Ministry of Health
Republic of South Sudan

Coronavirus Disease 2019 (COVID-19) Case Investigation Form: V3 (January 2021)

1. General information on source of the alert (tick one)

☐ Hotline	☐ Community Surveillance	☐ POE Screening	☐ Contact Tracing (Follow up)	☐ Clinic	☐ Sentinel Site	☐ Travel Screening	☐ Other (Specify): .....

2. Case contact information

Today's Date[1]:	**Case ID:**	**DHIS2 Case ID#**	**Case's Name:**	
State:	**County:**	**Payam:**	**Boma:**	**GPS Coordinates:**
Date of Birth:	**Phone (case):**		**Phone (NoK):**	**Landmark:**

3. Case demographic information

Sex: ☐M ☐F (Pregnant: ☐Y ☐N) **Age**:_____ ☐years ☐months (<12 months only) **Nationality:** ☐SSD ☐Non-SSD, country: _____

Occupation/Profession: _____ ☐**Unemployed** ☐**Student (Name of School):**_____

4. Case criteria

Does the case have these signs and symptoms (check all that apply)? ☐ Fever ☐ Severe cough ☐ Sore throat ☐ Shortness of breath ☐ Loss of taste ☐ Loss of smell ☐ Difficulty breathing ☐Anorexia ☐General weakness/fatigue ☐Altered mental status ☐ Chills ☐ Headache ☐ Myalgia ☐ Vomiting ☐ Abdominal pain ☐ Diarrhea ☐Rigors ☐ Other, Specify_____

Onset date of first symptom:_____

5. In the 14 days before symptoms onset, did the case:

a. Have close contact with a PCR/GXP/Ag-RDT-confirmed COVID-19 case?	☐ Y ☐ N ☐ Unknown (If yes, please give case # [if known]:_____)	
If yes: 1. Was the case ill at the time of contact?	☐ Y ☐ N ☐ Unknown	
2. Was the case confirmed in SSD?	☐ Y ☐ N ☐ Unknown	
3. Is the laboratory-confirmed case an imported case?	☐ Y ☐ N ☐ Unknown	
If yes: In which country was the case diagnosed with COVID-19?	_____	
b. No known exposure history (suspected community transmission)	☐ Y ☐ N ☐ Unknown	
Only check "Y" if you confirmed that the case has no exposure risk factors 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."		

6. Additional case information

Is the case a healthcare worker? ☐Y ☐N ☐Unknown **Has the case been tested for COVID-19 previously?** ☐Y ☐N ☐Unknown

If "yes," what were the results? ☐Positive ☐Negative ☐Unknown **If "positive" or "negative" is checked, please indicate type of test previously conducted:** ☐RT-PCR ☐GeneXpert ☐RDT ☐Unknown

If "positive" or "negative" is checked, please indicate the date the test was conducted: _____ ☐Unknown

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

Have history of being in a congregate setting such as a POC or refugee camp (as a resident, worker, or visitor)? ☐Y ☐N ☐Unknown

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

Is case part of a cluster with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization)? ☐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 ☐ Obesity ☐Diabetes ☐Cardiac disease ☐Hypertension ☐Chronic pulmonary disease ☐Chronic kidney disease ☐Chronic liver disease ☐Immunocompromised ☐Unknown ☐Other (specify): _____

Status of the case at the time filling this form: ☐Alive ☐Died (Date of death:_____) ☐Admitted to IDU or other isolation facility ☐Hospitalized ☐Other:_____

If dead, presumed cause of death: ☐Suspect COVID-19 ☐Probable COVID-19 ☐Confirmed COVID-19 ☐Other acute respiratory illness ☐Other (specify): _____

7. Specimen for COVID-19 testing

Specimen type	**Specimen ID**	**Date collected**	**Date of Results**	**Lab Name/Location**
Nasopharyngeal swab				
Oropharyngeal swab				
Other Specimen Type				
Postmortem sample (Specify):				
RDT used? ☐Y ☐N				
Investigator's name:	**Phone:**	**Email:**		**Affiliation:**
Contact tracing form attached	☐Y ☐N (if **no, explain why):**			

1 Date format is DD/MM/YY for all date fields

Ministry of Health
Republic of South Sudan

COVID-19 Laboratory Request Form

Date (dd/mm/yyyy):……..

1. **General information on source of the alert (tick one)**

☐ **Hotline**	☐ **Community Surveillance**	☐ **Point of Entry**	☐ **Contact Tracing (Follow up)**	☐ **Clinic**	☐ **Sentinel Site**	☐ **Screening**	☐ **Other (Specify):** ……

2. **Information from reporting facility:**

Health Facility Name:		State:

3. **Case details/ demographics**

Case Name:		Age	Sex	☐ M	☐ F
Case ID		DHIS2 Case ID			
Case Nationality		State	County		
Case Phone#		Payam	Boma	Village	

4. **Test Requested (tick one):**

☐ RT-PCR	☐ GeneXpert	☐ RDT	☐ ELISA

5. **Reason for test request** (tick one):

☐ Suspect	☐ Contact	☐ Postmortem	☐ Treatment Discharge	
☐ Alert	☐ Screening	☐ Other, specify:		
☐ Follow up	☐ 1st	☐ 2nd	☐ 3rd	☐4th

6. **Specimen type (tick one):**

☐ Oropharyngeal Swab	☐ Nasopharyngeal Swab	☐ Blood specimen	☐ Other, specify:

Requested by :……Date Requested:…… Phone# :……..

Specimen Collected by:……Date and time collected:…… Phone# :……

Specimen Received by:…… Date and time Received:…… Lab specimen number:……

Specimen Tested by:…… Date Tested:……. Date and time results released:……