**Section 1: Essential basic information**

**Annex 2:** **Generic respiratory disease case investigation form**

1. **Data collector information**

|  |  |
| --- | --- |
| 1 Name of data collector |  |
| 2 Data collector telephone number |  |
| 3 Data collector institution |  |
| 4 Form completion date (dd/mm/yyyy) |  \_ / \_ / \_\_ |
|  |  |
| **B. Interview respondent information (if not patient)** |
| 5 Name of respondent |  |
| 6 Respondent telephone number |  |
| 7 Respondent address |  |
| 8 Relationship to patient |  |
|  |  |
| **C. Patient identifier information** |
| 9 Unique case ID/cluster number (if applicable) |  |
| 10 Case status (confirmed, probable, suspect, other) |  |
| 11 Family name |  |
| 12 Given name(s) |  |
| 13 Country of residence |  |
| 14 Sex |  Male Female Unknown |
| 15 Date of birth (dd/mm/yyyy) |  \_ / \_ / \_\_ Unknown  |
| 16 Age (years, months) |  \_\_\_\_\_\_\_ Unknown  |
| 17 Address (village/town, district, province/region) |  |
| 18 Patient telephone number |  |
|  |  |
| **Section 2: Clinical information** |
| **D. Patient clinical course** |
| 19 Date of symptom onset (dd/mm/yyyy) |  \_ / \_ / \_\_ Unknown Asymptomatic          |
| 20 Date of first health facility visit (including traditional care) |  \_ / \_ / \_\_ NA Unknown |
| 21 Total health facilities visited till outcome |  \_\_\_\_\_\_\_ NA Unknown |
| 22 Date of first hospitalization |  \_ / \_ / \_\_ NA Unknown |
| 23 Date of intensive care unit admission |  Start: \_ / \_ / \_ Stop: \_ / \_ / \_ NA Unknown |
| 24 Date of mechanical ventilation |  Start: \_ / \_ / \_ Stop: \_ / \_ / \_ NA Unknown |
| 25 Antiviral treatment |  Start: \_ / \_ / \_ Stop: \_ / \_ / \_ NA Unknown |
| 26 Outcome |  Start: \_ / \_ / \_ Stop: \_ / \_ / \_ NA Unknown |
| 27 Outcome date |  \_ / \_ / \_\_ NA Unknown |

|  |  |
| --- | --- |
| 28 Fever (≥38 °C) or history of fever |  Yes No Unknown |
| 29 Chills |  Yes No Unknown |
| 30 Cough |  Yes No Unknown |
| 31 Sore throat |  Yes No Unknown |
| 32 Runny nose |  Yes No Unknown |
| 33 Vomiting |  Yes No Unknown |
| 34 Diarrhoea |  Yes No Unknown |
| 35 Headache |  Yes No Unknown |
| 36 Neurological signs |  Yes No Unknown Specify\_\_\_\_\_\_ |
| 37 Rash |  Yes No Unknown |
| 38 Conjunctivitis |  Yes No Unknown |
| 39 Shortness of breath |  Yes No Unknown |
| 40 Muscle aches |  Yes No Unknown |
| 41 Pneumonia by chest x-ray |  Yes No Unknown |
| 42 Acute respiratory distress syndrome |  Yes No Unknown Date started\_ / \_ /\_\_ |
| 43 Acute renal failure |  Yes No Unknown Date started\_ / \_ /\_\_ |
| 44 Cardiac failure |  Yes No Unknown Date started\_ / \_ /\_\_ |
| 45 Consumptive coagulopathy |  Yes No Unknown Date started\_ / \_ /\_\_ |
| 46 Other symptoms (if yes, specify) |  Yes No Unknown Specify\_\_\_\_\_\_ |
|  |  |
| **F. Patient pre-existing condition** |
| 47 Cancer |  Yes No Unknown |
| 48 Diabetes |  Yes No Unknown |
| 49 HIV/other immune deficiency |  Yes No Unknown |
| 50 Heart disease |  Yes No Unknown |
| 51 Asthma |  Yes No Unknown |
| 52 Chronic lung disease (non-asthma) |  Yes No Unknown |
| 53 Chronic liver disease |  Yes No Unknown |
| 54 Chronic haematological disorder |  Yes No Unknown |
| 55 Pregnancy |  Yes No Unknown If yes, specify trimester:\_ |
| 56 Chronic kidney disease |  Yes No Unknown |
| 57 Chronic neurological impairment |  Yes No Unknown |
| 58 Obesity |  Yes No Unknown |
| 59 Other (if yes, specify) |  Yes No Unknown |
| 60 Patient was vaccinated for influenza in the  past 12 months |  Yes No Unknown Specify\_\_\_\_\_\_ |

**Section 2: Clinical Information [continued]**

1. **E. Patient symptoms (from disease onset) and complications**

**Section 3: Exposure information and travel history**

**G. Patient occupational exposures**

|  |  |
| --- | --- |
| 61 Occupation (specify location/facility) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| 62 Health-care worker (if yes, specify type/location) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| 63 Laboratory worker (if yes, specify type/location) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| 64 Veterinary worker (if yes, specify animal types  handled in the 10 days before illness) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| 65 Wildlife worker (if yes, specify animal types  handled in the 10 days before illness) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| 66 Live animal market worker (if yes, specify  animal types handled in the 10 days before illness) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| 67 Farm worker (if yes, specify animal types handled  in the 10 days before illness) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| **H. Patient human exposures in the 14 days before illness onset** |
| 68 Patient visited outpatient treatment facility (if yes,  specify) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| 69 Patient visited traditional healer (if yes, specify) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| 70 Patient visited or was admitted to inpatient health facility (if yes, specify) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| 71 Patient attended festival or mass gathering (if yes,  specify) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| 72 Patient exposed to person with similar illness |  Yes  No Unknown (Skip to Q79)  |
| 73 Type of contact (tick as needed)  |  Close contact (within 1 metre) Handled person's bodily fluids/excreta Shared same household Admitted to the same health facility room Admitted to same health facility (but different  room) Visited the same health facility (including  traditional)  Other, describe: |
| 75 Unique case ID of sick person (if available) |  \_\_\_ NA No Unknown  |
| 76 Relationship to current patient (specify, e.g. family,  friend, health-care worker, colleague) |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 77 Blood linked (if yes, specify link) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| 78 Sick person confirmed or deemed a probable  case in current event |  Yes No Unknown |

**Section 3: Exposure information and travel history [continued]**

**I. Patient travel history in the 14 days before illness onset (add sheets if multiple locations visited)**

|  |  |
| --- | --- |
| 79 Patient travelled out of first administrative region |  Yes  No Unknown (Skip to Q83) |
| 80 If yes, specify location 1 (city or region, country) | Destination:­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mode of travel: \_\_\_\_\_\_\_\_\_\_\_\_Arrival: \_/\_/\_\_ Departure:\_/\_/\_\_ |
| 81 If yes, specify location 2 (city or region, country) | Destination:­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mode of travel: \_\_\_\_\_\_\_\_\_\_\_\_Arrival: \_/\_/\_\_ Departure:\_/\_/\_\_ |
| 82 Patient travelled with companions (if yes, specify) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| **J. Patient animal exposures in the 14 days before illness onset** |
| 83 Patient handled animals |  Yes  No Unknown (Skip to Q83)  |
| 84 Types of animals handled (e.g. pigs, chicken, ducks  or others)85 Nature of contact (e.g. feed, groom or slaughter) |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 86 Location of animal contact |  Home Workplace Hospital Tour Group  Other Specify\_\_\_\_\_\_\_\_\_ |
| 87 Within 2 weeks before or after contact, any animals  sick or dead? (if yes, specify type and number, and  proportion from flock or herd) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| 88 Patient exposed to animals in environment but did  not handle them (e.g. in neighbourhood, farm, zoo, at  home,agricultural fair or work) |  Yes  No Unknown (Skip to Q83) |
| 89 Types of animals in that environment (e.g. pigs,  chicken, ducks or others) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 90 Location of exposure |  Home  Neighbourhood  Market  Agricultural fair/zoo Farm Other Specify\_\_\_\_\_\_\_\_\_ |
| 91 Within 2 weeks before or after exposure to animals in  the environment, any animals sick or dead? (if yes,  specify type and number, and proportion from flock  or herd) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| 92 Patient exposed to animal by-products (e.g. bird  feathers) or animal excreta (if yes, specify product) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| 93 Patient visited live animal market (if yes, specify  market) |  Yes No Unknown Specify\_\_\_\_\_\_ |

**K. Patient food exposures in the 14 days before illness onset**

**Section 3: Exposure information and travel history [continued]**

|  |  |
| --- | --- |
| 94 Patient consumed raw or unpasteurized  animal products (if yes, specify products) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| 95 Patient consumed health or traditional  remedies with raw or unpasteurized animal  products (if yes, specify products) |  Yes No Unknown Specify\_\_\_\_\_\_ |
| **L. Patient perceived exposure** |
| 96 From the point of view of the patient or  family, what is the likely source of infection  and geographic location of exposure? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section 4: Laboratory information** |
| **M. Laboratory specimens and results** |
| 97 Specimens collected from patient (tick as needed) |  Nasal swab Date collected: \_\_/\_\_/\_\_\_ Throat swab Date collected: \_\_/\_\_/\_\_\_ Throat swab Date collected: \_\_/\_\_/\_\_\_ Nasal wash Date collected: \_\_/\_\_/\_\_\_ Sputum Date collected: \_\_/\_\_/\_\_\_ Nasopharyngeal aspirate Date collected: \_\_/\_\_/\_\_\_ Tracheal aspirate Date collected: \_\_/\_\_/\_\_\_ Bronchoalveolar lavage Date collected: \_\_/\_\_/\_\_\_ Tissue biopsy Date collected: \_\_/\_\_/\_\_\_ Serum (first sample) Date collected: \_\_/\_\_/\_\_\_ Serum (second sample) Date collected: \_\_/\_\_/\_\_\_ Whole blood Date collected: \_\_/\_\_/\_\_\_ Urine Date collected: \_\_/\_\_/\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_ Date collected: \_\_/\_\_/\_\_\_ |
| 98 Pathogen testing done (tick as needed) |  Influenza A/B Test used:\_\_\_\_\_\_\_\_\_\_ Influenza subtyping Test used:\_\_\_\_\_\_\_\_\_\_ MERS-COV Test used:\_\_\_\_\_\_\_\_\_\_ SARS Test used:\_\_\_\_\_\_\_\_\_\_ RSV Test used:\_\_\_\_\_\_\_\_\_\_ Nasopharyngeal aspirate Test used:\_\_\_\_\_\_\_\_\_\_ Human metapneumovirus Test used:\_\_\_\_\_\_\_\_\_\_ Parainfluenza (1,2,3) Test used:\_\_\_\_\_\_\_\_\_\_ Adenovirus Test used:\_\_\_\_\_\_\_\_\_\_ Rhinovirus Test used:\_\_\_\_\_\_\_\_\_\_ Enterovirus Test used:\_\_\_\_\_\_\_\_\_\_ Coronavirus Test used:\_\_\_\_\_\_\_\_\_\_ Chlamydia pneumonia Test used:\_\_\_\_\_\_\_\_\_\_ |

**Section 4: Laboratory information [continued]**

|  |  |
| --- | --- |
| 98 Pathogen testing done (tick as needed) [continued] |  Mycoplasma pneumonia Test used:\_\_\_\_\_\_  Legionella Test used:\_\_\_\_\_\_  Streptococcus pneumonia Test used:\_\_\_\_\_\_  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Test used:\_\_\_\_\_\_  |
| 99 Specimens shipped to international reference  laboratories |  Yes No If yes, specify recipient laboratory  and shipment date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 100 Specify specimen(s) positive | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 101 Specify pathogen(s) positive | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 102 Specify targets positive (e.g. for MERS-CoV) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 103 Specify subtype positive (e.g. for influenza) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 104 Specify titres (e.g. paired serum for influenza) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

ID, identification; MERS-CoV, Middle East respiratory syndrome coronavirus; RSV, respiratory syncytial virus; SARS, severe acute respiratory syndrome; NA, not-applicable.

1. **M. Laboratory specimens and results**