WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

Internal use CDC COVID-19 ID_____

2019 Novel coronavirus (COVID-19) Case Report Form

Local health departments should submit this report to the Division of Infectious Disease Epidemiology by fax at 304-558-8736.
If you need assistance, please contact the epidemiologist on call at 304-558-5358 ext. 1 or via the answering service at 304-347-0843.

Today's date__ /__ /____ State patient ID_____ NNDSS local record ID/Case ID[1] _____ State____ County_____

PATIENT DEMOGRAPHICS

Name: (last, first, middle): _____
Address (mailing): _____
Address (physical): _____
City/State/Zip: _____
County of Residence:_____
Phone (home): _____ **Phone**(work/cell): _____
Email:_____
Alternate contact: ☐ Parent/Guardian ☐ Spouse ☐ Other

Name: _____ Phone: _____

Birth date: __ / __ / ____ **Age**: _____
Sex: ☐Male ☐Female ☐Unknown

Residency:
☐ US resident
☐ Non-US resident, country_____

Ethnicity: ☐Not Hispanic or Latino
☐Hispanic or Latino ☐Unknown

Race: (Mark all that apply) ☐White ☐Black/African American ☐Native Hawaiian/ Pacific Islander ☐American Indian/Alaskan Native ☐Asian ☐ Unknown

INVESTIGATION SUMMARY

Investigation Start Date: __ /__ /____ Investigator: _____ Investigator phone: _____

REPORT SOURCE/HEALTH CARE PROVIDER (HCP)

Report Source: ☐ Laboratory ☐Hospital ☐ Private Provider ☐ Public Health Agency ☐Other – Specify _____
Reporter Name: _____ Reporter Phone: _____
Primary HCP Name: _____ Primary HCP Phone: _____
Earliest date reported to Local Health Department: __ /__ /____ **Earliest date reported to State: __ /__ /____**

PUI CRITERIA

Date of symptom onset: __ /__ /____
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:

Spend time in China? ☐ Y ☐ N ☐ Unknown
Does the patient live in China? ☐ Y ☐ N ☐ Unknown
Date traveled **to** China __ /__ /____ Date traveled **from** China __ /__ /____ Date **arrived** in US __ /__ /___

Spend time in Wuhan City, China? ☐ Y ☐ N ☐ Unknown
Does the patient live in Wuhan City? ☐ Y ☐ N ☐ Unknown

Spend time in Hubei Province (not Wuhan City)? ☐ Y ☐ N ☐ Unknown
Does the patient live in Hubei Province (not Wuhan City)? ☐ Y ☐ N ☐ Unknown

Spend time outside of the U.S. (not China)? ☐ Y ☐ N ☐ Unknown
Name of country _____
Does the patient live in this country? ☐ Y ☐ N ☐ Unknown
Date traveled **to** country (not China) __ /__ /____ Date traveled **from** country (not China) __ /__ /____
Date **arrived** in US from country (not China) __ /__ /____

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 US case? ☐ Y ☐ N ☐ Unknown
Is the case an international case? ☐ Y ☐ N ☐ Unknown
In which country was the case diagnosed with COVID-19? _____

ADDITIONAL PATIENT INFORMATION

Is the patient a health care worker? ☐ Y ☐ N ☐ Unknown

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

Care for a COVID-19 patient? ☐ Y ☐ N ☐ Unknown

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

DIAGNOSIS

Diagnosis (select all that apply): Pneumonia (clinical or radiologic) ☐ Y ☐ N ☐ Unknown

Acute respiratory distress syndrome: ☐ Y ☐ N ☐ Unknown

Comorbid conditions (check all that apply): ☐ None ☐ Unknown ☐ Pregnancy ☐ 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 ☐ Unknown

Admitted to ICU? ☐ Y ☐ N ☐ Unknown

Intubated? ☐ Y ☐ N ☐ Unknown **On ECMO**? ☐ Y ☐ N ☐ Unknown **Patient died?** ☐ Y ☐ N ☐ Unknown

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

RESPIRATORY DIAGNOSTIC RESULTS (Please submit copies of ALL Labs associated with this illness to the state health department)

Test	Pos	Neg	Pending	Not done
Influenza rapid Ag ☐ A ☐ B	☐	☐	☐	☐
Influenza PCR ☐ A ☐ B	☐	☐	☐	☐
RSV	☐	☐	☐	☐
H. metapneumovirus	☐	☐	☐	☐
Parainfluenza (1-4)	☐	☐	☐	☐
Adenovirus	☐	☐	☐	☐
Rhinovirus/enterovirus	☐	☐	☐	☐
Coronavirus (OC43, 229E, HKU1, NL63)	☐	☐	☐	☐
M. pneumoniae	☐	☐	☐	☐
C. Pneumoniae	☐	☐	☐	☐
Other, Specify _____	☐	☐	☐	☐

SPECIMENS FOR COVID-19 TESTING

Specimen Type	Specimen ID	Date Collected	Sent to CDC?
NP swab		__/__/____	☐
OP swab		__/__/____	☐
Sputum		__/__/____	☐
BAL fluid		__/__/____	☐
Tracheal aspirate		__/__/____	☐
Stool		__/__/____	☐
Urine		__/__/____	☐
Serum		__/__/____	☐
Other, 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) 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., gowns, gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment. Data to inform the definition of close contact are limited. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact.*