Interim case reporting form for 2019 Novel Coronavirus (2019-nCoV) of confirmed and probable cases

WHO Minimum Data Set Report Form

Date of reporting to national health authority: [D][D]/[M]/[Y]/[Y]/[Y]/[Y]/[Y]/[Y]

Reporting institution: ____________________________
Reporting country: ____________________________

Case classification: □ Confirmed □ Probable

Detected at point of entry □ No □ Yes □ Unknown If yes, date: [D][D]/[D]/[M]/[M]/[Y]/[Y]/[Y]/[Y]/[Y]

Section 1: Patient information

Unique Case Identifier (used in country): ____________________________

**Underlying conditions and comorbidity** (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, specify: __________________________________________________________

**Section 3: Exposure and travel information in the 14 days prior to symptom onset (prior to reporting if asymptomatic)**

**Occupation:** (tick any that apply)

- □ Student  □ Health care worker  □ Other, specify: ______________________________
- □ Working with animals  □ Health laboratory worker

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

If yes, please specify the places the patient travelled:

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<th>Country</th>
<th>City</th>
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Has the patient **visited any health care facility(ies)** in the 14 days prior to symptom onset?  □ No  □ Yes  □ Unknown

Has the patient had close contact\(^1\) with a person with acute respiratory infection in the 14 days prior to symptom onset?  □ No  □ Yes  □ Unknown

If yes, contact setting (check all that apply):

- □ Health care setting  □ Family setting  □ Work place  □ Unknown  □ Other, specify: _______________________

Has the patient **had contact with a probable or 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:

Case 1 identifier. __________________  Case 2 identifier. __________________  Case 3 identifier. __________________

If yes, contact setting (check all that apply):

- □ Health care setting  □ Family setting  □ Work place  □ Unknown  □ Other, specify: _______________________

If yes, location/city/country for exposure: ______________________

Has the patient **visited any live animal markets** in the 14 days prior to symptom onset?  □ No  □ Yes  □ Unknown

If yes, location/city/country for exposure: ______________________

**Section 4: Laboratory Information**

Name of confirming laboratory: __________________________

Please specify which assay was used: ______________________  Sequencing done?: □ Yes  □ No  □ Unknown

Date of laboratory confirmation: [DD/MM/YY][YY][YY]

\(^1\) Close contact is defined as: 1. Health care associated exposure, including providing direct care for nCoV patients, working with health care workers infected with novel coronavirus, visiting patients or staying in the same close environment of a nCoV patient. 2. Working together in close proximity or sharing the same classroom environment with a with nCoV patient. 3. Traveling together with nCoV patient in any kind of conveyance. 4. Living in the same household as a nCoV patient