Annex 2: Generic respiratory disease case investigation form

Section 1: Essential basic information

A. 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	☐ Died ☐ Alive ☐ NA ☐ Unknown
27	Outcome date	__ / __ / ____ ☐ NA ☐ Unknown

Protocol to investigate non-seasonal influenza and other emerging acute respiratory diseases (Geneva: World Health Organization; 2018).

Section 2: Clinical Information [continued]

E. Patient symptoms (from disease onset) and complications	
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 Date started __ / __ / ____
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 Specify _____
60 Patient was vaccinated for influenza in the past 12 months	☐ Yes ☐ No ☐ Unknown

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: _____
74	Location of exposure	☐ Home ☐ Hospital ☐ Workplace ☐ Tour Group ☐ Other Specify_____
75	Unique case ID of sick person (if available)	_____ ☐ NA ☐ 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

Protocol to investigate non-seasonal influenza and other emerging acute respiratory diseases (Geneva: World Health Organization; 2018).

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 Q88)
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 Q92)
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 _____

Section 3: Exposure information and travel history [continued]

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

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: __/__/____
		☐ Nasopharyngeal 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: _____
		☐ 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: _____

Protocol to investigate non-seasonal influenza and other emerging acute respiratory diseases (Geneva: World Health Organization; 2018).

Section 4: Laboratory information [continued]

M. Laboratory specimens and results

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.