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Ministry of Health and Social Services, Namibia
HEALTH INFORMATION AND RESEARCH DIRECTORATE
EPIDEMIOLOGY DIVISION

Case Investigation form for COVID-19

For lab use:
CRDM CIF no:_____
CRDM unique no:_____

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

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

If contact of a known case, Known case fist name:
Known case surname: **Known case DOB:** DD/MM/YYYY

PATIENT DETAILS	**DOCTOR'S DETAILS**
Patient hospital number (if available):	**Name:**
First name: **Surname:**	**Surname:**
DOB: DD/MM/YYYY **Gender:**	**Contact number/s:**
Residency: Namibia resident☐ Non-Namibia resident ☐ (specify)_____	
Current residential Address[1]:	
Patient's contact number/s:	
NEXT OF KIN CONTACT DETAILS **Relationship to the patient:** **Contact number:**	**Facility name:** **Email address:**
Date collected: DD/MM/YYYY **Date of symptom onset:** DD/MM/YYYY	
Date of consultation/admission: DD/MM/YYYY	

Symptoms (tick all that apply) : Fever (≥38°C)☐ Cough☐ Chills☐ Sore throat☐ Shortness of breath☐ Vomiting☐ Diarrhoea☐ Myalgia/body pains☐ Other☐ (specify if other)_____

- **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☐
- Does the patient have another diagnosis/etiology for their respiratory illness? Y☐ (specify)_____ N☐ Unknown☐

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

- Have close physical contact[2] with a **known** COVID-19 case? Y☐ N☐ Unkn☐
- Have close physical contact[2] with an ill traveler from China[3] or other countries where 2019-nCoV is circulating or where human infections have recently occurred? Y☐ N☐ Unkn☐ **(if yes, complete section below for countries visited)**
- Patient is a healthcare worker? Y☐ N☐ Unkn☐
- Patient is a healthcare worker who was exposed to patients with severe acute respiratory infections? Y☐ N☐ Unkn☐
- Patient has visited a health care facility (as a patient or visitor) in China[3] or in other countries where COVID-19 is circulating or where human infections have recently occurred? Y☐ N☐ **(if yes, complete section below for countries visited)**
- Is the patient part of a severe respiratory illness cluster of unknown aetiology that occurred within a 14-day period? Y☐ N☐ Unkn☐
- Has the patient travelled to/from China or in countries where COVID-19 is known to be circulating or where human infections have recently occurred? Y☐ N☐ Unkn☐ **(if any travel outside Namibia in the last 14-days, please complete section below for countries visited)**

Countries visited (Please specify the city travelled to)	**Date of departure (travel to area)**	**Date of return (travel from area)**
1.	DD/MM/YYYY	DD/MM/YYYY

[1] *If patient is a not a permanent resident, may you please provide their current residential address while residing in Namibia.* [2]*Close contact is defined as: a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e. gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment.* Currently brief interactions (walking by a person, are considered low risk and do not constitute close contact). [3] Check who website for countries with reported 2019-nCoV cases https://www.who.int/emergencies/diseases/novelcoronavirus-2019/situation-reports

Source: Adopted from NICD case investigation form

2.	DD/MM/YYYY	DD/MM/YYYY

Underlying factors/Co-morbid conditions	**Treatment/management**	
Asthma: Y☐ N☐ Unkn☐ Cardiac disease: Y☐ N☐ Unkn☐	Patient hospitalised: Y☐ N☐ Unkn☐ Admitted to ICU: Y☐N☐ Unkn☐	
Chronic kidney disease: Y☐ N☐ Unkn☐ Chronic liver disease: Y☐ N☐ Unkn☐	Ventilation: Y☐ N☐ Unkn☐ On ECMO: Y☐ N☐ Unkn☐	
COPD/Chronic pulmonary disease: Y☐ N☐ Unkn☐ Diabetes: Y☐ N☐ Unkn☐	Tamiflu/other antiviral drugs: Y☐ N☐ Unkn☐	
HIV: Y☐ N☐ Unkn☐ Obesity: Y☐ N☐ Unkn☐ Pregnancy: Y☐ N☐ Unkn☐	Antibiotics: Y☐ N☐ Unkn☐ if Yes, list:	
Tuberculosis: Y☐ N☐ Unkn☐ Other: Y☐ (specify): Unknown: ☐	White cell count total:	Differential neutrophils/lymphocytes%:

Type of sample: Sputum ☐ Bronchoalveolar lavage☐ Tracheal aspirate☐ Nasopharyngeal aspirate☐ Nasopharyngeal (NP)swab☐
Oropharyngeal (OP) swab☐ NP&OP swabs ☐ Serum☐ Pleural fluid☐ Other☐ (specify if other)_____

Patient outcome	Discharged☐ Discharge date: DD/MM/YYYY Currently hospitalised: ☐ Transferred☐ Name of facility_____ Died☐ Date of death: DD/MM/YYYY Other☐ (specify)_____

Source: Adopted from NICD case investigation form