

**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** **Known case first name:** _____
Contact of a known case **If contact of a known case, provide case details:** _____
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	DOCTOR'S DETAILS
Patient hospital number (if available): _____	First name: _____
First name: _____ Surname: _____	Surname: _____
DOB: <u>DD/MM/YYYY</u> Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Facility name: _____
Residency: SA resident <input type="checkbox"/> Non-SA resident <input type="checkbox"/> Specify: _____	Contact number/s: _____
Current residential address ¹ : _____	Email address: _____
Patient's contact number(s): _____ Include alternative number	
Please indicate occupation (tick all that apply): Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Working with animals <input type="checkbox"/> Health laboratory worker <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Facility name: _____ Other <input type="checkbox"/> Specify: _____	

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

Fever (≥38°C) <input type="checkbox"/> Y <input type="checkbox"/> N	Sore throat <input type="checkbox"/> Y <input type="checkbox"/> N	Myalgia/body pains <input type="checkbox"/> Y <input type="checkbox"/> N
History of fever <input type="checkbox"/> Y <input type="checkbox"/> N	Shortness of breath <input type="checkbox"/> Y <input type="checkbox"/> N	General weakness <input type="checkbox"/> Y <input type="checkbox"/> N
Cough <input type="checkbox"/> Y <input type="checkbox"/> N	Nausea/vomiting <input type="checkbox"/> Y <input type="checkbox"/> N	Irritability/confusion <input type="checkbox"/> Y <input type="checkbox"/> N
Chills <input type="checkbox"/> Y <input type="checkbox"/> N	Diarrhoea <input type="checkbox"/> Y <input type="checkbox"/> N	Other <input type="checkbox"/> Y <input type="checkbox"/> 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 contact² 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: _____

¹If patient is a not a permanent resident, please provide their current residential address while residing in South Africa. ²Close 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. ³Areas 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

COVID-19 CONTACT LINE LIST

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

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 <input type="checkbox"/> Plane <input type="checkbox"/>
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 contact¹ 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.

Details of contacts (With contact¹ 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.