health care facility (as a patient or visitor) in a country where hospital-associated COVID-19 cases have been reported? Y☐ N☐ Unkn☐ (If yes, complete travel section)
- Has the patient travelled to/from China or area/s with evidence of sustained SARS-CoV-2 (cause of COVID-19) human-to-human transmission, or a declared outbreak? Y☐ N☐ Unkn☐ (If yes, complete travel section)

TRAVEL HISTORY

If patient traveled outside South Africa in the last 14-days, please complete section below for countries visited

Country and city or cities visited	**Date of departure (travel to area)**	**Date of return (travel from area)**
1.	DD/MM/YYYY	DD/MM/YYYY
2.	DD/MM/YYYY	DD/MM/YYYY

UNDERLYING FACTORS/CO-MORBID CONDITIONS

Asthma:	Y☐ N☐ Unkn☐	Cardiac disease:	Y☐ N☐ Unkn☐	Chronic kidney disease:	Y☐ N☐ Unkn☐	Chronic liver disease:	Y☐ N☐ Unkn☐
Chronic neurological/ neuromuscular disease:	Y☐ N☐ Unkn☐	COPD/ Chronic pulmonary disease:	Y☐ N☐ Unkn☐	Diabetes:	Y☐ N☐ Unkn☐	Immuno-deficiency (excluding HIV)	Y☐ N☐ Unkn☐
HIV:	Y☐ N☐ Unkn☐	Is the patient virally suppressed?	Y☐ N☐ Unkn☐	Recent viral load:	____________	On ARVs	Y☐ N☐ Unkn☐
Obesity:	Y☐ N☐ Unkn☐	Pregnancy:	Y☐ N☐ Unkn☐	Trimester:	____________	Tuberculosis:	Y☐ N☐ Unkn☐
Other:	Y☐ N☐ Unkn☐	Specify:	____________				

TREATMENT/MANAGEMENT

Patient hospitalised:	Y☐ N☐ Unkn☐	Admitted to ICU:	Y☐ N☐ Unkn☐	Ventilation:	Y☐ N☐ Unkn☐	On ECMO:	Y☐ N☐ Unkn☐
Antibiotics:	Y☐ N☐ Unkn☐	if Yes, list:	____________	Tamiflu/ other antiviral drugs:	Y☐ N☐ Unkn☐		
White cell count total:	____________	Differential neutrophils/lymphocytes%:	____________				

Has the patient been isolated at: Home ☐ Healthcare facility ☐ Not isolated ☐ Other ☐ Specify: ____________

If patient has been isolated at home or at a healthcare facility, please provide date of isolation: DD/MM/YYYY

OUTCOME (at time of specimen submission)

Currently hospitalised:	☐		
Discharged	☐	**Discharge date:**	DD/MM/YYYY
Transferred	☐	**Name of facility:**	____________
Died	☐	**Date of death:**	DD/MM/YYYY
Other	☐	**Specify:**	____________

[1]If patient is a not a permanent resident, please provide their current residential address while residing in South Africa. [2]Close contact: A person having had face-to-face contact or was in a closed environment with a COVID-19 case; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE). A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated. [3]Areas with presumed ongoing community transmission of SARS-CoV-2: http://www.nicd.ac.za/diseases-a-z-index/covid-19/

Please also complete the contact line list provided and submit with specimen submission form and PUI form to ncov@nicd.ac.za

Version 3, 17 February 2020

COVID-19 CONTACT LINE LIST

Complete a contact line list for every person under investigation and every confirmed Coronavirus disease 2019 (COVID-19) case

NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

health
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Details of person under investigation/confirmed COVID-19 case			
NICD Identifier		Date Symptom Onset	DD/MM/YYYY
Surname		Name	
Contact number		Alternative number	
Travel (provide details of all: 7 days before onset)		Travelled by	Bus ☐ Plane ☐
Air/bus line	Flight/bus #	Seat #	

Details of health official completing this form		Today's date	DD/MM/YYYY
Surname		Name	
Role		Facility name	
Email address		Telephone number(s)	

Details of contacts (*With close contact[1] 7 days prior to symptom onset, or during symptomatic illness.)*

	Surname	First name(s)	Sex (M/F)	Age (Y)	Relation to case[2]	Date of last contact with case	Place of last contact with case (Provide name and address)	Residential address (for next month)	Phone number(s), separate by semicolon	HCW?[3] (Y/N) *If Yes, facility name*
1						DD/MM/YYYY				
2						DD/MM/YYYY				
3						DD/MM/YYYY				
4						DD/MM/YYYY				
5						DD/MM/YYYY				
6						DD/MM/YYYY				
7						DD/MM/YYYY				
8						DD/MM/YYYY				

[1] Close contact: A person having had face-to-face contact (≤2 metres) or was in a closed environment with a COVID-19 case; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated. [2] Chose from: Spouse, Aunt, Child, Class mate, Colleague, Cousin, Father, Friend, Grandfather, Grandmother, Healthcare worker taking care of, Mother, Nephew, Niece, Other relative, Uncle. [3] Healthcare worker.

Continues on reverse

Details of contacts (*With contact[1] 7 days prior to symptom onset, or during symptomatic illness.)*

	Surname	First name(s)	Sex (M/F)	Age (Y)	Relation to case[2]	Date of last contact with case	Place of last contact with case (Provide name and address)	Residential address (for next month)	Phone number(s), separate by semicolon	HCW?[3] (Y/N) *If Yes, facility name*
9						DD/MM/YYYY				
10						DD/MM/YYYY				
11						DD/MM/YYYY				
12						DD/MM/YYYY				
13						DD/MM/YYYY				
14						DD/MM/YYYY				
15						DD/MM/YYYY				
16						DD/MM/YYYY				
17						DD/MM/YYYY				
18						DD/MM/YYYY				
19						DD/MM/YYYY				
20						DD/MM/YYYY				
21						DD/MM/YYYY				

[1] *Close contact: A person having had face-to-face contact (≤2 metres) or was in a closed environment with a COVID-19; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated.* [2] *Chose from: Spouse, Aunt, Child, Class mate, Colleague, Cousin, Father, Friend, Grandfather, Grandmother, Healthcare worker taking care of, Mother, Nephew, Niece, Other relative, Uncle.* [3] *Healthcare worker.*

Please refer to www.nicd.ac.za for most recent version of this document before use.

If more space required, continue on second form. Please complete header and staple to first form.