Revised case report form for Coronavirus COVID-19

report to WHO within 48 hours of case identification

Revised 22 July 2022

Date of reporting to national health authority: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

Reporting country: _____

Why tested for COVID-19:

□ Contact of a case □ Ill Seeking Healthcare due to suspicion of COVID-19 □ Detected at point of entry □ Repatriation

□ Routine respiratory disease surveillance systems (e.g. influenza) □ Unknown

If none of the above, please explain: _____

Section 1: Patient information

Unique Case Identifier (used in country): _____

Age (years): [___][___][___] if <1 year old, [__][__] in months or if < 1 month, [_][__] in days

Sex at birth □ Male □ Female □ Other

Place where the case was diagnosed:

Country: _____ Admin Level 1 (province): _____

Case usual place of residency: Country: _____

Vaccination status for SARS-CoV-2

Has the patient received a SARS-CoV-2 vaccine ? □ No □ Yes □ Unknown

If Yes : Number of doses received : _____

Product name of SARS-CoV-2 vaccine dose 1 _____ Date of Vaccine Dose 1: [_D][_D]/[_M][_M]/[_Y][_Y][_Y][_Y]	Product name of SARS-CoV-2 vaccine dose 2 _____ Date of Vaccine Dose 2: [_D][_D]/[_M][_M]/[_Y][_Y][_Y][_Y]
Product name of SARS-CoV-2 vaccine dose 3 _____ Date of Vaccine Dose 3: [_D][_D]/[_M][_M]/[_Y][_Y][_Y][_Y]	Product name of SARS-CoV-2 vaccine dose 4 _____ Date of Vaccine Dose 4: [_D][_D]/[_M][_M]/[_Y][_Y][_Y][_Y]

Source of information : □ Documented Evidence (Vaccine card/ Vaccine Passport) □ Recall

Section 2: Clinical Status

Reinfection : has the case been diagnosed with Covid-19 prior to this episode ? □ No □ Yes □ Unknown

If Yes, date of sampling for confirmation of last episode (date of onset if unavailable) :[_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

Screening for variant

Has the case been screened for a variant strain of SARS-CoV-2? □ No □ Yes □ Unknown

If Yes, what is the suspected or confirmed strain/lineage/clade :_____

Laboratory confirmation : Date of laboratory confirmation test: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

Any symptoms* or signs *at time of specimen collection that resulted in first laboratory confirmation*?

□ No (i.e., asymptomatic) □ Yes *If yes*, date of onset of symptoms: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

□ Unknown

Underlying conditions and comorbidity: Any underlying conditions? □ No □ Yes □ Unknown

If yes, please check all that apply:

□ Pregnancy (trimester:_____) □ Post-partum (< 6 weeks)

□ Cardiovascular disease, including hypertension □ Immunodeficiency, including HIV

□ Diabetes □ Renal disease

□ Liver disease □ Chronic lung disease

□ Chronic neurological or neuromuscular disease □ Malignancy

□ Other(s), please specify : _____

Health Status at time of reporting:
Admission to hospital: □ No □ Yes □ Unknown
First date of admission to hospital: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

If yes

Did the case receive care in an intensive care unit (ICU)?	□ No	□ Yes	□ Unknown
Did the case receive ventilation?	□ No	□ Yes	□ Unknown
Did the case receive extracorporeal membrane oxygenation?	□ No	□ Yes	□ Unknown

Is case in isolation with Infection Control Practice in place	□ No	□ Yes	□ Unknown

Date of isolation: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

Section 3: Exposure risk in the 14 days prior to symptom onset (prior to testing if asymptomatic)

Is case a Health Worker (any job in a health care setting): □ No □ Yes □ Unknown

If yes, Country:_____City:_____ Name of Facility: _____

Has the case **travelled** in the 14 days prior to symptom onset? □ No □ Yes □ Unknown

If yes, please specify the places the patient travelled to and date of departure from the places:

	Country	**City**	**Date of Departure from the place**
1.	Country_____	City _____	Date_____
2.	Country_____	City _____	Date_____
3.	Country_____	City _____	Date _____

Has case **visited any health care facility** in the 14 days prior to symptom onset? □ No □ Yes □ Unknown

Has case **had contact with a 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:

If yes, please explain contact setting:_____

_____

	Contact ID	**First Date of Contact**	**Last Date of Contact**
1.	_____	Date _____	Date _____
2.	_____	Date _____	Date _____
3	_____	Date _____	Date _____
4	_____	Date _____	Date _____
5	_____	Date _____	Date _____

Most likely country of exposure: _____

World Health Organization

Section 4: Outcome : complete and re-sent the full form as soon as outcome of disease is known or after 30 days after initial report.

Date of re-submission of this report: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

If case was asymptomatic at time of specimen collection resulting in first laboratory confirmation, did the case develop any symptoms or signs *at any time* prior to discharge or death:

□ No (i.e., case remains asymptomatic)
□ Yes, asymptomatic case (as previously reported) developed symptoms and/or signs of illness
If yes, date of onset of symptoms/signs of illness: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]
□ Unknown

Clinical Course:

Admission to hospital (may have been previously reported): □ No □ Yes □ Unknown

If admitted to hospital:

First date of admission to hospital: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

Did the case receive care in an intensive care unit (ICU)? □ No □ Yes □ Unknown

Did the case receive ventilation? □ No □ Yes □ Unknown

Did the case receive extracorporeal membrane oxygenation? □ No □ Yes □ Unknown

Health Outcome: □ Recovered/Healthy □ Not recovered □ Death □ Unknown
□Other: If other, please explain: _____

Date of Release from isolation/hospital or Date of Death: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

If released from hospital /isolation, date of last laboratory test:

[_D_][_D_]/[_M][_M_]/[_Y_][_Y_][_Y_][_Y_]

Results of last test: □ Positive □ Negative □ Unknown

Total number of contacts followed for this case: _____ □ Unknown

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