Interim Coronavirus Disease 2019 (COVID-19) Case Report Form

Local health departments should submit this report to the regional health department.
Regional health departments should fax this report to 512-776-7616.

Clear Form

Today's date_____ NNDSS local record ID/Case ID[1] _____

Patient's Name:	**Address:**	**City:**	**County:**	**State:**
Date of Birth:	**Home Phone:**	**Cell Phone:**	**Email:**	

STATE ID:	**Date of Report:**	**City:**	**County:**	**State:**
Investigator's name:	**Phone:**	**Email:**	**Investigation Start Date:**	
Physician's name:	**Phone/Pager:**			
Reporter's Name:	**Phone:**	**Email:**		

PATIENT DEMOGRAPHIC INFORMATION

Sex: ☐ M ☐ F **Age**: _____ ☐ yr ☐ mo **Residency:** ☐ U.S. resident ☐ Non-U.S. resident, country: _____
Race: ☐White ☐Black ☐Asian ☐Pacific Islander ☐Native American/Alaskan ☐Unknown ☐Other: _____
Hispanic: ☐Yes ☐No ☐Unknown
Occupation: _____ ☐Unemployed ☐Student, Name of School:_____

CASE CRITERIA

Date of symptom onset _____ ☐ Asymptomatic

Does the patient have the following signs and symptoms (check all that apply)?

☐ Fever[2] ☐ Cough ☐ Sore throat ☐ Shortness of breath

Does the patient have these additional signs and symptoms (check all that apply)?

☐ Chills ☐ Headache ☐ Muscle aches ☐ Vomiting ☐ Abdominal pain ☐ Diarrhea ☐ Other, Specify _____

In the 14 days before symptom onset, did the patient:

Travel outside their city of residence? If yes, list destinations and dates*: Date arrived (MM/DD/YY) Date left (MM/DD/YY) 1. _____ ____/____/_____ _____/____/_____ 2. _____ ____/____/_____ _____/____/_____ 3. _____ ____/____/_____ _____/____/_____ *Please list any additional travel destinations or information in the comments section.	☐ Y ☐ N ☐ Unknown
Have close contact[3] with a person who is under investigation for COVID-19?	☐ Y ☐ N ☐ Unknown
Have close contact[3] with a laboratory-confirmed COVID-19 case?	☐ Y ☐ N ☐ Unknown
Was the case ill at the time of contact?	☐ Y ☐ N ☐ Unknown
Is the case a U.S. case?	☐ Y ☐ N ☐ Unknown
Is the case an international case?	☐ Y ☐ N ☐ Unknown
In which country was the case diagnosed with COVID-19? _____	
No known exposure history (suspected community transmission) Only check Y if you have been able to confirm that the patient <u>has no exposure risk factors</u> such as travel, contact with a confirmed or suspected case, providing care for a confirmed case, etc. If you are unable to ascertain exposure history, check Unknown.	☐ Y ☐ N ☐ Unknown

ADDITIONAL PATIENT INFORMATION

Is the patient a healthcare worker? ☐ Y ☐ N ☐ Unknown

Have history of being in a healthcare facility (as a patient, worker, or visitor)? ☐ Y ☐ N ☐ Unknown

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Provide care for a COVID-19 patient? ☐ Y ☐ N ☐ Unknown

Is patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which COVID-19 is being evaluated? ☐ Y ☐ N ☐ Unknown

Diagnosis (select all that apply): Pneumonia (clinical or radiologic) ☐ Y ☐ N Acute respiratory distress syndrome ☐ Y ☐ N

Co-morbid conditions (check all that apply): ☐ None ☐ Unknown ☐ Pregnant ☐ Diabetes ☐ Cardiac disease ☐ Hypertension ☐ Chronic pulmonary disease ☐ Chronic kidney disease ☐ Chronic liver disease ☐ Immunocompromised ☐ Other, specify

Is/was the patient: Hospitalized? ☐ Y, admit date_____ ☐ N **Admitted to ICU?** ☐ Y ☐ N **Date Admitted to ICU:**

Intubated? ☐ Y ☐ N ☐ Unk **On ECMO?** ☐ Y ☐ N ☐ Unk **Patient died?** ☐ Y ☐ N **If yes, date of death**: __/__/____

Discharged from hospital? ☐ Y, DC date_____ ☐ N **Is the patient isolated at home?** ☐ Y ☐ N

Does the patient have another diagnosis/etiology for their respiratory illness? ☐ Y, Specify_____ ☐ N ☐ Unknown

Additional Comments (smoking status, other comorbidities, potential contacts/places of exposure, etc.)**:**

Where did COVID-19 testing[4] occur?
☐ **Commercial or Hospital Lab Please specify: _____**
☐ **Texas DSHS Laboratory Response Network (LRN) Lab Please specify: _____**
☐ **DSHS-Austin Lab**

RESPIRATORY DIAGNOSTIC RESULTS

Test	Pos	Neg	Pending	Not done
Influenza rapid Ag ☐ A ☐ B	☐	☐	☐	☐
Influenza PCR ☐ A ☐ B	☐	☐	☐	☐
RSV	☐	☐	☐	☐
H. metapneumovirus	☐	☐	☐	☐
Parainfluenza (1-4)	☐	☐	☐	☐
Adenovirus	☐	☐	☐	☐

Test	Pos	Neg	Pending	Not done
Rhinovirus/enterovirus	☐	☐	☐	☐
Coronavirus (OC43, 229E, HKU1, NL63)	☐	☐	☐	☐
M. pneumoniae	☐	☐	☐	☐
C. pneumoniae	☐	☐	☐	☐
Other, Specify_____	☐	☐	☐	☐

SPECIMENS FOR COVID-19 TESTING

Specimen type	Specimen ID	Date collected	Date Resulted	Lab Name	Commercial	Public Health
NP swab					☐	☐
OP swab					☐	☐
Sputum					☐	☐
BAL fluid					☐	☐
Tracheal aspirate					☐	☐
Stool					☐	☐
Postmortem Specify:					☐	☐

[1] *For NNDSS reporters, use GenV2 or NETSS patient identifier.*

[2] *Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations*

[3] Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met"

See CDC's updated guidance for infection control on their website for specific relevant guidance: https://cdc.gov/coronavirus

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with 2019-nCoV (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.

[4] All presumptive positive test results for COVID-19 disease are considered to be cases.