2019 NOVEL CORONAVIRUS (COVID-19) EPIDEMIOLOGICAL SURVEILLANCE PROTOCOL

Ministry of Health & Wellness, Jamaica

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Updated 15 April 2020 (Version 17)

MINISTRY OF HEALTH & WELLNESS
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BACKGROUND

Coronaviruses (CoV) are a large family of viruses that cause illnesses ranging from less severe disease, such as the common cold, to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans. Globally, novel coronaviruses emerge periodically in different areas, including SARS in 2002 and MERS in 2012[1].

A novel (new) coronavirus, 2019 Novel Coronavirus (COVID-19), was identified in Wuhan City, Hubei Province, China in December 2019. The virus has caused significant morbidity and mortality in China and has spread to other countries.

Jamaica reported its first case of COVID-19 on the 10th of March 2020.Transmission Patterns for Jamaica include:

Date of Transmission Pattern Jamaica	Category	Definition
Up to March 9, 2020	No cases	Countries/territories/areas with no cases
March 10, 2020	Sporadic cases	Countries/territories/areas with one or more cases, imported or locally detected
March 14, 2020	Clusters of cases	Countries/territories/areas experiencing cases, clustered in time, geographic location and/or by common exposures
Not Applicable	Community transmission	Countries/area/territories experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: - Large numbers of cases not linkable to transmission chains - Large numbers of cases from sentinel lab surveillance - Multiple unrelated clusters in several areas of the country/territory/area

Jamaica's epidemiological surveillance system will be used to detect and report on potential cases of COVID-19. The components of this surveillance system which will be used and enhanced as necessary are:

[1] World Health Organization, 2020. Retrieved on January 20, 2020 from https://www.who.int/health-topics/coronavirus

1. The Class 1 Notification System (Case-based surveillance)
2. Sentinel Surveillance
3. Hospital Active Surveillance

The protocol below shall be adhered to for surveillance activities. There are five components to be considered in surveillance for the COVID-19. These are:

A. Case Identification
B. Case Reporting and Investigation (including contact tracing)
C. Health Care Worker Surveillance
D. Monitoring Community Transmission
E. Specimen Collection and Testing
F. Data Analysis and Interpretation
G. Data Dissemination and Outputs

PURPOSE OF THESE GUIDELINES

To provide guidance on how to implement surveillance standards for COVID-19.

OBJECTIVES

The objectives of epidemiological surveillance of COVID-19 are:

1. To monitor trends of COVID- 19 in Jamaica
2. To establish epidemiological characteristics of COVID-19 infection in Jamaica
3. To inform risk assessment and decision-making.

Version 17 of the 2019 Novel Coronavirus (Covid-19) Surveillance Protocol includes the following updates:

- Definition of source of infection
- Updated contact tracing classification and sampling
- Health Care Worker Surveillance
- Reporting Guidelines for Enhanced Respiratory Infection Surveillance

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A. CASE IDENTIFICATION

COVID-19 by **Public Health Order** was made a **Class 1 Notifiable Disease** in March 2020.

SUSPECTED CASE

Fever + Respiratory Symptoms
AND
Travel History

OR

Fever **or** Respiratory Symptoms
AND
Contact with a Confirmed or Probable Case

OR

Fever + Respiratory Symptoms
AND
Hospitalization Needed
AND
No Alternative Diagnosis

Case-based Surveillance

Suspected Case[2]

- ✓ A person with acute respiratory illness (fever and at least ONE (1) sign or symptom of respiratory disease (e.g., Cough, Shortness of Breath)) AND a history of travel to or residence in a location reporting community transmission (see current WHO COVID-19 Situation Report) of COVID-19 disease during the 14 days prior to symptom onset.

OR

- ✓ A person with fever or any acute respiratory illness AND having been in contact (*this includes Bedroom, Household, Health-Care Workers, Conveyance and Casual Contacts*) with a confirmed or probable case of COVID-19 case, in the 14 days prior to the onset of illness.

OR

- ✓ A person with severe acute respiratory infection (fever and at least ONE (1) sign or symptom of respiratory disease (e.g., Cough, Shortness of Breath)) AND requiring hospitalization AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

ACTION: NOTIFY PARISH HEALTH DEPARTMENT, ISOLATE, TAKE A SAMPLE AND COMPLETE CASE INVESTIGATION

[2] World Health Organization, 2020 March 20. Global surveillance for COVID-19 caused by human infection with COVID-19 virus. Retrieved on March 24, 2020 from https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/surveillance-and-case-definitions

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Probable Case[2]

- ✓ A suspected case for whom testing for COVID-19 virus is inconclusive.

OR

- ✓ A suspected case for whom testing for COVID-19 could not be performed for any reason.

ACTION: MAINTAIN ISOLATION

Confirmed Case[2]

- ✓ A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

ACTION: MAINTAIN ISOLATION

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B. CASE REPORTING AND INVESTIGATION

Notification

COVID-19 is a Class 1 notifiable condition. This means all cases thought to be COVID-19 must be notified by the medical practitioner (public and private) within 24 hours of suspicion. Specifically, for COVID-19, the local Parish Health Department and National Surveillance Unit must be notified immediately. A **Class 1 Notification Form** must be submitted within 24 hours of initial notification (Appendix 1).

The Parish Medical Officer (Health) or designate, upon receiving said notification must immediately activate the call-out cascade for health emergencies. The Ministry of Health and Wellness National Emergency Operations Centre (MOHW NEOC) should be alerted immediately, via the existing National Epidemiological Surveillance System protocols, to all notifications for COVID-19.

Clusters of visits for respiratory infections or undifferentiated fever must be notified by the medical practitioner (public and private) within 24 hours of suspicion. The local Parish Health Department or National Surveillance Unit must be notified immediately. A Class 1 Notification Form must be submitted within 24 hours of initial notification. Clusters should be investigated and cases in a cluster line listed.

Investigation

The Parish Medical Officer (Health) leads the case investigation team and must:

- Initiate case investigation within 24 hours of notification. A preliminary case or cluster investigation report must be submitted within 24 hours of this notification (Appendix 2a).
- Immediately initiate community outbreak control measures, including contact tracing, searching for other cases and line listing of all contacts using the **Contact Tracing Intake and Daily Tracking Line Listing** (Appendix 3). Excel spreadsheet provided separately.

Case Follow-up

The Parish Medical Officer (Health) or designate must ensure the completion of a **Case Follow-up Form** (Appendix 2b). This form will collect data on major events during the course of the illness - including any complications – as well as data on the final disposition of the case, allowing for closure of the case investigation.

COVID-19 Convalescent Period Follow-up

The Parish Medical Officer (Health) or designate must ensure the collection of a **serum specimen** 14 days after recovery. This is done on day 14 post recovery at the **COVID-19 Convalescent Period follow-up visit**.

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Contact Tracing

A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case. For confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the date on which the sample was taken which led to confirmation.

All contacts must be listed with the minimum dataset stated in Appendix 3 and 4. Risk assessment must be completed for all contacts.

Contacts are to be classified as follows:

1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes
    a. Bedroom
    b. Household / Family
    c. Conveyance - travelling in close proximity with (that is, having less than 1 m separation from) a COVID-19 patient in any kind of conveyance
2. Direct physical contact with a probable or confirmed case
3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment
4. Other situations as indicated by local risk assessments

The completed contact listing should be discussed with the MOHNEOC for a decision to be made regarding the type of quarantine.

- Persons who fall in category 1, 2 or 3 (face-to-face, direct physical contact or direct care for a patient) will be placed in quarantine, and observed daily for the development of symptoms.
- Contacts will be sampled on identification, if they develop symptoms and on day 14 of quarantine if they remain asymptomatic.
- The period of quarantine and observation will end on Day 15 when a negative result for COVID-19 is received.
- All contacts will be given explicit instructions (verbal and written) regarding the steps to be taken if symptoms develop.
- A record of the daily observation checks for contacts should be maintained at the Parish Health Department and daily reports submitted to the MOHNEOC (Appendix 5).

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C. SURVEILLANCE OF COVID-19 IN HEALTH CARE WORKERS

Health care workers (HCWs) constitute a critical group of persons who are responsible for the management of patients in health care facilities. They also play an important role in ensuring that adequate infection prevention and control (IPC) measures are implemented in healthcare facilities. HCWs are therefore at increased risk for health care associated COVID-19 infection. This document guides the surveillance of COVID-19 in health care workers.

Objectives

1. To assess the extent of human-to-human transmission of COVID-19 among health care workers
2. To characterize the range of clinical presentation of infection and the risk factors for infection among health care workers.
3. To evaluate effectiveness of infection prevention and control measures among health care workers

Definitions

Health care worker shall be defined for the purposes of COVID-19 surveillance as all staff in the health care facility involved in the provision of care for a COVID-19 infected patient. This includes those who have been present in the same area as the infected patient and those who have not provided direct care to the patient, but who have had contact with the patient's blood or body fluids, contaminated materials or devices and equipment linked to the patient or environmental surfaces.

The cadre of health care workers will therefore include all health care professionals, allied health workers, auxiliary health workers (e.g. cleaning and laundry personnel, x-ray physicians and technicians, clerks, phlebotomists, respiratory therapist, nutritionists, social workers, physical therapists, lab personnel, cleaners, admission/reception clerks, patient transporters, catering staff etc.).

Surveillance Procedures

Once a COVID-19 infected patient has been identified in a health care facility, a **list of all health care workers** with any exposure to the COVID-19 patient should be prepared (Appendix 6). Check with supervisors and colleagues, duty rosters and the patient's docket and consider all areas of the health care facility that the patient visited.

All health care workers should be interviewed and a HCW COVID-19 **surveillance investigation form** (Appendix 7) completed. If a symptomatic health care worker is too ill to be interviewed, a proxy (colleague or supervisor) may be interviewed and the investigation form completed. The case investigation form for health care workers will be used to collect demographic data, epidemiological data, including clinical symptoms, exposures in health care facility, contact with confirmed case(s) and use of personal protective equipment.

The health care worker is also expected to keep a **log/diary of symptoms** (Appendix 8) experienced daily and report this to the respective Health Department.

Specimen Collection

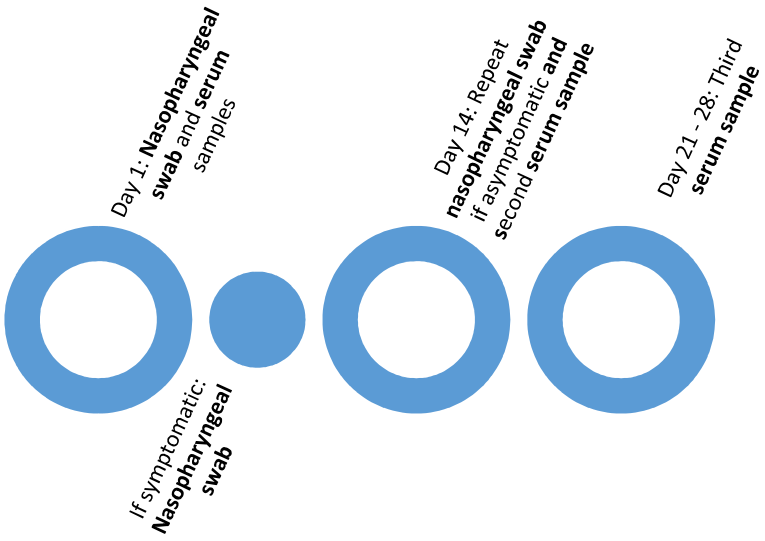
Both nasopharyngeal swabs and serum samples should be taken from the HCW based on the following timelines:

Nasopharyngeal Swabs

1. A nasopharyngeal swab should be taken as soon as the HCW is identified as a possible contact of the confirmed COVID-19 infected patient in the health care facility.
2. A second sample should be taken if/ when the HCW becomes symptomatic
3. A third sample should be taken at the end of the 14-day quarantine period if the HCW remains asymptomatic.

Serum Samples

1. A serum sample should be taken at identification of the HCW as a possible contact of the confirmed COVID-19 infected patient in the health care facility.
2. A second serum sample should be taken at the end of the 14-day quarantine period if the HCW remains asymptomatic.
3. A third serum sample should be taken between day 21 and 28 after the collection of the first serum sample regardless of symptoms.



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Health-Care Worker Surveillance

Health-Care Worker Surveillance

- ✓ A Health-Care Worker who presents with a measured fever and a cough/shortness of breath with onset within the last 10 days or less.

This surveillance process is specific to HCWs who are caring for patients and have no known history of contact with a confirmed or probable COVID-19 case.

SELF OR FACILITY REPORTING

ACTION: NOTIFY (SELF OR FACILITY REPORT) THE PARISH HEALTH DEPARTMENT AND TAKE A SAMPLE

*Please complete Laboratory Form (Appendix 10) and daily SARI / ALRTI / ILI LABORATORY SAMPLE LINE LISTING (Appendix 11 and 12) and submit a copy to the Parish Health Department/National Surveillance Unit (NSU). Ensure the information is as complete as possible. Testing of samples **WILL NOT** be done for samples included on the daily line listing submitted to the NSU.*

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D. MONITORING COMMUNITY TRANSMISSION

Severe Acute Respiratory Illness (SARI) Surveillance

✓ A person who presents with symptoms of a measured fever or history of fever and a cough with onset within the last 10 days or less AND who requires hospitalization for their illness.

ALL HOSPITALS TO REPORT SARI CASES

ACTION: NOTIFY THE PARISH HEALTH DEPARTMENT AND TAKE A SAMPLE

*Please complete Laboratory Form (Appendix 10) and daily SARI / ALRTI / ILI LABORATORY SAMPLE LINE LISTING (Appendix 11 and 12) and submit a copy to the Parish Health Department/National Surveillance Unit (NSU). Ensure the information is as complete as possible. Testing of samples **WILL NOT** be done for samples included on the daily line listing submitted to the NSU. Daily/Weekly complete Enhanced Hospital SARI / ILI / aLRTI Surveillance Reporting Form (modified Data Collection Form: SARI / ILI Hospitalizations and Death) (Appendix 13).*

**For SARI Sentinel Site – In addition, please continue to report as per Ministry of Health and Wellness, Updated National Surveillance Manual, Section 13, June, 2019.*

Influenza-Like Illness (ILI) Surveillance

✓ A person who presents with symptoms of a measured fever or history of fever and a cough with onset within the last 10 days or less.

ALL HEALTH FACILITIES TO REPORT ILI

ACTION: NOTIFY THE PARISH HEALTH DEPARTMENT OF TOTAL CASES SEEN WEEKLY AND TAKE SAMPLES OF CASES BASED ON QUOTAS

*Please complete Laboratory Form (Appendix 10) and daily SARI / ALRTI / ILI LABORATORY SAMPLE LINE LISTING (Appendix 11 and 12) and submit a copy to the Parish Health Department/National Surveillance Unit (NSU). Ensure the information is as complete as possible. Testing of samples **WILL NOT** be done for samples included on the daily line listing submitted to the NSU.*

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For ILI Sentinel Sites – In addition, please continue to report as per Ministry of Health and Wellness, Updated National Surveillance Manual, Section 13, June, 2019.

Hospital Active Surveillance

Admitted Lower Respiratory Tract Infection (LRTI) / Pneumonia Surveillance

- ✓ A Person who presents with a lower respiratory tract infection with onset within the last 14 days or less AND who requires hospitalization for their illness.

ALL HOSPITALS TO REPORT ADMITTED LRTI / PNEUMONIA

ACTION: NOTIFY THE PARISH HEALTH DEPARTMENT AND TAKE A SAMPLE

*Please complete Laboratory Form (Appendix 10) and daily SARI / ALRTI / ILI LABORATORY SAMPLE LINE LISTING (Appendix 11 and 12) and submit a copy to the Parish Health Department/National Surveillance Unit (NSU). Ensure the information is as complete as possible. Testing of samples **WILL NOT** be done for samples included on the daily line listing submitted to the NSU. Daily/Weekly complete Enhanced Hospital SARI / ILI / aLRTI Surveillance Reporting Form (modified Data Collection Form: SARI / ILI Hospitalizations and Death) (Appendix 13).*

For All CONFIRMED COVID-19 CASES
Case Investigation & Contact Tracing is to be done.
A COVID-19 Case Investigation Form must be completed and submitted to the Parish Health Department/National Surveillance Unit.

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E. SPECIMEN COLLECTION AND TESTING

WHO[3] Laboratory Strategy Guideline based on Transmission Scenario

Transmission Scenario:

- Most cases of local transmission linked to chains of transmission

Public Health Aim:

- Stop transmission and prevent spread

Testing Strategy Guidance:

- Test all individuals meeting the suspected case definition
- Consideration in the investigation of cases and clusters of COVID-19
- Clinical management of severe acute respiratory infections when novel coronavirus is suspected
- SARI/ILI surveillance for COVID-19 and reporting

Specimens must be collected from and will be tested for COVID-19 testing for the following persons:

i. All suspected cases (as per the case definition above)
ii. All symptomatic contacts of confirmed COVID-19 cases
iii. All asymptomatic close contacts of confirmed COVID-19 cases
iv. All SARI cases from ALL Hospitals
v. All admitted LRTI / Pneumonia from ALL Hospitals
vi. All ILI Cases
vii. All health care workers who are contacts of confirmed COVID-19 cases
viii. All symptomatic health care workers irrespective of contact history

Type of specimen

The recommended sample is a lower respiratory tract specimen (e.g., endotracheal aspirate, sputum or bronchoalveolar lavage). These specimens must be placed in a sterile container.

In cases where lower respiratory tract specimens could not be obtained, a nasopharyngeal aspirate (in a sterile container) OR combined nasopharyngeal and oropharyngeal swabs should be taken

[3] World Health Organization, 2020 March 22. Laboratory testing strategy recommendations for COVID-19 Retrieved on March 24, 2020 from https://apps.who.int/iris/bitstream/handle/10665/331509/WHO-COVID-19-lab_testing-2020.1-eng.pdf

for testing (Appendix 9). Swabs should be collected with Dacron or polyester flocked swabs and placed in viral transport medium. **Avoid using cotton tipped swabs for specimen collection.**

For cases with a positive PCR test of a respiratory sample, a **SERUM SAMPLE** (red-top tube) should be taken as follows:

1. At confirmation
2. Day 14
3. Day 21
4. Day 14 Post Recovery

Labelling of specimens

All specimens must be labeled with:

1. Patient Name
2. Referring Facility
3. Date of Birth
4. Diagnosis: Suspected COVID-19
5. Date and time of sample collection

Specimens must be placed on ice at 4-8°C and transported **immediately** to the National Public Health Laboratory.

All specimens must be accompanied by a completed Jamaica Laboratory Investigation Form (see attached 5). Contact the Consultant Microbiologist (Tel. No. 876-317-8376) immediately to inform them of the sample.

Samples are NOT to be sent to private laboratories or directly to the University Hospital of the West Indies Laboratory.

F. DATA ANALYSIS AND INTERPRETATION

Review and analysis of surveillance data must be completed at all levels.

The Parish Medical Officer (Health) must ensure that Class 1 Notification Forms and Case Investigation Forms are forwarded simultaneously to the Regional Health Authorities and the National Surveillance Unit, within the timelines specified above. A line listing of all reported cases should be maintained at the parish health department along with contact listings for each case. Epidemic curves as well as age, sex and geographic distribution of cases must be maintained at the parish level.

The Regional Technical Director, in collaboration with the Regional Medical Epidemiologist, must ensure that the line and contact listings are maintained for each parish. The age, sex, and geographic distribution, as well as the severity of cases should be monitored. Depending on the situation, daily or weekly reports may be required.

The National Epidemiology Unit will conduct analysis of national data, including the epidemiological profile of cases and the epidemic curves as the situation evolves. The National Epidemiology Unit will prepare appropriate reports showing information on the patterns of disease within the population.

G. DATA DISSEMINATION AND OUTPUTS

The National Epidemiology will be responsible for forwarding the information obtained from national level analysis to the Ministry of Health and Wellness National Emergency Operations Centre (MOHNEOC).

The National Surveillance Unit will inform the MOHNEOC of any notified, suspected, probable and confirmed cases of novel coronavirus infection immediately upon identification of a suspected, probable, or confirmed case, by providing a minimum data set below.

Minimum Dataset for each case

1. ID#
2. Initials
3. Parish
4. Classification (Suspected/Confirmed)
5. Recent Travel History (Y/N)
6. Country of travel
7. Contact vs primary case
8. Isolated (Y/N)
9. Number of secondary cases identified

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APPENDIX 1: CLASS 1 NOTIFICATION FORM

CLASS 1 REPORTING FORM - INDIVIDUAL NOTIFICATION (ON SUSPICION)

Date of Report: ____ /____/ ____ (DD/MM/YY) NEW CASE / PREVIOUSLY REPORTED CASE (Circle One)

Diagnosis: _____

Case Demographic Information

Name (including pet name): _____ Sex: _____ Age: _____ D.O.B ____ /____ / ____ (dd/mm/yy)

Address: (Include Landmark) Lot #: _____ Street (Name) _____ Street Type: (Drive, Road, Close etc) _____

Community _____ Neighbouring Community/District: _____ Parish: _____

Workplace/School: _____ Occupation: _____

History of overseas travel in past 4-6 weeks? Y / N

(H) Phone #: _____ (Wk) Phone #: _____ Specify area/country: _____

Name of NOK/Parent: _____ Relationship to case: _____

Address of NOK/Parent: _____ Phone No.: _____

Clinical Information:

Symptoms: _____

Date of onset: ____ /____/____ (dd/mm/yy) Date seen: ____ /____ /____ (dd/mm/yy)

Specimen Taken Y / N Type: _____

Specimen Date: ____ /____/____ (dd/mm/yy) Laboratory: _____

Result (s): _____

Hosp./Facility Name: _____

Medical Record #: _____

Case admitted to Hosp?: Y / N (Circle one)

Date of Admission: ____ /____/____ (dd/mm/yy)

Ward: _____

If dead, Date of Death: ____ /____/____ (dd/mm/yy)

Notifier Information

Name of notifier: _____ Phone #: _____

Address: _____ Email: _____

Comments: _____

Received by MO(H) ____ /____ / ____ (dd/mm/yy)

Parish MO(H) Signature _____

Forwarded to R.S.O ____ /____ / ____ (dd/mm/yy)

Forwarded to Surveillance Unit ____ /____ / ____ (dd/mm/yy)

Ministry of Health, Surveillance Unit, July 2018

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APPENDIX 2a: CASE INVESTIGATION FORM

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NATIONAL SURVEILLANCE UNIT
34-36 Grenada Crescent, Kingston 5
Jamaica, West Indies
Tel: (876) 633-7771 / 8174
Email: surveillance@moh.gov.jm

2019 Novel Coronavirus (COVID-19) Case Investigation Form

Date of Reporting: _____ Region: _____ Parish: _____
Doctor: _____ Hospital / Site: _____ Ward: _____
Email: _____ Phone #: _____

Hospital/Medical Record Number: _____ NEW CASE ☐ UPDATE ☐
Last Name: _____ First Name: _____
Date of Birth: _____ Age: _____ Sex: MALE ☐ FEMALE ☐
Country of Residence: _____ Parish: _____ Community: _____
Street #: _____ Street Name: _____

Epidemiologic Week of Onset: _____ Date of Onset of Illness: _____ Admission Date: _____

CLINICAL & EPIDEMIOLOGICAL PROFILE

CLINICAL PROFILE

History of Fever or Fever over 38°C (<10 days)				Yes	No	Recorded temperature _____ °C			
Cough	Yes	No	Difficulty Breathing/Wheezing	Yes	No	Dyspnea/ Tachypnea	Yes	No	
Rhinorrhoea	Yes	No	Nausea/Vomiting	Yes	No	Abnormal Lung Auscultations	Yes	No	
Sore Throat	Yes	No	Headache	Yes	No	Abnormal lung x-ray findings	Yes	No	
Shortness of Breath	Yes	No	Myalgia	Yes	No	Seizure	Yes	No	
Other, please specify:						Other, please specify:			

RISK FACTORS

Pregnancy	Yes	No	Lung Disease including COPD	Yes	No	Immunocompromised due to disease or treatment	Yes	No
If yes, Trimester	1	2	3	Asthma	Yes	No	HIV / AIDS	Yes	No
Diabetes Mellitus	Yes	No	Neurological Disease	Yes	No	Malignancy		
Sickle Cell Disease	Yes	No	Liver Disease	Yes	No	Other, please specify:		
Heart Disease	Yes	No	Renal Disease	Yes	No			

EPIDEMIOLOGICAL PROFILE

Occupation Health Care Worker☐ Health Laboratory Worker☐ Working with Animals☐ Student☐ Other, please specify:

Close Contact with a person with **acute respiratory infection** in the **14 days prior** to onset of symptoms If yes, where: Home☐ Work☐ Health Care Setting☐ Other, please specify:	Yes	No	Animal Contact If yes, please specify:	Yes	No
Close Contact with Probable or Confirmed Case in the **14 days prior** to onset of symptoms If yes, where: Home☐ Work☐ Health Care Setting☐ Other, please specify:	Yes	No	Travel abroad in the 14 days prior to onset of symptoms Contact with traveler in past 14 days? If yes, country(ies) visited: Date of departure:	Yes Yes	No No
Visited any Health Facility in the 14 days prior to onset of symptoms If yes, Health Facility visited:	Yes	No	Other:		

Fever [> 38 °C] 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

***A contact** is a person: - Providing direct care for Confirmed (Test Positive) Cases; working with health care workers infected with novel coronavirus; visiting patients or staying in the same close environment of a Positive patient; Working together in close proximity or sharing the same classroom environment with a Test Positive patient - Traveling together with a Test Positive patient in any kind of conveyance; Living in the same household as a Test Positive patient within a 14-day period after the onset of symptoms in the case under consideration.*

Prepared by the National Surveillance Unit, Ministry of Health & Wellness *Revised – 2020/01/23*

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TRAVEL HISTORY/ In the 14 days before symptom onset, did the patient:

Spend time in China?	☐ Y ☐ N ☐ Unknown
If Yes,	
Province..... City..... Departure Date	
Province..... City..... Departure Date	
Province..... City..... Departure Date	
Province..... City..... Departure Date	
Travel to another country (Not China)	☐ Y ☐ N ☐ Unknown
If Yes,	
Province/State..... City..... Departure Date	
Province/State..... City..... Departure Date	
Province/State..... City..... Departure Date	
Have close contact[2] with a person who is under investigation for 2019-nCoV?	☐ Y ☐ N ☐ Unknown
Have close contact[2] with a person with laboratory confirmed 2019-nCoV?	☐ Y ☐ N ☐ Unknown
Have close contact[2] with a laboratory-confirmed 2019-nCoV case?	☐ Y ☐ N ☐ Unknown
Was the case ill at the time of contact?	☐ Y ☐ N ☐ Unknown
Is the case a Jamaican case?	☐ Y ☐ N ☐ Unknown
Is the case an international case?	☐ Y ☐ N ☐ Unknown
In which country was the case diagnosed with 2019 n-CoV? _____	☐ Y ☐ N ☐ Unknown

Sample taken: Yes ☐ No ☐ Sample Type: _____ Date Sample Taken: _____
Sample taken to Lab: Yes ☐ No ☐ Date Sample Taken to Lab: _____
Laboratory Results: Virology Positive ☐ Negative ☐ Virus: _____
Bacteriology Positive ☐ Negative ☐ Bacteria: _____
Treatment Received: _____ Patient ventilated ☐
Isolated ☐ Date: _____ Admission to ICU ☐ Date: _____
Discharged from Hospital ☐ Date: _____ Death ☐ Date: _____
Final Diagnosis: _____ MO(H) Signature: _____

Fever (> 38 °C) 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

***A contact** is a person: - Providing direct care for Confirmed (Test Positive) Cases; working with health care workers infected with novel coronavirus; visiting patients or staying in the same close environment of a Positive patient; Working together in close proximity or sharing the same classroom environment with a Test Positive patient - Travelling together with a Test Positive patient in any kind of conveyance; Living in the same household as a Test Positive patient within a 14-day period after the onset of symptoms in the case under consideration.*

Prepared by the National Surveillance Unit, Ministry of Health & Wellness *Revised – 2020/01/23*

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APPENDIX 2b: CASE FOLLOW-UP FORM

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DAY 21

2019 Novel Coronavirus (COVID-19) Case Follow-up Form

Date of Reporting: _____ Region: _____ Parish: _____
Doctor: _____ Hospital / Site: _____ Ward: _____
Email: _____ Phone #: _____

Hospital/Medical Record Number: _____
Last Name: _____ First Name: _____
Date of Birth: _____ Age: _____ Sex: MALE □ FEMALE □
Country of Residence: _____ Parish: _____ Community: _____

Epidemiologic Week of Onset: _____ Date of Onset of Illness: _____ Admission Date: _____

CLINICAL & EPIDEMIOLOGICAL PROFILE

CLINICAL COURSE

CURRENT STATUS		Max. Recorded temperature _____ °C					
Recovered □ Date _____		SYMPTOMS/SIGNS					
Still ill □		Cough	Yes	No	Headache	Yes	No
Died □ Date _____		Sore throat	Yes	No	Nausea	Yes	No
Unknown □ Date _____		Runny nose	Yes	No	Vomiting	Yes	No
		Shortness of Breath	Yes	No	Rash	Yes	No
COMPLICATIONS		Agueusia	Yes	No	Conjunctivitis	Yes	No
Acute Respiratory Distress Syndrome □	Date	Anosmia	Yes	No	Seizures	Yes	No
Acute Renal Failure □	Date	Fatigue	Yes	No	Altered consciousness	Yes	No
Cardiac Failure □	Date	Joint Pain	Yes	No	Nosebleed	Yes	No
Consumptive Coagulopathy □	Date	Muscle Pain	Yes	No	Other signs/symptoms (specify)		
Pneumonia by chest X-ray □	Date	Chills	Yes	No	Other signs/symptoms (specify)		

Admitted to ICU: Yes □ No □ If Yes, Date admitted to ICU: _____ Date Discharged from ICU: _____
Mechanical Ventilation: Yes □ No □ If Yes, Date started: _____ Date stopped: _____
Length of Ventilation (days): _____ Extracorporeal Membrane Oxygenation: Yes □ No □

LABORATORY DATA

MOLECULAR TESTING

Sample Type	Collection Date	Test Type	Results	Result Date
Nasopharyngeal □	Date	PCR □ Other_____	COVID-19 +ve □ COVID-19 -ve □ Other+ve □	
Oropharyngeal □	Date	PCR □ Other _____	COVID-19 +ve □ COVID-19 -ve □ Other+ve □	
Sputum □	Date	PCR □ Other_____	COVID-19 +ve □ COVID-19 -ve □ Other+ve □	
Other (specify)				

SEROLOGICAL TESTING

Sample Type	Collection Date	Test Type	Results	Result Date
Serum □	Date	IgM □	Positive □ Titre_____	
Other (specify)		IgG □	Negative □	
		Other (specify)	Inconclusive □	

MO(H) Signature: _____ Date: _____

Recovered – A patient is considered recovered from COVID-19 after two successive negative RT-PCR tests.

National Surveillance Unit, Ministry of Health & Wellness Email: surveillance@moh.gov.jm *2020/04/15*

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APPENDIX 3: FIELDS FOR CONTACT INTAKE LINE LISTING

i. Date of intake
ii. Name of Suspected/Confirmed Case
iii. Type of Contact
iv. Risk level
v. Date of most recent contact
vi. First name
vii. Last name
viii. Date of Birth
ix. Current Age
x. Sex at Birth
xi. Current Age
xii. Telephone number 1
xiii. Next of Kin name
xiv. Next of Kin telephone number
xv. GPS Coordinates
xvi. Street Number
xvii. Street Name
xviii. District
xix. Community
xx. Parish
xxi. Landmark
xxii. Symptomatic/Asymptomatic
xxiii. Date of onset of symptoms
xxiv. Fever (Y/N)
xxv. Cough (Y/N)
xxvi. Shortness of breath (Y/N)
xxvii. Other, specify
xxviii. Comments

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APPENDIX 4: FIELDS FOR CONTACT TRACING DAILY TRACKING LINE LISTING

i. Date of assessment
ii. Time of assessment
iii. Parish
iv. First Name
v. Last Name
vi. Day 1
vii. Day 2
viii. Day 3
ix. Day 4
x. Day 5
xi. Day 6
xii. Day 7
xiii. Day 8
xiv. Day 9
xv. Day 10
xvi. Day 11
xvii. Day 12
xviii. Day 13
xix. Day 14
xx. Remarks

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PARISH DAILY CONTACT TRACING SURVEILLANCE REPORTING FORM

Parish: _____ Date of Report: _____

CONTACT TRACING SUMMARY REPORT

CONFIRMED CASE'S INITIALS	Total No. of Households visited (cum)	Total No. of Overall Contacts Identified	Total No. of Community Contacts Identified	Total No. of Community Contacts Currently being Followed	Total No. of Close Contacts Identified	Total No. of Close Contacts Ever Followed	Total No. of Close Contact Currently being Followed	Total No. of contacts currently symptomatic	Total No. of contacts currently isolated

Report Prepared by: _____

Position of Reporter: _____

Parish MO(H) signature: _____

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APPENDIX 6: HEALTH CARE WORKER LINE LISTING TEMPLATE

Name of COVID-19 positive patient	Name of HCW contact	Age	Sex	Occupation/ job title	Type of exposure	Risk category (high/ low)	Date of first contact	Date of last contact

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APPENDIX 7: HEALTH CARE WORKER SURVEILLANCE CASE INVESTIGATION FORM

Health Care Worker Surveillance Case Investigation Form

Contact Identifier Information	
First name:	Surname:
Sex □ Male □ Female □ Not known	Date of Birth (DD/MM/YYYY) __/__/__
Age (years, months)	
Email	Telephone number:
Address:	
Parish:	
Smoker	□ Yes □ No
Occupation in health care facility □ Medical doctor □ Registered nurse (or equivalent) □ Assistant nurse, nurse technician (or equivalent) □ Radiology / x-ray technician □ Phlebotomists □ Physical therapists	□ Nutritionists/dietitians □ Other health care provider: □ Lab personnel □ Admission/reception clerks □ Patient transporters □ Catering staff □ Cleaners

Infection prevention and control measures information	
What date was your most recent IPC training within the health care facility? (DD/MM/YYYY)	DD/MM/YYYY
How much cumulative IPC training (standard precautions, additional precautions) have you had at this health care facility?	□ Less than 2 hours □ More than 2 hours
Do you follow recommended hand hygiene practices? □ Always, as recommended □ Most of the time □ Occasionally □ Rarely	
Do you use alcohol-based hand rub or soap and water before touching a patient? □ Always, as recommended □ Most of the time □ Occasionally □ Rarely	
Do you use alcohol-based hand rub or soap and water before cleaning/aseptic procedures? □ Always, as recommended □ Most of the time □ Occasionally □ Rarely	
Do you use alcohol-based hand rub or soap and water after (risk of) body fluid exposure? □ Always, as recommended □ Most of the time □ Occasionally □ Rarely	
Do you use alcohol-based hand rub or soap and water after touching a patient? □ Always, as recommended □ Most of the time □ Occasionally □ Rarely	
Do you use alcohol-based hand rub or soap and water after touching a patient's surroundings? □ Always, as recommended □ Most of the time □ Occasionally □ Rarely	
Do you follow IPC standard precautions when in contact with any patient? □ Always, as recommended □ Most of the time □ Occasionally □ Rarely □ I don't know what IPC standard precautions are	
Do you wear PPE when indicated? (PPE includes: Medical mask, Face shield, Gloves, Goggles/glasses, Gown, Coverall, Head cover, Respirator (e.g. N95 or equivalent), Shoe covers)	□ Always, according to the risk assessment □ Most of the time, according to the risk assessment □ Occasionally □ Rarely
Is PPE available in sufficient quantity in the health care facility?	□ Yes □ No □ Unknown

Exposures to COVID-19 infected patient	
Date of admission of 2019-nCoV confirmed patient (DD/MM/YYYY)	DD/MM/YYYY:

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Have you had close contact (within 1 meter) with the patient since his/her admission? □ Yes □ No □ Unknown
- If yes, how many times (total)?
- If yes, for how long each time? □ <5 minutes □ 5-15 minutes □ >15 minutes
- If yes, did you have prolonged face-to-face exposure (>15 minutes)? □ Yes □ No □ Unknown If yes, did you wear PPE? □ Yes □ No □ Unknown
If yes, what type? Tick all that apply: □ Medical mask □ Face shield □ Gloves □ Goggles/glasses □ Gown □ Coverall □ Head cover □ Respirator (e.g. N95 or equivalent) □ Shoe covers
- If you were wearing a medical mask, what type:
- If you were wearing a respirator, was it test fitted? □ Yes □ No □ Unknown
- If you were wearing gloves, did you remove gloves after contact with the patient? □ Yes □ No
- If yes, did you perform hand hygiene before contact with the patient? □ Always, as recommended □ Most of the time □ Occasionally □ Rarely If yes: □ Alcohol-based hand rub □ Soap and water □ Water
- If yes, did you perform hand hygiene after contact with the patient? □ Always, as recommended □ Most of the time □ Occasionally □ Rarely If yes: □ Alcohol-based hand rub □ Soap and water □ Water
- If yes, were you present for any aerosolizing procedures performed on the patient? □ Yes □ No □ Unknown If yes, describe the procedure: If yes, did you wear PPE? □ Yes □ No □ Unknown If yes, what type? Tick all that apply: □ Medical mask □ Face shield □ Gloves □ Goggles/glasses □ Gown □ Coverall □ Head cover □ Respirator (e.g. N95 or equivalent) □ Shoe covers
- If yes, did you come into contact with the patient's body fluids? □ Yes □ No □ Unknown If yes, which body fluids: If yes, were you wearing PPE? □ Yes □ No □ Unknown If yes, what type? Tick all that apply: □ Medical mask □ Face shield □ Gloves □ Goggles/glasses □ Gown □ Coverall □ Head cover □ Respirator (e.g. N95 or equivalent) □ Shoe covers
Have you had direct contact with the patient's materials since his/her admission? □ Yes □ No □ Unknown *Patient's materials: personal belongings, linen and medical equipment that the patient may have had contact with*
- If yes, which materials? Tick all that apply: □ Clothes □ Personal items □ Linen □ Medical devices used on the patient □ Medical equipment connected to the patient (e.g. ventilator, infusion pump etc) □ Other:
- If yes, how many times since his/her admission (total)?

- If yes, did you come into contact with the patient's body fluids via the patient's materials? □ Yes □ No □ Unknown
If yes, which body fluids: If yes, were you wearing PPE? □ Yes □ No □ Unknown If yes, what type? Tick all that apply: □ Medical mask □ Face shield □ Gloves □ Goggles/glasses □ Gown □ Coverall □ Head cover □ Respirator (e.g. N95 or equivalent) □ Shoe covers
- If yes, did you perform hand hygiene before contact with the patient's materials? □ Always, as recommended □ Most of the time □ Occasionally □ Rarely If yes: □ Alcohol-based hand rub □ Soap and water □ Water
- If you were wearing gloves, did you remove gloves after contact with the patient? □ Yes □ No
- If yes, did you perform hand hygiene after contact with the patient's materials? □ Always, as recommended □ Most of the time □ Occasionally □ Rarely If yes: □ Alcohol-based hand rub □ Soap and water □ Water
Have you had direct contact with the surfaces around the patient? □ Yes □ No □ Unknown
- If yes, which surfaces? Tick all that apply: □ Bed □ Bathroom □ Ward corridor □ Patient table □ Bedside table □ Dining table □ Medical gas panel □ Other:
- How many times since his/her admission (total)?
- If yes, did you come into contact with the patient's body fluids via the surfaces around the patient? □ Yes □ No □ Unknown If yes, which body fluids: If yes, were you wearing PPE? □ Yes □ No □ Unknown If yes, what type? Tick all that apply: □ Medical mask □ Face shield □ Gloves □ Goggles/glasses □ Gown □ Coverall □ Head cover □ Respirator (e.g. N95 or equivalent) □ Shoe covers
- If yes, did you perform hand hygiene after contact with these surfaces? □ Yes □ No □ Unknown If yes: □ Alcohol-based hand rub □ Soap and water □ Water
Exposures to COVID-19 infected patient
Have you experienced any respiratory symptoms (sore throat, cough, running nose, shortness of breath) in the period since the patient has been admitted? □ Yes □ No If no, please skip symptoms sections

Date of first symptom onset (DD/MM/YYYY)	(DD/MM/YYYY) ___/___/___ □ Asymptomatic □ Unknown
Fever (≥38 °C) or history of fever	□ Yes □ No □ Unknown If yes, specify maximum temperature:

Respiratory symptoms

Symptom	Yes	No	Unknown	If Yes, date (DD/MM/YYYY): ___/___/___
Sore throat	□	□	□	

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Cough	□	□	□				
Runny nose	□	□	□				
Shortness of breath	□	□	□				
Other symptoms							
Symptom	**Yes**	**No**	**Unknown**	**Symptom**	**Yes**	**No**	**Unknown**
Chills	□	□	□	Muscle aches	□	□	□
Vomiting	□	□	□	Joint ache	□	□	□
Nausea	□	□	□	Loss of appetite	□	□	□
Diarrhoea	□	□	□	Nose bleed	□	□	□
Headache	□	□	□	Fatigue	□	□	□
Rash	□	□	□	General malaise	□	□	□
Conjunctivitis	□	□	□	Other symptoms, specify			
Health care worker pre-existing condition(s)							
Condition	**Yes**	**No**	**Unknown**	**Condition**	**Yes**	**No**	**Unknown**
Obesity	□	□	□	Chronic liver disease	□	□	□
Cancer	□	□	□	Chronic kidney disease	□	□	□
Diabetes	□	□	□	Heart disease	□	□	□
HIV/other immune deficiency	□	□	□	Chronic neurological impairment/disease	□	□	□
Asthma (requiring medication)	□	□	□	Chronic haematological disorders	□	□	□
Chronic lung disease (non-asthma)	□	□	□	Organ or bone narrow recipient	□	□	□
Other pre-existing condition(s)				Specify			
Pregnancy	□	□	□	If yes, specify trimester: □ 1st □ 2nd □ 3rd □ NA Estimated delivery date (DD/MM/YYYY) _____/__/__			
Contact specimen collection (Day 1)							
Has baseline serum been taken?				□ Yes □ No □ Unknown If yes, specify date (DD/MM/YYYY):			
Which laboratory was the specimen sent to?							
Date sent to laboratory (DD/MM/YYYY)				_____/__/__			

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APPENDIX 8: HEALTH CARE WORKER SYMPTOM DIARY

Day	Symptoms						
	No symptoms (check if none experienced)	**Fever ≥38°C**	**Sore throat**	**Cough**	**Runny nose**	**Shortness of breath**	**Other symptoms: specify**
0	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
1	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
2	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
3	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
4	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
6	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
7	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
8	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
9	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
10	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
11	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
12	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
13	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
14	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
15	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
16	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
17	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
18	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
19	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
20	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
21	□ None	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	

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APPENDIX 9: TAKING A NASOPHARYNGEAL SAMPLE

TAKING A NASOPHARYNGEAL SWAB

Ensure adherence to airborne precautions

- Assemble equipment and forms

RESOURCES NEEDED
Viral or Universal Transport Medium
Synthetic swabs
Lab Investigation Form
Gown, N95 respirator, Eye Protection, Gloves

- Notify the Director, National Laboratory Service or Microbiologist at the National Public Health Laboratory
- Explain the procedure to the Patient
- Gain the patient's permission to perform the procedure
- Complete the Jamaica Laboratory Investigation Form
- Label Universal Transport Medium or Viral Transport Medium (VTM) tube
- Wash hands; put on gown, N95 respirator, eye protection, and gloves
- Have the patient evacuate mucous (if present) from both nostrils
- Tilt patient's head back 70 degrees
- Insert swab into nostril (to a depth equal to distance from nostrils to outer opening of the ears)
- Leave swab in place for several seconds to absorb secretions
- Slowly remove swab while rotating it – swab both nostrils with the same swab
- Place tip of swab into the sterile UTM/VTM tube below the level of the liquid media.
- Break/Cut off the applicator stick at the scored point or to a length that allows it to fit the tube
- Seal the cap tightly on the UTM/VTM tube
- Place UTM/VTM tube on frozen cold pack
- Wash hands

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APPENDIX 10: JAMAICA: LABORATORY SURVEILLANCE INVESTIGATION FORM

JAMAICA: Laboratory Surveillance Investigation Form

APPENDIX 14 – September 2017

1. Patient Information

Last Name
First Name
Patient ID
Gender ☐ M ☐ F Age ☐ years ☐ months
Date of Birth YYYY/MM/DD
Street ##-
City/Parish
Postal Code Tel:
Travel History ☐Y ☐N Country Visited:

2. Referring Doctor

Consultant:
Attending Dr.:
Signature:
Reporting Address: HOSPITAL / WARD
Tel: Fax:
Date Specimen Taken: YYYY/MM/DD

3. Provisional Diagnosis
(eg. Malaria, Influenza, Measles)

4. Food/Animal/Environment Sample Details *(if relevant)*

Specimen ID
Name of food/env sample
Where specimen(s) collected
☐ Outbreak ☐ Traceback ☐ Survey ☐ Other

5. Case/Specimen Status

☐ Single case ☐ Outbreak ☐ Survey ☐ Unknown

6. Date of Onset of Illness

YYYY/MM/DD

7. Outcome

Hospitalized? ☐ Y ☐ N ☐ DK
Died? ☐ Y ☐ N ☐ DK

8. Signs and Symptoms

☐ Fever → Temp: → Onset: YYYY/MM/DD
☐ Rash → Location: → Onset: YYYY/MM/DD
☐ Pain → Location
☐ Haemorrhagic symptoms → describe
☐ Paralysis → Location: → Onset: YYYY/MM/DD

☐ Altered mental state
☐ Chills
☐ Circulatory collapse
☐ Conjunctivitis
☐ Convulsions
☐ Coryza
☐ Cough
☐ Diarrhoea
☐ Failure to thrive
☐ Hepatomegaly
☐ Jaundice
☐ Neck stiffness
☐ Lymphadenopathy
☐ Kernig's sign
☐ Vomiting
☐ Weakness of limbs
☐ Weight loss
☐ Other → specify

Chronic Conditions
☐ Asthma
☐ Autoimmune disease
☐ Cancer
☐ Diabetes Mellitus
☐ HIV / AIDS

9. Syndromic Classification

☐ Acute Flaccid Paralysis
☐ Gastroenteritis
☐ Fever & Hemorrhagic
☐ Fever (undifferentiated)
☐ Fever & Rash
☐ Fever & Respiratory
☐ Fever & Neurologic

10. Immunization History EPI No:

BCG: ☐ Y ☐ N YYYY/MM/DD
DPT: ☐ Y ☐ N YYYY/MM/DD
HBV: ☐ Y ☐ N YYYY/MM/DD
MMR: ☐ Y ☐ N YYYY/MM/DD
MR: ☐ Y ☐ N YYYY/MM/DD
Polio: ☐ Y ☐ N YYYY/MM/DD
YF: ☐ Y ☐ N YYYY/MM/DD
Other†: ☐ Y ☐ N YYYY/MM/DD
†Specify

Physician / EHO Use

*Serum; EDTA blood; Blood smear; Sputum; CSF; Swab; Urine; Stool; Tissue; Plasma (PPT); Food;Water;Animal;Environment; If other specify

	Specimen 1	Specimen 2	Specimen 3
*Type of Specimen			
Date Specimen Collected			
Lab Test(s) Requested			

Laboratory Use

Date Received at Nat Lab			
Nat Lab Specimen ID			
Test(s) Performed			
Date(s) Tested			
Laboratory diagnosis			
Date Referred to CAREC			
Name of Testing Lab			

Approved by (Testing. Lab): Date:

CARPHA USE: Specimen ID (1) (2) (3)

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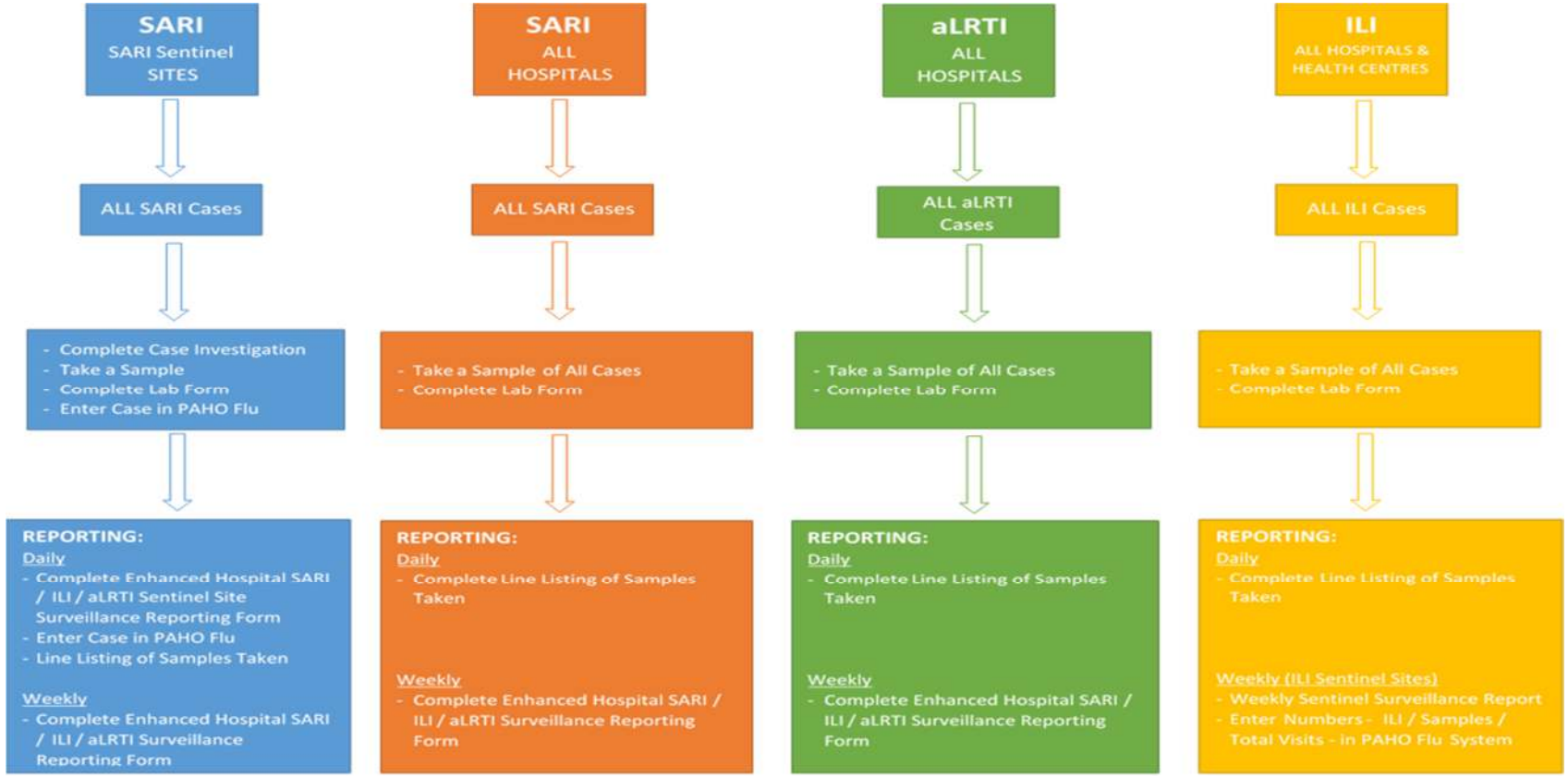
APPENDIX 11: ENHANCED RESPIRATORY INFECTION SURVEILLANCE REPORTING REQUIREMENTS FLOW CHART



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APPENDIX 12: SARI / ALRTI / ILI LABORATORY SAMPLE LINE LISTING

Parish: _____ **Institution:** _____ **Date of Reporting:** _____

Classification Type (SARI / ILI / aLRTI)	Name	Age	Sex (M/F)	Address	Community	Parish	Travel History (Yes/No)	If Yes to Travel Countries Visited	Date of Onset of Symptoms	Symptoms

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APPENDIX 13: ENHANCED HOSPITAL SARI/ILI/aLRTI SURVEILLANCE REPORTING FORM

Parish: _____ Institution: _____ Epidemiological Week #: _____ Reporting: Daily ☐ Weekly ☐

Surveillance of Severe Acute Respiratory Infection (SARI)										
Reporting Date: _____	**< 6 mths**	**6-11 mths**	**12-23 mths**	**2-4 yrs**	**5-14 yrs**	**15-49 yrs**	**50-59 yrs**	**60-64 yrs**	**≥ 65 yrs**	**Total**
SARI Admissions										
SARI Deaths										
SARI ICU Admissions										
Total ICU Admissions										
SARI Samples taken										
Hospital medical admissions										
Deaths in medical admissions										
Hospital Admissions										
Deaths in hospitalized patients										
SARI Entered into PAHO Flu										
UTM in Stock										

Influenza-Like Illness (ILI)					Admitted Lower Respiratory Tract Infection (aLRTI)	
	Total	**< 5 yrs**	**5-59 yrs**	**≥ 60 yrs**	**Total aLRTI**	
ILI Cases						
ILI Samples Taken					**Total aLRTI Sample Taken**	
Total Visits						

Surveillance Coordinator: _____ MO(H) Signature: _____ Date: _____

Notes:
- Please indicate by **ticking the respective box** whether the report is daily or weekly.
- The **Epidemiological Week** begins on a Sunday and ends on a Saturday. The date on Sunday is recorded as the **Week Start Date**.
- **Hospital medical admissions** constitute all admissions to the medical ward, medical admissions to the paediatric ward, and medical admissions to the intensive care unit (for each particular age group).
- **Deaths in medical admissions** constitutes all deaths on the medical ward, in medical patients on the paediatric ward, in medical patients in the intensive care unit
- **Hospital admissions** constitutes all admissions to hospital
- **Deaths in hospitalized patients** constitute all deaths in those admitted to hospital.
- Total visits constitute all visits to hospitals A&E
- Form should be submitted to the surveillance unit, along with other parish weekly surveillance reports.