



# **CORONAVIRUS DISEASE 2019 (COVID-19) EPIDEMIOLOGICAL SURVEILLANCE PROTOCOL**



Ministry of Health & Wellness, Jamaica

23 January 2020

Updated 10 June 2020 (Version 18)

Updated 15 September 2020 (Version 19)



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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<sup>1</sup>.

A novel (new) coronavirus, SARS-CoV-2, which causes Coronavirus Disease 2019 (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 globally.

Jamaica reported its first case of COVID-19 on the 10<sup>th</sup> 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
September 2, 2020	Community transmission	Countries/area/territories experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: <ul style="list-style-type: none"><li>- Large numbers of cases not linkable to transmission chains</li><li>- Large numbers of cases from sentinel lab surveillance</li><li>- Multiple unrelated clusters in several areas of the country/territory/area</li></ul>

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. The Class 1 Notification System (Case-based surveillance)
2. Sentinel Surveillance
3. Hospital Active Surveillance
4. Mortality Surveillance
5. Tourist Establishment Surveillance

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



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This protocol shall be adhered to for surveillance activities related to COVID-19 in the following areas:

- A. Case Based Surveillance
- B. Case Reporting and Investigation
- C. Contact Tracing
- D. Surveillance of COVID-19 in Health Care Workers
- E. Respiratory Surveillance
- F. General Hospital Surveillance
- G. Community Surveillance
- H. Surveillance in Special Settings
- I. Tourist Establishment Surveillance
- J. Surveillance in Special Groups
- K. Participatory / Event-based Surveillance
- L. Mortality Surveillance
- M. Specimen Collection and Testing
- N. Data Analysis and Interpretation
- O. 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 COVID-19 trends in Jamaica
- 2. To establish epidemiological characteristics of COVID-19 infection in Jamaica
- 3. To inform risk assessment and decision-making.

Version 19 of the COVID-19 Surveillance Protocol for Jamaica includes the following updates:

- Surveillance of COVID-19 in Health Care Workers
- Update on surveillance requirements to include:
  - General Hospital Surveillance
  - Community Surveillance
  - Surveillance in Special Setting
  - Surveillance in Special Groups



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## CASE BASED SURVEILLANCE

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

### Suspected Case<sup>2</sup>

- ✓ 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 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.

### 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

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

<sup>2</sup> 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<sup>2</sup>

- ✓ 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<sup>2</sup>

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

**ACTION: MAINTAIN ISOLATION**

### COVID-19 Death<sup>3</sup>

- ✓ A death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID-19 disease (e.g. trauma). There should be no period of complete recovery between the illness and death.

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

---

<sup>3</sup> [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200609-covid-19-sitrep-141.pdf?sfvrsn=72fa1b16\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200609-covid-19-sitrep-141.pdf?sfvrsn=72fa1b16_2)



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## 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).

Clusters of 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. 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 to the National Surveillance Unit within 24 hours of this notification (Appendix 2).
- 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 4) for persons who are admitted to hospital. 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.



## CONTACT TRACING

A contact is a person who experienced any one of the following exposures (face-to-face, direct physical contact, or direct care for a patient) during the 2 days before and the 14 days after the onset of symptoms or date of sample collection (if asymptomatic) of a probable or confirmed case.

### Contact Tracing Requirements:

1. Identify all familial, social, work, and health care worker contacts who have had contact with a confirmed case from 2 days before symptom onset of the case and up to 14 days after their symptom onset.
2. Create a line list, including demographic information, date of first and last common exposure or date of contact with the confirmed or probable case, and date of onset if fever or respiratory symptoms develop.
3. The common exposures and type of contact with the confirmed or probable case should be thoroughly investigated.

All contacts must be listed with the minimum dataset stated in Appendix 3 and 5. A Parish Daily Surveillance Reporting Form (Appendix 6) is to be completed and submitted to the National Surveillance Unit daily.

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



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### Management of Contacts:

- 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.
- Contacts will be sampled if they are symptomatic when identified or if they develop symptoms at any time within the 14-day quarantine period.
- The period of quarantine and observation will end on Day 15 after most recent contact.
- All contacts will be given explicit instructions (verbal and written) regarding the steps to be taken if symptoms develop.

The Parish Health Department must keep a record of the initial contact assessment, any significant events during the quarantine period (example: development of symptoms) and of the end-of-quarantine assessment (Appendix 4).



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## SURVEILLANCE FOR COVID-19 IN HEALTH-CARE WORKERS

Health-care workers (HCWs) constitute a critical group of persons who provide care for patients in health care facilities. HCWs are therefore at increased risk for health care associated COVID-19 infection. They play an important role in implementing infection prevention and control (IPC) measures in healthcare facilities.

### 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.

### 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, and auxiliary health workers. These include but are not limited to 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, and catering staff.

### Health-Care Worker with Exposure Surveillance

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 7). 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. The exposed HCWs should have a risk assessment done which will determine further actions to be taken. This list is to be forwarded to the National Surveillance Unit, Ministry of Health and Wellness with clear indication of which HCWs are tested.

All health care workers should be interviewed and a **COVID-19 surveillance investigation form** (Appendix 2) completed for those with high-risk exposures. 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 will be used to collect demographic

data, epidemiological data, including clinical symptoms, exposures in health care facility, and contact with confirmed case(s).

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.

## FACILITY REPORTING

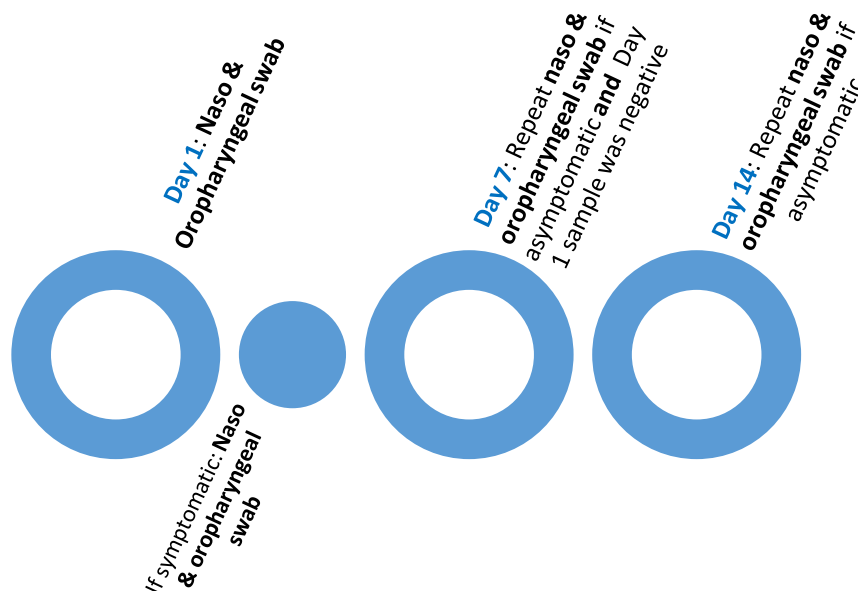
**ACTION: NOTIFY THE PARISH HEALTH DEPARTMENT OF ALL HEALTH CARE WORKERS WITH ANY EXPOSURE TO A COVID-19 PATIENT AND TAKE A SAMPLE OF ALL HEALTH CARE WORKERS WITH HIGH RISK EXPOSURE**

### Specimen Collection

Both nasopharyngeal and oropharyngeal swabs should be taken (Appendix 9) from the HCW based on the following timelines:

#### Nasopharyngeal & Oropharyngeal Swabs

1. As soon as the HCW is identified as a possible high-risk contact of the confirmed COVID-19 infected patient in the health care facility.
2. If the HCW becomes symptomatic
3. On day 7 of quarantine
4. At the end of the 14-day quarantine period if the HCW remains asymptomatic.





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### Symptomatic Health-Care Workers

- ✓ 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.

ALL symptomatic HCWs should be sampled and isolated.

## **SELF OR FACILITY REPORTING**

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

*The Health Department is to be notified if a sample is being taken. All specimens must be sent to the National Public Health Laboratory, accompanied by a completed Jamaica Laboratory Investigation Form (Appendix 10). Please submit a copy of the Jamaica Laboratory Investigation Form and the daily COVID-19 Laboratory Sample Line Listing (Appendix 12) to the Parish Health Department/National Surveillance Unit (NSU). Ensure the information is as complete as possible.*



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## RESPIRATORY SURVEILLANCE

### 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**

*The Health Department is to be notified if a sample is being taken. All specimens must be sent to the National Public Health Laboratory, accompanied by a completed Jamaica Laboratory Investigation Form (Appendix 10). Please submit a copy of the Jamaica Laboratory Investigation Form and the daily COVID-19 Laboratory Sample Line Listing (Appendix 11 and 12) to the Parish Health Department/National Surveillance Unit (NSU). Ensure the information is as complete as possible. Daily/Weekly complete Enhanced Hospital SARI / ILI / aLRTI Surveillance Reporting Form (modified Data Collection Form: SARI / ILI Hospitalizations and Death) (Appendix 12).*

*\*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.

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

### **ALL HEALTH FACILITIES TO REPORT ILI**

*The Health Department is to be notified if a sample is being taken. All specimens must be sent to the National Public Health Laboratory, accompanied by a completed Jamaica Laboratory Investigation Form (Appendix 10). Please submit a copy of the Jamaica Laboratory Investigation Form and the daily COVID-19 Laboratory Sample Line Listing (Appendix 11 and 12) to the Parish Health Department/National Surveillance Unit (NSU). Ensure the information is as*



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*complete as possible. Daily/Weekly complete Enhanced Hospital SARI / ILI / aLRTI Surveillance Reporting Form (modified Data Collection Form: SARI / ILI Hospitalizations and Death) (Appendix 12).*

*\*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.*

### **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**

*The Health Department is to be notified if a sample is being taken. All specimens must be sent to the National Public Health Laboratory, accompanied by a completed Jamaica Laboratory Investigation Form (Appendix 10). Please submit a copy of the Jamaica Laboratory Investigation Form and the daily COVID-19 Laboratory Sample Line Listing (Appendix 11 and 12) to the Parish Health Department/National Surveillance Unit (NSU). Ensure the information is as complete as possible. Daily/Weekly complete Enhanced Hospital SARI / ILI / aLRTI Surveillance Reporting Form (modified Data Collection Form: SARI / ILI Hospitalizations and Death) (Appendix 12).*

### **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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## GENERAL HOSPITAL SURVEILLANCE

General Hospital Surveillance is an expansion of the routine surveillance in health care facilities to include surveillance of hospitalized patients.

### Objective

Determine frequency of COVID-19 infection in hospitalized patients in whom a diagnosis of COVID-19 would not usually have been considered based on their clinical presentation.

Nasopharyngeal and oropharyngeal samples should be taken from ALL Patients meeting one or more of the following criteria:

1. Patients admitted to the Intensive Care Units (ICU's) and High Dependency Units (HDU's)
2. Patients with decreased consciousness
3. Patients with cancer, diabetes mellitus, on immunosuppressive agents or otherwise immunosuppressed
4. Patients scheduled for surgery
5. Patients who have died in hospital

Note that any patient may be considered for testing for COVID-19 at the judgement of the attending physician(s).

## ALL HOSPITALS TO REPORT GENERAL HOSPITAL SURVEILLANCE

**ACTION: COMPLETE LINE LISTING AND TAKE A SAMPLE**

*Samples should be batched, line listed and clearly labelled with respect to source, date of sampling and reason for testing i.e. general surveillance. Each region should provide estimates for the numbers of the UTM needed weekly to the Director, National Public Health Laboratory (NPHL).*





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## COMMUNITY SURVEILLANCE

### Guidelines for Surveillance of COVID-19 in Communities

Community surveillance is active surveillance for early identification of intense transmission in communities and is meant to complement enhanced respiratory infection surveillance.

Public health teams should implement enhanced surveillance measures to detect and manage COVID-19 cases communities identified as high risk of intense transmission. Active case finding is performed through household surveys. The assessment is intended to detect and document potential cases of COVID-19 who reside in the community where confirmed cases have been identified and who may or may not have presented to health facilities and thereby been detected by the passive surveillance system. This allows the public health team to estimate the intensity of transmission and to implement control measures to contain spread of the disease.

### Objective

Assess clusters of cases of COVID-19 in communities in order to target interventions appropriately

### Surveillance Procedures

Public health teams will be required to:

1. Acquire community maps
2. Define the boundary of the community where cases reside, where possible in keeping with STATIN boundaries
3. Map area to be surveyed based on assessment of the public health team and in discussion with the MOHNEOC (Appendix 14a & 14b)
4. Interview head of household and where appropriate household members in all households within the community boundary
5. Administer [abbreviated] screening questionnaire (Appendix 14c) – Abbreviated to assess whether any household member is symptomatic, demographic details contact history, history of current illness, comorbidities
6. Collect specimens for SARS-CoV-2 analysis as described below



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## Specimen Collection

**Nasopharyngeal and oropharyngeal swabs** for COVID-19 testing should be taken (Appendix 9) for:

1. **ALL** symptomatic individuals with Fever and/or Respiratory Symptoms
2. Residents 60 years and older with gastrointestinal symptoms

All specimens must be sent to the National Public Health Laboratory, accompanied by a completed Jamaica Laboratory Investigation Form (Appendix 10). Please submit a copy of the Jamaica Laboratory Investigation Form and the daily COVID-19 Laboratory Sample Line Listing (Appendix 12) to the Parish Health Department/National Surveillance Unit (NSU). Ensure the information is as complete as possible.

The public health team should at minimum document:

1. The number of households and their occupancy
2. History of present illness in symptomatic persons
3. The age, sex (and other socio-demographic characteristics) of included individuals
4. Exposure to SARS-CoV-2 and evidence of active COVID-19 virus infection, stratified by age and sex



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## SURVEILLANCE IN SPECIAL SETTINGS

### Special Settings

Enclosed environments where both staff and residents/inmates interact in close proximity increases the potential for COVID-19 to spread rapidly.

### Populations of interest:

Special settings refer to all residential facilities including, but not limited to:

- infirmaries
- nursing homes
- correctional facilities

### Surveillance of COVID-19 in Infirmaries and Nursing Homes

Infirmary and nursing home residents are susceptible to infections (including COVID-19), severe morbidity and mortality. It is therefore important to safeguard this vulnerable population by adhering to infection prevention and control (IPC) measures. Surveillance and testing for COVID-19 in infirmary and nursing home staff who administer care in diverse areas to the residents must be prioritized to inform infection prevention and control strategies in these facilities.

### Definitions

Infirmary staff constitute nurses, nursing assistants, physicians, technicians, therapists, and contractual staff not employed by the facility who are directly involved in the care of residents. Other staff may not be involved in the provision of care to residents but can be exposed to infectious agents, which may be transferred to residents. These persons will be included for surveillance purposes and include clerical, dietary, cleaning, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel.

### Surveillance Procedures

General surveillance for COVID-19 and other respiratory illnesses is to be conducted on an ongoing basis and enhanced during the COVID-19 outbreak in infirmaries and nursing homes. This includes active case finding via daily screening for signs and symptoms, including daily temperature monitoring. The case definitions for a suspected, probable and confirmed COVID-19 case are as stated earlier in the surveillance guidelines.

All suspected cases of COVID-19 in infirmary/nursing home residents or staff must be notified within 24 hours to the local Parish Health Department and the National Surveillance Unit. A Class 1 Notification Form (Appendix 1) must be submitted within 24 hours of initial identification. As per surveillance protocols, case investigation must be initiated within 24 hours of notification and **COVID-19 surveillance case investigation form** (Appendix 2) completed for each resident or

staff and must be submitted within 24 hours of notification. Contact tracing and other outbreak control measures are to be followed in keeping with surveillance protocols.

## **Specimen Collection**

The testing that is conducted at infirmaries and nursing homes should be implemented in addition to existing IPC measures. This includes visitor restriction, monitoring all HCP and residents for signs and symptoms of COVID-19, and universal masking as source control.

**Nasopharyngeal and oropharyngeal swabs** for COVID-19 testing should be taken for:

1. ALL suspected cases of COVID-19 in infirmary/nursing home residents and staff
2. ALL influenza-like illness cases (fever **AND** cough with onset within 10 days, not requiring admission)
3. ALL residents or staff with fever **OR** with any respiratory symptom (e.g. cough, rhinorrhoea, sore throat) or loss of taste or smell
4. ALL symptomatic residents or staff who are contacts of confirmed COVID-19 cases

The Parish Health Department is to be contacted and will arrange for testing if residents or staff at infirmaries or nursing homes require sampling for COVID-19 or other respiratory infections.

*All specimens must be sent to the National Public Health Laboratory, accompanied by a completed Jamaica Laboratory Investigation Form (Appendix 10). Please submit a copy of the Jamaica Laboratory Investigation Form and the daily COVID-19 Laboratory Sample Line Listing (Appendix 12) to the Parish Health Department/National Surveillance Unit (NSU). Ensure the information is as complete as possible.*

## **Surveillance of COVID-19 in Correctional Facility Staff and Inmates**

Correctional facilities are enclosed environments where both staff and inmates interact in close proximity. There is therefore the potential for COVID-19 to spread rapidly. Public health teams should implement enhanced surveillance measures to detect and manage COVID-19 cases in these facilities. These measures include active case finding through daily screening for signs and symptoms, including daily temperature monitoring. As far as is possible, infection prevention and control (IPC) measures must also be adhered to in order to prevent adverse events.

Surveillance and testing for COVID-19 and other respiratory infections in inmates and staff in correctional facilities who administer care to the inmates may be conducted using the following protocol.



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## Definitions

**Health care personnel (HCP)** in correctional facilities constitute medical officers, nurses, nursing assistants, technicians, and therapists who are directly involved in medical care of the inmates.

**Other staff** may not be involved in the provision of medical care for inmates but can be exposed to infectious agents, which may be transferred to inmates. These persons include correctional officers, police officers, security guards, clerical, dietary, cleaning, laundry, security, engineering and facilities management, administrative, and volunteer personnel.

An **inmate** is a person who is involuntarily confined to a correctional facility.

**Case definitions** for a suspected, probable and confirmed COVID-19 case are as stated earlier (Page 3) in the surveillance guidelines.

## Surveillance Procedures

All suspected cases of COVID-19 in prison inmates or staff must be notified within 24 hours to the local Parish Health Department and the National Surveillance Unit. A Class 1 Notification Form (Appendix 1) must be submitted within 24 hours of initial identification. As per surveillance protocols, case investigation must be initiated within 24 hours of notification and a case investigation form (Appendix 2) completed for each inmate or staff and must be submitted within 24 hours of notification. Contact tracing and other outbreak control measures are to be followed in keeping with surveillance protocols.

## Specimen Collection

**Nasopharyngeal and oropharyngeal swabs** for COVID-19 testing should be taken for:

1. ALL suspected cases of COVID-19 in prison inmates and staff
2. ALL influenza-like illness cases (fever **AND** cough with onset within 10 days, not requiring admission)
3. ALL inmates or staff with fever **OR** with any respiratory symptom (e.g. cough, rhinorrhoea, sore throat) or loss of taste or smell

*The Health Department is to be notified if a sample is being taken. All specimens must be sent to the National Public Health Laboratory, accompanied by a completed Jamaica Laboratory Investigation Form (Appendix 10). Please submit a copy of the Jamaica Laboratory Investigation Form and the daily COVID-19 Laboratory Sample Line Listing (Appendix 12) to the Parish Health Department/National Surveillance Unit (NSU). Ensure the information is as complete as possible. The testing that is conducted at correctional facilities should be implemented in addition to IPC measures.*



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## TOURIST ESTABLISHMENT SURVEILLANCE

There is a legal obligation (Public Health Act: Tourist Establishment Regulation, 2000) for tourist establishments to weekly provide a standard surveillance report to the relevant parish health department. This report includes syndromes including acute respiratory infections. Further, tourist establishments are required to report within 24 hours of suspicion or confirmation, any case of a communicable disease. This system will be enhanced and monitored closely for the purposes of surveillance during the COVID-19 pandemic. The enhancement will include Tourist Establishment reports as a component of the parish and Regional Health Authorities scheduled reporting.

### Populations of interest:

- Tourist establishment guests
- Tourist establishment staff

### Objective

Detect and contain the possible spread of COVID-19 in tourist establishments

### Surveillance Procedures

In the context of COVID-19, all cases of fever **OR** respiratory illness must be notified to the Parish Health Department and be sampled for COVID-19. The number of cases identified and samples taken are to be included in the weekly surveillance report submitted to the Parish Health Department. All cases must be isolated, and managed in accordance with guidelines for management of a suspected case of COVID-19. Case investigation and contact tracing must be done for all cases in keeping with the protocols.

### Specimen Collection

The Parish Health Department is to be contacted and will arrange for testing where applicable.

**Nasopharyngeal and oropharyngeal swabs** for COVID-19 testing should be taken for:

1. ALL guest or staff identified with fever or respiratory symptoms
2. ALL suspected cases of COVID-19
3. ALL symptomatic contacts of confirmed COVID-19 patients

Please complete Jamaica Laboratory Investigation Form (Appendix 10) and daily COVID-19 Laboratory Sample Line Listing (Appendix 12) and submit a copy to the Parish Health Department/National Surveillance Unit (NSU). Ensure the information is as complete as possible. The Health Department is to be notified if a sample is being taken. All specimens must be sent to the National Public Health Laboratory, accompanied by a completed Jamaica Laboratory Investigation Form.



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## TARGETED SURVEILLANCE IN SPECIAL GROUPS

### Populations of interest:

Based on risk assessment of groups and the potential for COVID-19 to spread; special groups may be selected for surveillance and testing. Special groups include:

- Controlled re-entry programme
  - Returning Residents
  - Involuntary returning migrants
  - Tourists
- Occupational groups – examples:
  - Business Process Outsourcing companies
  - Public passenger vehicle operators)

### Guidelines for Surveillance of COVID-19 in Special Groups

Based on Government of Jamaica requirements, public health teams should implement enhanced surveillance measures to detect and manage COVID-19 cases among special groups.

### Objective

Detect and characterize COVID-19 in special groups

### Surveillance Procedures

All suspected cases of COVID-19 among special groups must be notified within 24 hours to the local Parish Health Department and the National Surveillance Unit. A Class 1 Notification Form (Appendix 1) must be submitted within 24 hours of initial identification. As per surveillance protocols, case investigation must be initiated within 24 hours of notification and a case investigation form (Appendix 2) completed for each case and submitted within 24 hours of notification. Contact tracing and other outbreak control measures are to be followed in keeping with surveillance protocols.

### Specimen Collection

**Nasopharyngeal and oropharyngeal swabs** for COVID-19 testing should be taken for persons in special groups who fulfil the following criteria:

1. Suspected case of COVID-19
2. ALL influenza-like illness cases (fever **AND** cough with onset within 10 days, not requiring admission)
3. ALL individuals with fever **OR** with any respiratory symptom (e.g. cough, rhinorrhoea, sore throat) or loss of taste or smell
4. ALL other individuals as required by the GOJ Disaster Risk Management (Enforcement Measures) Orders



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Please complete Jamaica Laboratory Investigation Form (Appendix 10) and daily COVID-19 Laboratory Sample Line Listing (Appendix 12) and submit a copy to the Parish Health Department/National Surveillance Unit (NSU). Ensure the information is as complete as possible. The Health Department is to be notified if a sample is being taken. All specimens must be sent to the National Public Health Laboratory, accompanied by a completed Jamaica Laboratory Investigation Form.





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## **PARTICIPATORY / EVENT-BASED SURVEILLANCE**

Reporting through:

- Telephone Health Hotline
- JamCOVID Application
- Rumors or Community Reports
- Media Reports

### **Objective**

Detect, confirm, and assess possible occurrences of COVID-19 among members of the public

### **Surveillance Procedures**

Notification of an event (including travel), illness, or death reported through telephone health hotline, JamCOVID application, or other means. Through the screening application, risk assessment conducted and selection for testing as appropriate.

### **Specimen Collection**

**Nasopharyngeal and oropharyngeal swabs** for COVID-19 testing should be taken for:

1. ALL reports identified for testing through risk assessment algorithm

Please complete Jamaica Laboratory Investigation Form (Appendix 10) and daily COVID-19 Laboratory Sample Line Listing (Appendix 12) and submit a copy to the Parish Health Department/National Surveillance Unit (NSU). Ensure the information is as complete as possible. The Health Department is to be notified if a sample is being taken. All specimens must be sent to the National Public Health Laboratory, accompanied by a completed Jamaica Laboratory Investigation Form.

## MORTALITY SURVEILLANCE

### Objective:

Assess the demographic impact of the COVID-19 pandemic.

### COVID-19 Death<sup>4</sup>

- ✓ A death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID-19 disease (e.g. trauma). There should be no period of complete recovery between the illness and death.

Identifying COVID-19-specific mortality is a challenge across the globe. In some places there are limitations in the availability of COVID-19 tests leading to lack of comparability in the number of COVID-19 cases and deaths. Without COVID-19 testing, deaths can be misclassified as it becomes difficult to differentiate between deaths from COVID-19 and deaths from some other causes. If there are disruptions in the health system and the society in general, this may contribute to deaths from other causes. Individuals may also avoid visiting health facilities due to fear of contracting infections. It is therefore useful to examine the excess mortality because of the COVID-19 epidemic to account for these situations.

The monthly number of deaths occurring in public hospitals are obtained from the **Hospital Monthly Statistical Reports (HMSR)**. The monthly number of deaths in public hospitals in 2020 are compared to the corresponding periods in previous five years. The monthly deaths are reviewed for excess using a threshold of the five-year mean number of monthly deaths plus two standard deviations.

Mortality data from the **civil registration and vital statistics system** account for community deaths and deaths occurring outside of public hospitals but tend to lag behind routine surveillance data as it is dependent on the registration of deaths. The number of deaths monthly in preceding years are obtained from the Registrar General's Department. The monthly deaths in 2020 are reviewed for excess using a threshold of the five-year mean number of monthly deaths plus two standard deviations.

In addition, the **crude case fatality rate** for the COVID-19 epidemic is calculated by dividing the number of confirmed COVID-19 deaths by the number of confirmed COVID-19 cases.

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<sup>4</sup> [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200609-covid-19-sitrep-141.pdf?sfvrsn=72fa1b16\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200609-covid-19-sitrep-141.pdf?sfvrsn=72fa1b16_2)



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The COVID-19 deaths are required to be notified within 24 hours of suspicion to the Parish Health Departments and the National Surveillance Unit. Case investigation must be initiated within 24 hours of notification and a case investigation form (Appendix 2) completed for each death and submitted within 24 hours of notification.



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## SPECIMEN COLLECTION AND TESTING

### WHO<sup>5</sup> Laboratory Strategy Guideline based on Transmission Scenario

Transmission Scenario:

- Community 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 COVID-19 is suspected
- SARI/ILI surveillance for COVID-19 and reporting

Specimens must be collected from and will be tested for SARS-CoV-2 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 SARI cases from ALL Hospitals
- iv. All admitted LRTI / Pneumonia from ALL Hospitals
- v. All ILI Cases
- vi. All health care workers who had high-risk exposure to confirmed COVID-19 cases (as per risk assessment)
- vii. All symptomatic health care workers irrespective of contact history
- viii. Other individuals as detailed above

### Type of specimen

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

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<sup>5</sup> 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](https://apps.who.int/iris/bitstream/handle/10665/331509/WHO-COVID-19-lab_testing-2020.1-eng.pdf)



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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 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.**

### 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. The daily COVID-19 Laboratory Sample Line Listing (Appendix 12) and submit a copy to the Parish Health Department/National Surveillance Unit (NSU). Ensure the information is as complete as possible.



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## **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.

## **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).



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## APPENDICES

### 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: _____			
<b>Case Demographic Information</b>			
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: _____	
(H) Phone #: _____ (Wk) Phone #: _____		History of overseas travel in past 4-6 weeks? Y / N	
		Specify area/country: _____	
Name of NOK/Parent: _____		Relationship to case: _____	
Address of NOK/Parent: _____		Phone No.: _____	
<b>Clinical Information:</b>			
Symptoms: _____		Hosp./Facility Name: _____	
		Medical Record #: _____	
Date of onset: ____ / ____ / ____ (dd/mm/yy)		Date seen: ____ / ____ / ____ (dd/mm/yy)	
Specimen Taken Y / N Type: _____		Case admitted to Hosp?: Y / N (Circle one)	
Specimen Date: ____ / ____ / ____ (dd/mm/yy)		Date of Admission: ____ / ____ / ____ (dd/mm/yy)	
Laboratory: _____		Ward: _____	
Result (s): _____		If dead, Date of Death: ____ / ____ / ____ (dd/mm/yy)	
<b>Notifier Information</b>			
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 2: CASE INVESTIGATION FORM

### COVID-19 Surveillance 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
Rhinorrhoea	Yes	No	Dyspnea/ Tachypnea	Yes	No
Sore Throat	Yes	No	Diarrhoea	Yes	No
Shortness of Breath	Yes	No	Nausea/Vomiting	Yes	No
Loss of smell (Anosmia)	Yes	No	Headache	Yes	No
Loss of Taste (Ageusia)	Yes	No	Myalgia	Yes	No

##### 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	Yes	No	
Sickle Cell Disease	Yes	No	Liver Disease	Yes	No	Hypertension	Yes	No	
Heart Disease	Yes	No	Renal Disease	Yes	No	Obesity	Yes	No	

##### EPIDEMIOLOGICAL PROFILE

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

#### CONTACT HISTORY

In the 14 days before symptom onset, did the individual:

Have close contact<sup>3</sup> with a person who is under investigation for COVID-19? ☐ Y ☐ N ☐ Unknown

Have close contact<sup>3</sup> with a laboratory-confirmed COVID-19 case? ☐ Y ☐ N ☐ Unknown

If yes:

Where: Home ☐ Work ☐ Health Care Setting ☐ Other, please specify: \_\_\_\_\_

Was the contact ill at the time of contact? ☐ Y ☐ N ☐ Unknown

In which country was the contact diagnosed with COVID-19? \_\_\_\_\_

Contact's Name: \_\_\_\_\_

Close Contact with a person with acute respiratory infection in the 14 days prior to onset of symptoms	Yes	No	Animal Contact	Yes	No
If yes, where: Home <input type="checkbox"/> Work <input type="checkbox"/> Health Care Setting <input type="checkbox"/> Other, please specify: _____			If yes, please specify: _____		

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 – 2020/07/08





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### TRAVEL HISTORY

In the 14 days before symptom onset, did the individual:

☐ Y ☐ N ☐ Unknown

Travel to Jamaica from another Country:

If Yes,

Country ..... Province/City ..... Departure Date .....

Country ..... Province/City ..... Departure Date .....

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 <input type="checkbox"/>	Date	PCR <input type="checkbox"/> Other (specify) .....	COVID-19 +ve <input type="checkbox"/> COVID-19 -ve <input type="checkbox"/> Other+ve <input type="checkbox"/>	
Oropharyngeal <input type="checkbox"/>	Date	PCR <input type="checkbox"/> Other (specify) .....	COVID-19 +ve <input type="checkbox"/> COVID-19 -ve <input type="checkbox"/> Other+ve <input type="checkbox"/>	
Sputum <input type="checkbox"/>	Date	PCR <input type="checkbox"/> Other (specify) .....	COVID-19 +ve <input type="checkbox"/> COVID-19 -ve <input type="checkbox"/> Other+ve <input type="checkbox"/>	
Other (specify) .....				

#### SEROLOGICAL TESTING

Sample Type	Collection Date	Test Type	Results	Result Date
Serum <input type="checkbox"/>	Date	IgM <input type="checkbox"/>	Positive <input type="checkbox"/> Titre .....	
		IgG <input type="checkbox"/>	Negative <input type="checkbox"/>	
Other (specify) .....		Other (specify) .....	Inconclusive <input type="checkbox"/>	

### CONTACT TRACING

Contact Type	Number of Contacts Identified	Number of Contacts Sampled
Bedroom		
Household		
Conveyance		
Health Facility		
Other (specify) .....		

MO(H) Signature: ..... Date: .....

*Fever (38.3°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 – 2020/07/08*



□ RKA BUILDING, 10-16 GRENADA WAY □ 45-47 BARBADOS AVENUE □ 24-26 GRENADA CRESCENT □ 10<sup>A</sup> CHELSEA AVENUE  
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Website: [www.moh.gov.jm](http://www.moh.gov.jm)

### APPENDIX 3: FIELDS FOR CONTACT INTAKE LINE LISTING

(Spreadsheet sent separately)

- 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: CASE FOLLOW-UP FORM



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Email: [surveillance@moh.gov.jm](mailto:surveillance@moh.gov.jm)

**DAY 14**

### 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					
<b>CURRENT STATUS</b>		Max. Recorded temperature _____ °C			
Recovered <input type="checkbox"/>	Date _____	<b>SYMPTOMS/SIGNS</b>			
Still ill <input type="checkbox"/>		Cough	Yes <input type="checkbox"/> No <input type="checkbox"/>	Headache	Yes <input type="checkbox"/> No <input type="checkbox"/>
Died <input type="checkbox"/>	Date _____	Sore throat	Yes <input type="checkbox"/> No <input type="checkbox"/>	Nausea	Yes <input type="checkbox"/> No <input type="checkbox"/>
Unknown <input type="checkbox"/>	Date _____	Runny nose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Vomiting	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Shortness of Breath	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rash	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>COMPLICATIONS</b>		Optic neuritis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Conjunctivitis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Acute Respiratory Distress Syndrome <input type="checkbox"/>	Date _____	Anosmia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Seizures	Yes <input type="checkbox"/> No <input type="checkbox"/>
Acute Renal Failure <input type="checkbox"/>	Date _____	Fatigue	Yes <input type="checkbox"/> No <input type="checkbox"/>	Altered consciousness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cardiac Failure <input type="checkbox"/>	Date _____	Joint Pain	Yes <input type="checkbox"/> No <input type="checkbox"/>	Nosebleed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consumptive Coagulopathy <input type="checkbox"/>	Date _____	Muscle Pain	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other signs/symptoms (specify)	
Pneumonia by chest X-ray <input type="checkbox"/>	Date _____	Chills	Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/>	Date _____	PCR <input type="checkbox"/> Other _____	COVID-19 +ve <input type="checkbox"/> COVID-19 -ve <input type="checkbox"/> Other <input type="checkbox"/>		
Oropharyngeal <input type="checkbox"/>	Date _____	PCR <input type="checkbox"/> Other _____	COVID-19 +ve <input type="checkbox"/> COVID-19 -ve <input type="checkbox"/> Other <input type="checkbox"/>		
Sputum <input type="checkbox"/>	Date _____	PCR <input type="checkbox"/> Other _____	COVID-19 +ve <input type="checkbox"/> COVID-19 -ve <input type="checkbox"/> Other <input type="checkbox"/>		
Other (specify)					
SEROLOGICAL TESTING					
Sample Type	Collection Date	Test Type	Results	Result Date	
Serum <input type="checkbox"/>	Date _____	IgM <input type="checkbox"/>	Positive <input type="checkbox"/> Titre _____		
		IgG <input type="checkbox"/>	Negative <input type="checkbox"/>		
Other (specify)		Other (specify)	Inconclusive <input type="checkbox"/>		

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](mailto:surveillance@moh.gov.jm)

2020/09/15/



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## APPENDIX 5: 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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## APPENDIX 6: 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 7: HEALTH CARE WORKER EXPOSURE 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	Date Tested



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## APPENDIX 8: HEALTH CARE WORKER SYMPTOM DIARY

Day	Symptoms						
	No symptoms (check if none experienced)	Fever $\geq 38^{\circ}\text{C}$	Sore throat	Cough	Runny nose	Shortness of breath	Other symptoms: specify
0	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 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





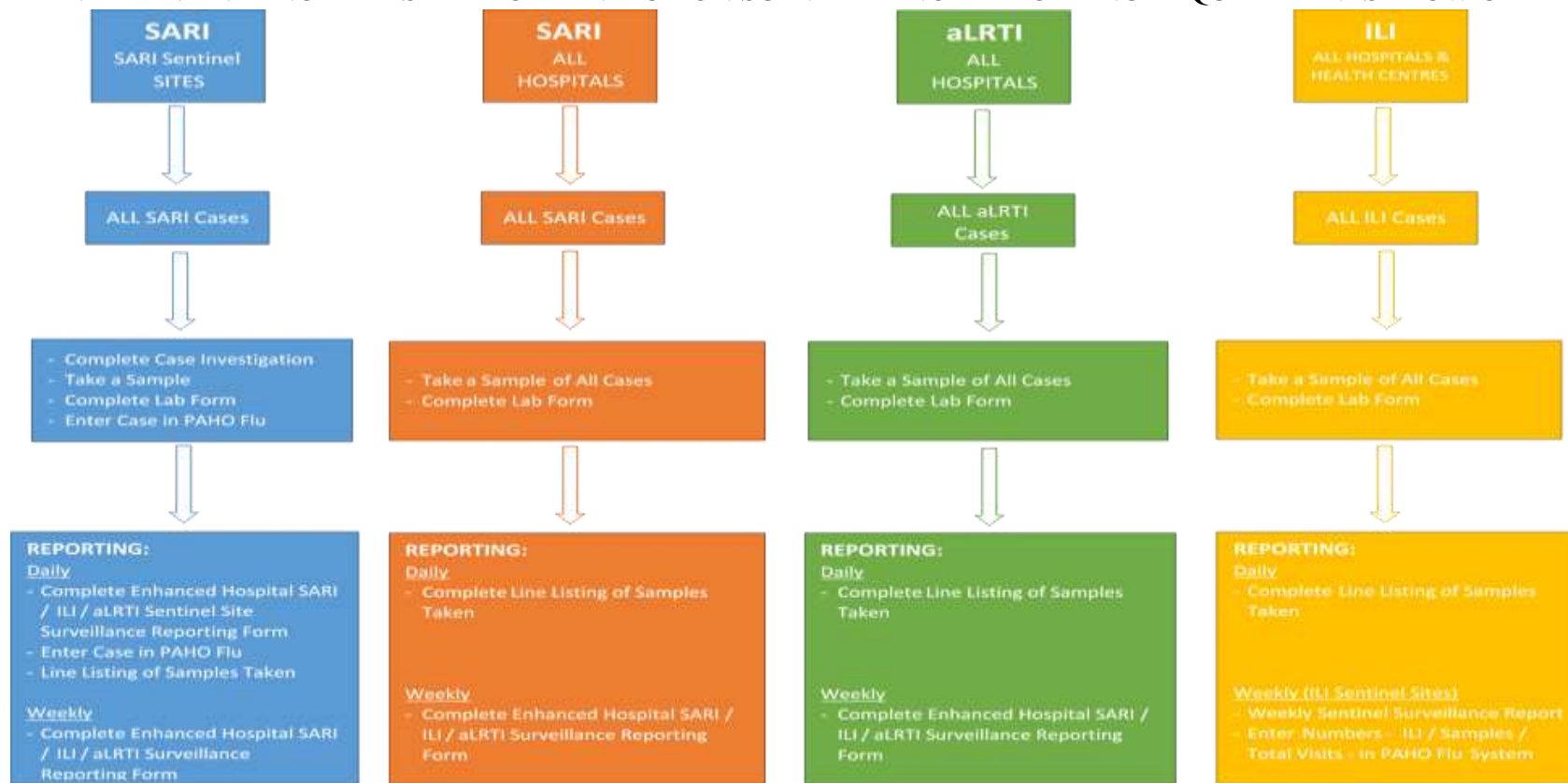


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## APPENDIX 10: JAMAICA: LABORATORY SURVEILLANCE INVESTIGATION FORM

<b>JAMAICA: Laboratory Surveillance Investigation Form</b>				APPENDIX 14 – September 2017
<b>1. Patient Information</b> Last Name _____ First Name _____ Patient ID _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Age _____ years <input type="checkbox"/> months Date of Birth <u>YYYY/MM/DD</u> Street #/_____ City/Parish _____ Postal Code _____ Tel: _____ Travel History <input type="checkbox"/> Y <input type="checkbox"/> N Country Visited: _____		<b>5. Case/Specimen Status</b> <input type="checkbox"/> Single case <input type="checkbox"/> Outbreak <input type="checkbox"/> Survey <input type="checkbox"/> Unknown <b>6. Date of Onset of Illness</b> <u>YYYY/MM/DD</u> <b>7. Outcome</b> Hospitalized? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Died? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
<b>2. Referring Doctor</b> Consultant: _____ Attending Dr.: _____ Signature: _____ Reporting Address: _____ HOSPITAL / WARD Tel: _____ Fax: _____ Date Specimen Taken: <u>YYYY/MM/DD</u>		<b>8. Signs and Symptoms</b> <input type="checkbox"/> Fever → Temp: _____ → Onset: <u>YYYY/MM/DD</u> <input type="checkbox"/> Rash → Location: _____ → Onset: <u>YYYY/MM/DD</u> <input type="checkbox"/> Pain → Location _____ <input type="checkbox"/> Haemorrhagic symptoms → describe _____ <input type="checkbox"/> Paralysis → Location: _____ → Onset: <u>YYYY/MM/DD</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Altered mental state  <input type="checkbox"/> Chills  <input type="checkbox"/> Circulatory collapse  <input type="checkbox"/> Conjunctivitis  <input type="checkbox"/> Convulsions  <input type="checkbox"/> Coryza  <input type="checkbox"/> Cough  <input type="checkbox"/> Diarrhoea  <input type="checkbox"/> Failure to thrive               </div> <div style="width: 45%;"> <input type="checkbox"/> Hepatomegaly  <input type="checkbox"/> Jaundice  <input type="checkbox"/> Neck stiffness  <input type="checkbox"/> Lymphadenopathy  <input type="checkbox"/> Kernig's sign  <input type="checkbox"/> Vomiting  <input type="checkbox"/> Weakness of limbs  <input type="checkbox"/> Weight loss  <input type="checkbox"/> Other → specify _____               </div> </div>		
<b>3. Provisional Diagnosis</b> (eg. Malaria, Influenza, Measles)		<b>9. Syndromic Classification</b> <input type="checkbox"/> Acute Flaccid Paralysis <input type="checkbox"/> Fever & Rash <input type="checkbox"/> Gastroenteritis <input type="checkbox"/> Fever & Respiratory <input type="checkbox"/> Fever & Hemorrhagic <input type="checkbox"/> Fever & Neurologic <input type="checkbox"/> Fever (undifferentiated)		
<b>4. Food/Animal/Environment Sample Details (if relevant)</b> Specimen ID _____ Name of food/env sample _____ Where specimen(s) collected _____ <input type="checkbox"/> Outbreak <input type="checkbox"/> Traceback <input type="checkbox"/> Survey <input type="checkbox"/> Other		<b>10. Immunization History</b> EPI No: _____ BCG: <input type="checkbox"/> Y <input type="checkbox"/> N <u>YYYY/MM/DD</u> MR: <input type="checkbox"/> Y <input type="checkbox"/> N <u>YYYY/MM/DD</u> DPT: <input type="checkbox"/> Y <input type="checkbox"/> N <u>YYYY/MM/DD</u> Polio: <input type="checkbox"/> Y <input type="checkbox"/> N <u>YYYY/MM/DD</u> HBV: <input type="checkbox"/> Y <input type="checkbox"/> N <u>YYYY/MM/DD</u> YF: <input type="checkbox"/> Y <input type="checkbox"/> N <u>YYYY/MM/DD</u> MMR: <input type="checkbox"/> Y <input type="checkbox"/> N <u>YYYY/MM/DD</u> Other <sup>†</sup> : <input type="checkbox"/> Y <input type="checkbox"/> N <u>YYYY/MM/DD</u> <sup>†</sup> Specify _____		
*Serum; EDTA blood; Blood smear; Sputum; CSF; Swab; Urine; Stool; Tissue; Plasma (PPT); Food; Water; Animal; Environment; if other specify				
Physician / EHO Use	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: _____ <b>CARPHA USE:</b> Specimen ID (1) _____ (2) _____ (3) _____ FXT/050/462   National Laboratory Services   <i>Quality Assurance</i>				

## APPENDIX 11: ENHANCED RESPIRATORY INFECTION SURVEILLANCE REPORTING REQUIREMENTS FLOW CHART





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## APPENDIX 12: 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 Visits					Total aLRTI Sample Taken	

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.



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## APPENDIX 13: GENERAL HOSPITAL SURVEILLANCE LINE LISTING FOR COVID-19 TESTING

Hospital \_\_\_\_\_

Date \_\_\_\_\_

Reg. No	Surname	First Name	Age	Sex (M/F)	Clinical Category	Diagnosis	Ward	Specialty	Date of Sample	Result

Name of Completing Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

Job Title: \_\_\_\_\_

### Clinical Categories:

#### *Phase 1. May 25*

Intensive Care Unit /High Dependency Unit

Decreased Consciousness

Immunodeficiency: Disease, Cancer, Diabetes Mellitus, Drug Induced

Scheduled for Surgery

Hospital Deaths

#### *Phase 2 June 22*

Over 60 years

#### *Phase 3 July 20*

All admissions (under consideration)

To be sent to:

1. NPHL

2. Surveillance MOHW

3. HSPI MOHW

## APPENDIX 14a: COMMUNITY PROFILE FORM

### Instructions

Please indicate below all the relevant information about the community of interest by using a tick (✓) or writing. Where information is not available or relevant please insert N/A. Also to complete the communities profile please prepare and attach a map of the relevant community.

### Community Demographics

Date	Name of Data Collector			Parish				
Community Name				Community Map attached Yes [ ] No [ ]				
Type of Community Rural <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Other <input type="checkbox"/>				Population Size Total                                  Male                                  Female				
Age Distribution	0-9	10-19	20-29	30-39	40-49	50-59	60-69	≥70
<b>Number of households / premises in the community</b>  								
<b>Most common type of households in the community</b> Separate house – Detached <input type="checkbox"/> Improved housing unit <input type="checkbox"/> Other specify _____  								
<b>Primary community source of water?</b> Piped into house <input type="checkbox"/> Piped into yard <input type="checkbox"/> Community standpipe <input type="checkbox"/> Trucked into community <input type="checkbox"/> Private catchment / tank <input type="checkbox"/> No regular source <input type="checkbox"/> Other : _____  								

Signature

Name

\_\_\_\_\_  
Signature of the Person Submitting this Form

\_\_\_\_\_  
Name of the Person Submitting this Form  
(print)

Date of Signature

\_\_\_\_\_  
MM      DD      YY



□ RKA BUILDING, 10-16 GRENADA WAY □ 45-47 BARBADOS AVENUE □ 24-26 GRENADA CRESCENT □ 10<sup>A</sup> CHELSEA AVENUE  
KINGSTON 5, JAMAICA, W.I.  
Tel: (876) 633-7400/7433/7771/8172/8174  
Website: [www.moh.gov.jm](http://www.moh.gov.jm)

## APPENDIX 14b: COVID-19 COMMUNITY SURVEILLANCE SUMMARY REPORTING FORM

Parish: \_\_\_\_\_

Date of Report: \_\_\_\_\_

COMMUNITY SURVEILLANCE						
Location/ Community	Total Persons Assessed	Total Samples Taken	Results Received	Results Outstanding	No. Negative	No. Positive
<b>Total</b>						

Report Prepared by: \_\_\_\_\_

Position of Reporter: \_\_\_\_\_

Parish MO(H) Signature: \_\_\_\_\_

## APPENDIX 14c: COMMUNITY SURVEILLANCE HOUSEHOLD ASSESSMENT FORM

COMMUNITY LEVEL INFORMATION					
Household ID:		Parish		Community	
Dwelling			Household		
DATA COLLECTOR INFORMATION					
Name:		Substantive post [1]MO [2] PHN/RM/RN [3]PHI [4]CHA [5]Other			
Telephone: (876)		Email:			
HOUSEHOLD INFORMATION					
Number of occupants in the household:				Number of household members present today:	
Number of rooms in the dwelling:				Number of rooms where people sleep:	
What Type of Housing Unit Is This?					
<input type="checkbox"/> Separate House-Detached		<input type="checkbox"/> Apartment Building		<input type="checkbox"/> Townhouse	
<input type="checkbox"/> Part of Commercial Building		<input type="checkbox"/> Improved Housing Unit		<input type="checkbox"/> Other Attached	
		<input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Non-response	
Source Of Water:					
<input type="checkbox"/> Piped water into dwelling		<input type="checkbox"/> Piped into yard		<input type="checkbox"/> Community standpipe	
<input type="checkbox"/> Private catchment/tank		<input type="checkbox"/> No regular supply		<input type="checkbox"/> Other , specify _____	
				<input type="checkbox"/> Trucked into community	
				<input type="checkbox"/> Non response	
Have you had problems accessing water this month:					
<input type="checkbox"/> (1)None		<input type="checkbox"/> (2) Nightly lock-offs		<input type="checkbox"/> (3) Service disconnected due to non-payment	
				<input type="checkbox"/> (4)Tank is low due to lack of rainfall	
				<input type="checkbox"/> (5)Other	
Disposal of Sanitary Waste					
<input type="checkbox"/> (1) Flush toilet, linked to sewer main		<input type="checkbox"/> (2) Flush toilet, not linked to sewer main (private septic system)		<input type="checkbox"/> (3) Pit latrine	
<input type="checkbox"/> (5) Other (Specify)				<input type="checkbox"/> (4)None	
				<input type="checkbox"/> (6) Refused to answer	
HOUSEHOLDER MEDICAL HISTORY Tick(✓) all that apply					
NAME( ID NO.	AGE-	SEX	CHRONIC HEALTH CONDITION		
				Doctor prescribed medication	Currently taking prescribed medication?
1.		M <input type="checkbox"/> F <input type="checkbox"/>	Diabetes Mellitus <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Lupus ( SLE) <input type="checkbox"/> Other <input type="checkbox"/> Cancer <input type="checkbox"/> <input type="checkbox"/> Heart Disease <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Rheumatoid Kidney disease <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.		M <input type="checkbox"/> F <input type="checkbox"/>	Diabetes Mellitus <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Lupus ( SLE) <input type="checkbox"/> Other <input type="checkbox"/> Cancer <input type="checkbox"/> <input type="checkbox"/> Heart Disease <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Rheumatoid Kidney disease <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.		M <input type="checkbox"/> F <input type="checkbox"/>	Diabetes Mellitus <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Lupus ( SLE) <input type="checkbox"/> Other <input type="checkbox"/> Cancer <input type="checkbox"/> <input type="checkbox"/> Heart Disease <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Rheumatoid Kidney disease <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.		M <input type="checkbox"/> F <input type="checkbox"/>	Diabetes Mellitus <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Lupus ( SLE) <input type="checkbox"/> Other <input type="checkbox"/> Cancer <input type="checkbox"/> <input type="checkbox"/> Heart Disease <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Rheumatoid Kidney disease <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.		M <input type="checkbox"/> F <input type="checkbox"/>	Diabetes Mellitus <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Lupus ( SLE) <input type="checkbox"/> Other <input type="checkbox"/> Cancer <input type="checkbox"/> <input type="checkbox"/> Heart Disease <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Rheumatoid Kidney disease <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.		M <input type="checkbox"/> F <input type="checkbox"/>	Diabetes Mellitus <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Lupus ( SLE) <input type="checkbox"/> Other <input type="checkbox"/> Cancer <input type="checkbox"/> <input type="checkbox"/> Heart Disease <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Rheumatoid Kidney disease <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.		M <input type="checkbox"/> F <input type="checkbox"/>	Diabetes Mellitus <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Lupus ( SLE) <input type="checkbox"/> Other <input type="checkbox"/> Cancer <input type="checkbox"/> <input type="checkbox"/> Heart Disease <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Rheumatoid Kidney disease <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.		M <input type="checkbox"/> F <input type="checkbox"/>	Diabetes Mellitus <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Lupus ( SLE) <input type="checkbox"/> Other <input type="checkbox"/> Cancer <input type="checkbox"/> <input type="checkbox"/> Heart Disease <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Rheumatoid Kidney disease <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.		M <input type="checkbox"/> F <input type="checkbox"/>	Diabetes Mellitus <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Lupus ( SLE) <input type="checkbox"/> Other <input type="checkbox"/> Cancer <input type="checkbox"/> <input type="checkbox"/> Heart Disease <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Rheumatoid Kidney disease <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.		M <input type="checkbox"/> F <input type="checkbox"/>	Diabetes Mellitus <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Lupus ( SLE) <input type="checkbox"/> Other <input type="checkbox"/> Cancer <input type="checkbox"/> <input type="checkbox"/> Heart Disease <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Rheumatoid Kidney disease <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

***If additional householders are present, please use an another form!***



HOUSEHOLDER INFLUENZA LIKE ILLNESS INFORMATION		
1. Initial	Fever ≥38°C□ Chills□Fatigue□Muscle ache □Sore throat□Cough □Runny nose□Shortness of breath□Wheezing□ Chest pain□Headache Loss of taste□Loss of smell□Abdominal pain□ Diarrhoea□ Other□ Specify other_____	Did any of your symptoms require you to seek medical attention? YES □ NO□
		If yes, specify where? Public hospital□ Private hospital□ Private doctor□Other□
		Did any of your symptoms require you to miss work? Yes □ NO □
		If yes how long
		Were you admitted to hospital because of any of these symptoms? Yes □ NO □
		If yes , date /place of admission
		Date of discharge ?
		2. Initial
If yes, specify where? Public hospital□ Private hospital□ Private doctor□Other□		
Did any of your symptoms require you to miss work? Yes □ NO □		
If yes how long		
Were you admitted to hospital because of any of these symptoms? Yes □ NO □		
If yes , date /place of admission		
Date of discharge ?		
3. Initial	Fever ≥38°C□ Chills□Fatigue□Muscle ache □Sore throat□Cough □Runny nose□Shortness of breath□Wheezing□ Chest pain□Headache Loss of taste□Loss of smell□Abdominal pain□ Diarrhoea□ Other□ Specify other_____	
		If yes, specify where? Public hospital□ Private hospital□ Private doctor□Other□
		Did any of your symptoms require you to miss work? Yes □ NO □
		If yes how long
		Were you admitted to hospital because of any of these symptoms? Yes □ NO □
		If yes , date /place of admission
		Date of discharge ?
		4. Initial
If yes, specify where? Public hospital□ Private hospital□ Private doctor□Other□		
Did any of your symptoms require you to miss work? Yes □ NO □		
If yes how long		
Were you admitted to hospital because of any of these symptoms? Yes □ NO □		
If yes , date /place of admission		
Date of discharge ?		
5. Initial	Fever ≥38°C□ Chills□Fatigue□Muscle ache □Sore throat□Cough □Runny nose□Shortness of breath□Wheezing□ Chest pain□Headache Loss of taste□Loss of smell□Abdominal pain□ Diarrhoea□ Other□ Specify other_____	
		If yes, specify where? Public hospital□ Private hospital□ Private doctor□Other□
		Did any of your symptoms require you to miss work? Yes □ NO □
		If yes how long
		Were you admitted to hospital because of any of these symptoms? Yes □ NO □
		If yes , date /place of admission
		Date of discharge ?
		6. Initial
If yes, specify where? Public hospital□ Private hospital□ Private doctor□Other□		
Did any of your symptoms require you to miss work? Yes □ NO □		
If yes how long		
Were you admitted to hospital because of any of these symptoms? Yes □ NO □		
If yes , date /place of admission		
Date of discharge ?		
8. Initial	Fever ≥38°C□ Chills□Fatigue□Muscle ache □Sore throat□Cough □Runny nose□Shortness of breath□Wheezing□ Chest pain□Headache Loss of taste□Loss of smell□Abdominal pain□ Diarrhoea□ Other□ Specify other_____	
		If yes, specify where? Public hospital□ Private hospital□ Private doctor□Other□
		Did any of your symptoms require you to miss work? Yes □ NO □
		If yes how long
		Were you admitted to hospital because of any of these symptoms? Yes □ NO □
		If yes , date /place of admission
		Date of discharge ?
		9. Initial
If yes, specify where? Public hospital□ Private hospital□ Private doctor□Other□		
Did any of your symptoms require you to miss work? Yes □ NO □		
If yes how long		
Were you admitted to hospital because of any of these symptoms? Yes □ NO □		
If yes , date /place of admission		
Date of discharge ?		
10. Initial	Fever ≥38°C□ Chills□Fatigue□Muscle ache □Sore throat□Cough □Runny nose□Shortness of breath□Wheezing□ Chest pain□Headache Loss of taste□Loss of smell□Abdominal pain□ Diarrhoea□ Other□ Specify other_____	
		If yes, specify where? Public hospital□ Private hospital□ Private doctor□Other□
		Did any of your symptoms require you to miss work? Yes □ NO □
		If yes how long
		Were you admitted to hospital because of any of these symptoms? Yes □ NO □
		If yes , date /place of admission
		Date of discharge ?



## GLOSSARY

<b>Admitted Lower Respiratory Tract Infection (aLRTI) / Pneumonia</b>	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.
<b>Close Contact</b>	Any person who had contact (within 1 metre) of a confirmed case during their symptomatic period, including 4 days before symptom onset.
<b>Community</b>	Collection of enumeration districts (EDs) defined geographically by STATIN.
<b>Confirmed Case</b>	A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms
<b>Conjugate Living Facilities</b>	Two or more people living together in non-domestic residences including residential institutions such as places of safety, boarding schools, dormitories, hostels, nursing homes or prisons. These should be evaluated and documented separately as transmission risk is high in such settings.
<b>Contact</b>	A person who experienced any one of the following exposures (face-to-face, direct physical contact, or direct care for a patient) during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case. All individuals associated with some sphere of activity of the case, who may have similar or other exposures as the case. Contacts can include household members, other family contacts, neighbours, visitors, colleagues, teachers, classmates, co-workers, social or health workers, members of a social group.
<b>Correctional Facilities</b>	Enclosed environments where both staff and inmates interact in close proximity
<b>COVID-19 Death</b>	A death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID-19 disease (e.g. trauma). There should be no period of complete recovery between the illness and death
<b>General Staff</b>	Staff involved in the provision of medical care for inmates but can be exposed to infectious agents, which may be transferred to inmates. These persons include correctional officers, police officers, security guards, clerical, dietary, cleaning, laundry, security, engineering and facilities management, administrative, and volunteer personnel.
<b>Health Care Personnel</b>	Medical officers, nurses, nursing assistants, technicians, and therapists who are directly involved in medical care of the inmates / nursing home residents.

<b>Health Care Worker</b>	For the purposes of COVID-19 surveillance refers to 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. Health care workers include but are not limited to 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.
<b>Infirmiry Staff</b>	Infirmiry staff constitute nurses, nursing assistants, physicians, technicians, therapists, contractual staff not employed by the healthcare facility who are directly involved in patient care. Other staff may not be involved in the provision of care for residents but can be exposed to infectious agents, which may be transferred to residents. These persons will be included for surveillance purposes and include clerical, dietary, cleaning, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel.
<b>Influenza-Like Illness (ILI)</b>	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.
<b>Inmate</b>	A person who is involuntarily confined to a correctional facility.
<b>Probable Case</b>	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.
<b>Severe Acute Respiratory Illness (SARI)</b>	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.

## **Suspected Case**

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 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.

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