

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 : _____

<u>Product name of SARS-CoV-2 vaccine dose 1</u> _____ Date of Vaccine Dose 1: [D][D]/[M][M]/[Y][Y][Y][Y]	<u>Product name of SARS-CoV-2 vaccine dose 2</u> _____ Date of Vaccine Dose 2: [D][D]/[M][M]/[Y][Y][Y][Y]
<u>Product name of SARS-CoV-2 vaccine dose 3</u> _____ Date of Vaccine Dose 3: [D][D]/[M][M]/[Y][Y][Y][Y]	<u>Product name of SARS-CoV-2 vaccine dose 4</u> _____ 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_]

*If yes*Did the case receive care in an intensive care unit (ICU)? ☐ No ☐ Yes ☐ UnknownDid the case receive ventilation? ☐ No ☐ Yes ☐ UnknownDid the case receive extracorporeal membrane oxygenation? ☐ No ☐ Yes ☐ UnknownIs case in isolation with Infection Control Practice in place ☐ No ☐ Yes ☐ Unknown

Date of isolation: [D_][D_]/[M_][M_]/[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 ☐ UnknownHas 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: _____

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

The previous version of this document was published as **Revised case report form for confirmed novel coronavirus COVID-19 (report to WHO within 48 hours of case identification)**, 27 February 2020.

© World Health Organization 2022. Some rights reserved. This work is available under the [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/) licence.

WHO reference number: WHO/2019-nCoV/SurveillanceCRF/2022.1