



Case Investigation form for COVID-19

Ministry of Health and Social Services, Namibia, Version 4_ August 2020

HEALTH INFORMATION AND RESEARCH DIRECTORATE

EPIDEMIOLOGY DIVISION

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Laboratory Numbers

EPID Number:

REASONS FOR COVID TESTING

URGENT

- HOSPITALIZED PATIENT (SYMPTOMATIC)
- TRUCK DRIVER (CROSS BORDER)
- HEALTH WORKER (SYMPTOMATIC)
- DECEASED

PRIORITY

- SUSPECTED NEW CASE
- QUARANTINE (2ND SAMPLE)
- TRAVEL (MEDICAL REASONS)
- HOSPITAL ADMISSION / PRE-OP

ROUTINE

- QUARANTINE (1ST SAMPLE)
- CONTACT TRACING 1ST SAMPLE 2ND SAMPLE / ACTIVE CASE SEARCH
- TRAVEL (NON-MEDICAL)
- RETEST (CONFIRMED CASE) DATE OF PREVIOUS TEST: DD MM YYYY

Laboratory results received

Positive Negative Indeterminate Not done/rejected

Date lab results received: DD MM YYYY

SPECIMEN TYPE

- Nasopharyngeal (NP) swab
- Sputum
- Other - (Specify): _____
- Oropharyngeal (OP) swab
- NP&OP swabs

Collection Date DD MM YYYY Date of symptom onset DD MM YYYY Date of consultation/admission DD MM YYYY

PATIENT DETAILS

First Name: _____ Surname: _____

DOB DD MM YYYY Age _____ Sex M F

Current Address _____ Residential Address _____

DOCTOR / HEALTH PROVIDER'S DETAILS

Name: _____ Contact No: _____

Email Address: _____ Facility Name: _____

Region: _____ District _____

Patient's contact number/s: _____

NEXT OF KIN CONTACT DETAILS

Organization _____ Occupation: _____

Residency: Namibia resident Non-Namibian resident

(specify) _____

Patient hospital number (if available): _____

Additional Information _____

Full Name: _____ Contact Number _____

Relationship to the patient: _____

Form completed by (Name & Surname) _____

Contact details (Tel & Cell No.) _____

SIGNS AND SYMPTOMS (tick all that apply)

- Fever ($\geq 38^{\circ}\text{C}$)
- Sore throat
- Diarrhea
- Loss of smell
- Chills
- Other (specify if other) _____
- Cough
- Shortness of breath
- Myalgia/body pains
- Vomiting
- Loss of taste

In the **14 days before onset of symptoms**, did the patient (mark all that apply) have close physical contact with a known COVID-19 case? Y N

if contact of a known case, first name and surname of case:

- Have close physical contact with an ill traveller from an area within Namibia, other countries where COVID-19 is circulating or where human infections have recently occurred? Y N Unkn (If yes, complete section below for countries and town/city visited)
- Has the patient travelled to/from countries, or other areas in Namibia where COVID-19 is known to be circulating or where human infections have recently occurred? Y N Unkn
- If travelled outside and within Namibia in the last 14 days, please complete the section below:

Country	Region	City/Town	Date of departure (travel to area)	Date of return (travel from area)
			DD MM YYYY	DD MM YYYY
			DD MM YYYY	DD MM YYYY

UNDERLYING FACTORS / CO-MORBIDITIES

- Obesity Tuberculosis Chronic Kidney Disease Diabetes Cardiovascular disease
- Pregnancy HIV COPD / Chronic Pulmonary disease Asthma Chronic Liver Disease
- OTHER Y (specify) _____

DIAGNOSES

- Patient is a healthcare worker? Y N Unkn
- Patient is a healthcare worker who was exposed to patients with severe acute respiratory infections? Y N Unkn
- Patient has visited a health care facility (as a patient or visitor)? Y N Unkn If yes, specify name of facility _____
- Is the patient part of a severe respiratory illness cluster of unknown diagnosis/etiology that occurred within a 14 day period?
 - Does the patient have clinical or radiological evidence of pneumonia? Y N Were chest X rays (CXR) done: Y N
 - If yes, CXR Findings: _____
 - Does the patient have clinical or radiological evidence of acute respiratory distress syndrome (ARDS)? Y N
 - Does the patient have another diagnosis/etiology for their respiratory illness? Y (specify) _____ N Unknown

¹Current address: if patient is currently housed in a supervised quarantine or isolation facility or home which is different from normal residence, may you please provide address of such facility or home here. ²Residential address: Address of usual placed of residence. For non-permanent residents, provide their current residential address while in Namibia. ³Close contact is defined as: a) being within approximately 6 feet (2meters) or within the room or care area for a prolonged period of time (e.g. healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e. gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment. Currently brief interactions (walking by a person, are considered low risk and do not constitute close contact). Check WHO website for countries with reported 2019-nCoV cases <https://www.who.int/emergencies/diseases/novelcoronavirus-2019/situation-reports>

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TREATMENT / MANAGEMENT

Patient Hospitalised Y N Unkn Admitted to ICU Y N Unkn
Transferred Name of transferred facility _____

Ventilation Y N Unkn On ECMO Y N Unkn

Tamiflu / other antiviral drugs: Y N Unkn

Antibiotics Y N Unkn If yes, list: _____

White cell count total:

Differential neutrophils / lymphocytes %

PATIENT OUTCOME

Active Recovered Recovered date: _____ Died Date of death: _____

Other (Specify) _____

FOR ADMITTED CASE

Discharge Discharge date: _____ Referred Referred date: _____

Referred to (Facility name): _____

Other (Specify) _____

Reason for referral _____