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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.

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 10th of March 2020. Transmission Patterns for Jamaica include:

<table>
<thead>
<tr>
<th>Date of Transmission Pattern Jamaica</th>
<th>Category</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to March 9, 2020</td>
<td>No cases</td>
<td>Countries/territories/areas with no cases</td>
</tr>
<tr>
<td>March 10, 2020</td>
<td>Sporadic cases</td>
<td>Countries/territories/areas with one or more cases, imported or locally detected</td>
</tr>
<tr>
<td>March 14, 2020</td>
<td>Clusters of cases</td>
<td>Countries/territories/areas experiencing cases, clustered in time, geographic location and/or by common exposures</td>
</tr>
<tr>
<td>September 2, 2020</td>
<td>Community transmission</td>
<td>Countries/area/territories experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Large numbers of cases not linkable to transmission chains</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Large numbers of cases from sentinel lab surveillance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Multiple unrelated clusters in several areas of the country/territory/area</td>
</tr>
</tbody>
</table>

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

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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
CASE BASED SURVEILLANCE

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

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.

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


Probable Case

✓ 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

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

ACTION: MAINTAIN ISOLATION

COVID-19 Death

✓ 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

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3 https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200609-covid-19-sitrep-141.pdf?sfvrsn=72fa1b16_2
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
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).
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.
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.
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 complete as possible.
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.
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).
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
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
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 I 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.
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.
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.
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

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.
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

✓ 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.

4 https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200609-covid-19-sitrep-141.pdf?sfvrsn=72fa1b16_2
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.
SPECIMEN COLLECTION AND TESTING

WHO 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.

---

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.
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).
### APPENDIX 1: CLASS 1 NOTIFICATION FORM

#### CLASS 1 REPORTING FORM - INDIVIDUAL NOTIFICATION (ON SUSPICION)

<table>
<thead>
<tr>
<th>Date of Report: <strong><strong><strong>/</strong></strong>_/</strong>___ (DD/MM/YY)</th>
<th>NEW CASE / PREVIOUSLY REPORTED CASE</th>
<th>(Circle One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis:</td>
<td></td>
<td></td>
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</table>

#### Case Demographic Information

<table>
<thead>
<tr>
<th>Name (including pet name):</th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Age:</td>
<td>D.O.B:</td>
<td>/ / (dd/mm/yy)</td>
</tr>
<tr>
<td>Lot #:</td>
<td>Street:</td>
<td>Street Type:</td>
</tr>
<tr>
<td>(Include Landmark):</td>
<td>(Name):</td>
<td>(Drive, Road, Close etc)</td>
</tr>
<tr>
<td>Community:</td>
<td>Neighbouring Community/District:</td>
<td>Parish:</td>
</tr>
<tr>
<td>Workplace/School:</td>
<td>Occupation:</td>
<td></td>
</tr>
<tr>
<td>(H) Phone #:</td>
<td>History of overseas travel in past 4-6 weeks? Y / N</td>
<td></td>
</tr>
<tr>
<td>(Wk) Phone #:</td>
<td>Specify area/country:</td>
<td></td>
</tr>
<tr>
<td>Name of NOK/Parent:</td>
<td>Relationship to case:</td>
<td></td>
</tr>
<tr>
<td>Address of NOK/Parent:</td>
<td>Phone No.:</td>
<td></td>
</tr>
</tbody>
</table>

#### Clinical Information:

<table>
<thead>
<tr>
<th>Symptoms:</th>
<th>Hosp./Facility Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medical Record #:</td>
<td></td>
</tr>
<tr>
<td>Date of onset:</td>
<td>Case admitted to Hosp?: Y / N (Circle one)</td>
<td></td>
</tr>
<tr>
<td>Spousal Taken: Y / N Type:</td>
<td>Date of Admission:</td>
<td></td>
</tr>
<tr>
<td>Specimen Date:</td>
<td>Lab.:</td>
<td></td>
</tr>
<tr>
<td>Result (s):</td>
<td>If dead, Date of Death:</td>
<td></td>
</tr>
</tbody>
</table>

#### Notifier Information

<table>
<thead>
<tr>
<th>Name of Notifier:</th>
<th>Phone #:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ministry of Health. Surveillance Unit. July 2020
APPENDIX 2: CASE INVESTIGATION FORM

COVID-19 Surveillance Case Investigation Form

<table>
<thead>
<tr>
<th>Date of Reporting:</th>
<th>Region:</th>
<th>Parish:</th>
<th>Ward:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor:</td>
<td>Hospital / Site:</td>
<td>Phone #:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital/Medical Record Number:</th>
<th>NEW CASE</th>
<th>UPDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>First Name:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Age:</td>
<td>Sex: MALE</td>
</tr>
<tr>
<td>Country of Residence:</td>
<td>Parish:</td>
<td>Community:</td>
</tr>
<tr>
<td>Street #:</td>
<td>Street Name:</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CLINICAL &amp; EPIDEMIOLOGICAL PROFILE</th>
</tr>
</thead>
</table>

**CLINICAL PROFILE**

<table>
<thead>
<tr>
<th>History of Fever or Fever over 38°C (&lt;10 days)</th>
<th>Yes</th>
<th>No</th>
<th>Recorded temperature</th>
<th>°C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>Yes</td>
<td>No</td>
<td>Difficulty Breathing/Wheezing</td>
<td>Yes</td>
</tr>
<tr>
<td>Rhinorrhea</td>
<td>Yes</td>
<td>No</td>
<td>Dyspnea/Techniques</td>
<td>Yes</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>Yes</td>
<td>No</td>
<td>Nasal/Oral</td>
<td>Yes</td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td>Yes</td>
<td>No</td>
<td>Wheezing</td>
<td>Yes</td>
</tr>
<tr>
<td>Loss of smell (Anosmia)</td>
<td>Yes</td>
<td>No</td>
<td>Headache</td>
<td>Yes</td>
</tr>
<tr>
<td>Loss of Taste (Ageusia)</td>
<td>Yes</td>
<td>No</td>
<td>Malaise</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**RISK FACTORS**

<table>
<thead>
<tr>
<th>Pregnancy</th>
<th>Yes</th>
<th>No</th>
<th>Respiratory disease including COPD</th>
<th>Yes</th>
<th>No</th>
<th>Immunocompromised due to disease or treatment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Mellitus</td>
<td>Yes</td>
<td>No</td>
<td>Neurological Disease</td>
<td>Yes</td>
<td>No</td>
<td>Malignancy</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sickle Cell Disease</td>
<td>Yes</td>
<td>No</td>
<td>Liver Disease</td>
<td>Yes</td>
<td>No</td>
<td>Hyperension</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>Yes</td>
<td>No</td>
<td>Renal Disease</td>
<td>Yes</td>
<td>No</td>
<td>Obesity</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**EPIDEMIOLOGICAL PROFILE**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Health Care Worker</th>
<th>Health Laboratory Worker</th>
<th>Working with Animals</th>
<th>Student</th>
<th>Other, please specify:</th>
</tr>
</thead>
</table>

**CONTACT HISTORY**

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

- Have close contact with a person who is under investigation for COVID-19? □ Y □ N □ Unknown

Have close contact with a laboratory-confirmed COVID-19 case?

- If yes:
  - Where: Home □ Work □ Health Care Setting □ Other, please specify: □ Y □ N □ Unknown

- In which country was the contact diagnosed with COVID-19? □ Y □ N □ Unknown

| 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
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, where: Home □ Work □ Health Care Setting □ Other, please specify:</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Prepared by the National Surveillance Unit, Ministry of Health & Wellness

Revised – 2020/07/08


29

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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
APPENDIX 4: CASE FOLLOW-UP FORM

### COVID-19 Case Follow-up Form

**Date of Reporting:**

**Region:**

**Doctor:**

**Hospital / Site:**

**Email:**

**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

<table>
<thead>
<tr>
<th>SYMPTOM/SIGN</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sore throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Runny nose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### COMPLICATIONS

- **Acute Respiratory Distress Syndrome**
  - **Date:**
  - **Anosmia:** Yes □ No □
  - **Seizures:** Yes □ No □

- **Acute Renal Failure**
  - **Date:**
  - **Fatigue:** Yes □ No □
  - **Altered consciousness:** Yes □ No □

- **Cardiac Failure**
  - **Date:**
  - **Joint Pain:** Yes □ No □
  - **Nosebleed:** Yes □ No □

- **Consumptive Coagulopathy**
  - **Date:**
  - **Muscle Pain:** Yes □ No □
  - **Other signs/symptoms (specify):**

- **Pneumonia by chest X-ray**
  - **Date:**
  - **Chills:** Yes □ No □
  - **Other signs/symptoms (specify):**

**Admitted to ICU:** Yes □ No □

**If Yes, Date admitted to ICU:**

**Date Discharged from ICU:**

**Mechanical Ventilation:** Yes □ No □

**If Yes, Date started:**

**Date stopped:**

**Length of Ventilation (days):**

**Extracorporeal Membrane Oxygenation:** Yes □ No □

### LABORATORY DATA

#### MOLECULAR TESTING

<table>
<thead>
<tr>
<th>Sample Type</th>
<th>Collection Date</th>
<th>Test Type</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasopharyngeal</td>
<td></td>
<td>PCR</td>
<td>Other</td>
</tr>
<tr>
<td>Oropharyngeal</td>
<td></td>
<td>PCR</td>
<td>Other</td>
</tr>
<tr>
<td>Sputum</td>
<td></td>
<td>PCR</td>
<td>Other</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td>PCR</td>
<td>Other</td>
</tr>
</tbody>
</table>

**COVID-19**

**Result Date:**

#### SEROLOGICAL TESTING

<table>
<thead>
<tr>
<th>Sample Type</th>
<th>Collection Date</th>
<th>Test Type</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum</td>
<td>Date</td>
<td>IgM</td>
<td>Other</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td>IgG</td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

**Result Date:**

**Serology:**

**Titer:**

**Negative □ Indeterminate □**

**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

2020/09/15
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
APPENDIX 6: PARISH DAILY CONTACT TRACING SURVEILLANCE REPORTING FORM

Parish: ____________________________ Date of Report: __________________________

CONTACT TRACING SUMMARY REPORT

<table>
<thead>
<tr>
<th>CONFIRMED CASE’S INITIALS</th>
<th>Total No. of Households visited (cum)</th>
<th>Total No. of Overall Contacts Identified</th>
<th>Total No. of Community Contacts Identified</th>
<th>Total No. of Community Contacts Currently being Followed</th>
<th>Total No. of Close Contacts Identified</th>
<th>Total No. of Close Contacts Ever Followed</th>
<th>Total No. of Close Contact Currently being Followed</th>
<th>Total No. of contacts currently symptomatic</th>
<th>Total No. of contacts currently isolated</th>
</tr>
</thead>
<tbody>
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Report Prepared by: _________________________________________________________________
Position of Reporter: __________________________________________________________________
Parish MO(H) signature: ________________________________________________________________

### APPENDIX 7: HEALTH CARE WORKER EXPOSURE LINE LISTING TEMPLATE

<table>
<thead>
<tr>
<th>Name of COVID-19 positive patient</th>
<th>Name of HCW contact</th>
<th>Age</th>
<th>Sex</th>
<th>Occupation/job title</th>
<th>Type of exposure</th>
<th>Risk category (high/low)</th>
<th>Date of first contact</th>
<th>Date of last contact</th>
<th>Date Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>
## APPENDIX 8: HEALTH CARE WORKER SYMPTOM DIARY

<table>
<thead>
<tr>
<th>Day</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No symptoms (check if none experienced)</td>
</tr>
<tr>
<td>0</td>
<td>□ None</td>
</tr>
<tr>
<td>1</td>
<td>□ None</td>
</tr>
<tr>
<td>2</td>
<td>□ None</td>
</tr>
<tr>
<td>3</td>
<td>□ None</td>
</tr>
<tr>
<td>4</td>
<td>□ None</td>
</tr>
<tr>
<td>6</td>
<td>□ None</td>
</tr>
<tr>
<td>7</td>
<td>□ None</td>
</tr>
<tr>
<td>8</td>
<td>□ None</td>
</tr>
<tr>
<td>9</td>
<td>□ None</td>
</tr>
<tr>
<td>10</td>
<td>□ None</td>
</tr>
<tr>
<td>11</td>
<td>□ None</td>
</tr>
<tr>
<td>12</td>
<td>□ None</td>
</tr>
<tr>
<td>13</td>
<td>□ None</td>
</tr>
<tr>
<td>14</td>
<td>□ None</td>
</tr>
<tr>
<td>15</td>
<td>□ None</td>
</tr>
<tr>
<td>16</td>
<td>□ None</td>
</tr>
<tr>
<td>17</td>
<td>□ None</td>
</tr>
<tr>
<td>18</td>
<td>□ None</td>
</tr>
<tr>
<td>19</td>
<td>□ None</td>
</tr>
<tr>
<td>20</td>
<td>□ None</td>
</tr>
<tr>
<td>21</td>
<td>□ None</td>
</tr>
</tbody>
</table>
APPENDIX 9: TAKING A NASOPHYARYNGEAL SAMPLE

TAKING A NASOPHYARYNGEAL 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
**APPENDIX 10: JAMAICA: LABORATORY SURVEILLANCE INVESTIGATION FORM**

### JAMAICA: Laboratory Surveillance Investigation Form

<table>
<thead>
<tr>
<th><strong>1. Patient Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>Gender □ M □ F</td>
</tr>
<tr>
<td>Street:</td>
</tr>
<tr>
<td>Tel:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>2. Referring Doctor</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant:</td>
</tr>
<tr>
<td>Reporting Address:</td>
</tr>
<tr>
<td>Date Specimen Taken: YY/MM/DD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>3. Provisional Diagnosis</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(eg. Diabetics, Hypertensives)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>4. Food/Animal/Environment Sample Details (if relevant)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen ID:</td>
</tr>
<tr>
<td>□ Outbreak</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>5. Case/Specimen Status</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Single case</td>
</tr>
<tr>
<td>Date of Onset of Illness: YY/MM/DD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>6. Date of Onset of Illness</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Hospitalized</td>
</tr>
<tr>
<td>□ Y □ N □ DK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>7. Outcome</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Hospitalized</td>
</tr>
<tr>
<td>□ Y □ N □ DK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>8. Signs and Symptoms</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Fever — Temp. — Onset: YY/MM/DD</td>
</tr>
<tr>
<td>□ Rash — Location: — Onset: YY/MM/DD</td>
</tr>
<tr>
<td>□ Pain — Location:</td>
</tr>
<tr>
<td>□ Haemorrhagic symptoms — describe</td>
</tr>
<tr>
<td>□ Paralysis — Location: — Onset: YY/MM/DD</td>
</tr>
<tr>
<td>□ Chronic Conditions</td>
</tr>
<tr>
<td>□ Altered mental state</td>
</tr>
<tr>
<td>□ Hepatomegaly</td>
</tr>
<tr>
<td>□ Clysis</td>
</tr>
<tr>
<td>□ Circulatory collapse</td>
</tr>
<tr>
<td>□ Jaundice</td>
</tr>
<tr>
<td>□ Conjunctivitis</td>
</tr>
<tr>
<td>□ Lymphadenopathy</td>
</tr>
<tr>
<td>□ Convulsions</td>
</tr>
<tr>
<td>□ Kernig’s sign</td>
</tr>
<tr>
<td>□ Cough</td>
</tr>
<tr>
<td>□ Vomiting</td>
</tr>
<tr>
<td>□ Cough</td>
</tr>
<tr>
<td>□ Weakness of limbs</td>
</tr>
<tr>
<td>□ Diarrhoea</td>
</tr>
<tr>
<td>□ Weight loss</td>
</tr>
<tr>
<td>□ Failure to thrive</td>
</tr>
<tr>
<td>□ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>9. Syndromic Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Acute Flaccid Paralysis</td>
</tr>
<tr>
<td>□ Fever &amp; Rash</td>
</tr>
<tr>
<td>□ Gastroenteritis</td>
</tr>
<tr>
<td>□ Fever &amp; Respiratory</td>
</tr>
<tr>
<td>□ Fever &amp; Hemorrhagic</td>
</tr>
<tr>
<td>□ Fever &amp; Neurologic</td>
</tr>
<tr>
<td>□ Fever (undifferentiated)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>10. Immunization History</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>EPI No:</td>
</tr>
<tr>
<td>DPT: □ Y □ N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Physician / ERG Use</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Type of Specimen:</td>
</tr>
<tr>
<td>Date Specimen Collected:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Laboratory Use</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Received at Nat Lab:</td>
</tr>
<tr>
<td>Test(s) Performed:</td>
</tr>
<tr>
<td>Laboratory diagnosis:</td>
</tr>
<tr>
<td>Name of Testing Lab:</td>
</tr>
</tbody>
</table>

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

---


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APPENDIX 11: ENHANCED RESPIRATORY INFECTION SURVEILLANCE REPORTING REQUIREMENTS FLOW CHART

SARI
SARI Sentinel Sites

- Complete Case Investigation
- Take a Sample
- Complete Lab Form
- Enter Case in PAHO Flu

REPORTING:
Daily
- Complete Enhanced Hospital SARI / ILI / aLRTI Sentinel Site Surveillance Reporting Form
- Enter Case in PAHO Flu
- Line Listing of Samples Taken

Weekly
- Complete Enhanced Hospital SARI / ILI / aLRTI Surveillance Reporting Form

SARI
ALL HOSPITALS

- Take a Sample of All Cases
- Complete Lab Form

REPORTING:
Daily
- Complete Line Listing of Samples Taken

Weekly
- Complete Enhanced Hospital SARI / ILI / aLRTI Surveillance Reporting Form

aLRTI
ALL HOSPITALS

- Take a Sample of All Cases
- Complete Lab Form

REPORTING:
Daily
- Complete Line Listing of Samples Taken

Weekly
- Complete Enhanced Hospital SARI / ILI / aLRTI Surveillance Reporting Form

ILI
ALL HOSPITALS & HEALTH CENTRES

- Take a Sample of All Cases
- Complete Lab Form

REPORTING:
Daily
- Complete Line Listing of Samples Taken

Weekly (ILI Sentinel Sites)
- Weekly Sentinel Surveillance Report
- Enter Numbers - ILI / Samples / Total Visits - in PAHO Flu System

**APPENDIX 12: ENHANCED HOSPITAL SARI/ILI/aLRTI SURVEILLANCE REPORTING FORM**

Parish: ____________________ Institution: ____________________ Epidemiological Week #: ________________ Reporting: Daily Weekly

<table>
<thead>
<tr>
<th>Surveillance of Severe Acute Respiratory Infection (SARI)</th>
<th>Reporting Date: ________________</th>
<th>&lt; 6 mths</th>
<th>6-11 mths</th>
<th>12-23 mths</th>
<th>2-4 yrs</th>
<th>5-14 yrs</th>
<th>15-49 yrs</th>
<th>50-59 yrs</th>
<th>60-64 yrs</th>
<th>≥ 65 yrs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARI Admissions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SARI Deaths</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>SARI ICU Admissions</td>
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<td>Total ICU Admissions</td>
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<td>SARI Samples taken</td>
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<tr>
<td>Hospital medical admissions</td>
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<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Deaths in medical admissions</td>
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<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Hospital Admissions</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Deaths in hospitalized patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SARI Entered into PAHO Flu</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>UTM in Stock</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Influenza-Like Illness (ILI)</th>
<th>Admitted Lower Respiratory Tract Infection (aLRTI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>&lt; 5 yrs</td>
</tr>
<tr>
<td>ILI Cases</td>
<td></td>
</tr>
<tr>
<td>ILI Samples Taken</td>
<td></td>
</tr>
<tr>
<td>Total Visits</td>
<td></td>
</tr>
</tbody>
</table>

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 constitute all deaths in the medical ward; in medical patients in the paediatric ward; and in medical patients in the intensive care unit.
- Hospital admissions constitute all admissions to hospital.
- Deaths in hospitalized patients constitute all deaths in those admitted to hospital.
- Total visits constitute all visits to hospital A&E.
- Form should be submitted to the surveillance unit, along with other parish weekly surveillance reports.
# APPENDIX 13: GENERAL HOSPITAL SURVEILLANCE LINE LISTING FOR COVID-19 TESTING

<table>
<thead>
<tr>
<th>Reg. No</th>
<th>Surname</th>
<th>First Name</th>
<th>Age</th>
<th>Sex (M/F)</th>
<th>Clinical Category</th>
<th>Diagnosis</th>
<th>Ward</th>
<th>Specialty</th>
<th>Date of Sample</th>
<th>Result</th>
</tr>
</thead>
</table>

Name of Completing Officer: ________________________________  Signature: ____________________________  Job Title: ________________________________

**Clinical Categories:**

<table>
<thead>
<tr>
<th>Phase 1. May 25</th>
<th>Phase 2 June 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive Care Unit /High Dependency Unit  Decreased Consciousness  Immunodeficiency: Disease, Cancer, Diabetes Mellitus, Drug Induced  Scheduled for Surgery  Hospital Deaths</td>
<td>Over 60 years  Phase 3 July 20  All admissions (under consideration)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Data Collector</th>
<th>Parish</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Name</th>
<th>Community Map attached Yes [ ] No[ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Community</th>
<th>Population Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural ☐ Urban ☐ Suburban ☐ Other ☐</td>
<td>Total Male Female</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Distribution</th>
<th>0-9</th>
<th>10-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>&gt;70</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Number of households / premises in the community**

<table>
<thead>
<tr>
<th>Most common type of households in the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate house – Detached ☐ Improvised housing unit ☐ Other specify______________________________________________</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Primary community source of water?**

| Piped into house ☐ Piped into yard ☐ Community standpipe ☐ Trucked into community ☐ Private catchment / tank ☐ |
|                                                                                                               |
| No regular source ☐ Other :_______________________________________________________________________________|
|                                                                                                               |

**Signature**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of the Person Submitting this Form</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the Person Submitting this Form (print)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM DD YY</td>
</tr>
</tbody>
</table>

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

Parish: _______________________________  Date of Report: _______________________________

<table>
<thead>
<tr>
<th>Location/Community</th>
<th>Total Persons Assessed</th>
<th>Total Samples Taken</th>
<th>Results Received</th>
<th>Results Outstanding</th>
<th>No. Negative</th>
<th>No. Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

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:  
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?

☐ Separate House-Detached  ☐ Apartment Building  ☐ Townhouse  ☐ Other Attached  
☐ Part of Commercial Building  ☐ Improvised Housing Unit  ☐ Other (Specify)  ☐ Non-response  

Source Of Water:

☐Piped water into dwelling  ☐Piped into yard  ☐Community standpipe  ☐Trucked into community  
☐Private catchment/tank  ☐No regular supply  ☐Other , specify______________  ☐Non response  

Have you had problems accessing water this month:

☐ (1)None  ☐ (2) Nightly lock-offs  ☐ (3) Service disconnected due to non-payment  ☐ (4)Tank is low due to lack of rainfall  ☐(5)Other  

Disposal of Sanitary Waste:

☐(1) Flush toilet, linked to sewer main  ☐(2) Flush toilet, not linked to sewer main (private septic system)  ☐(3) Pit latrine  ☐(4)None  
☐(5) Other (Specify)  ☐(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. M2 F Diabetes Mellitus Hypertension Asthma Lupus (SLE) Other Cancer  
Heart Disease Sickle cell disease Rheumatoid Kidney disease  
Yes☐ No☐  
Yes☐ No☐  
2. M2 F Diabetes Mellitus Hypertension Asthma Lupus (SLE) Other Cancer  
Heart Disease Sickle cell disease Rheumatoid Kidney disease  
Yes☐ No☐  
Yes☐ No☐  
3. M2 F Diabetes Mellitus Hypertension Asthma Lupus (SLE) Other Cancer  
Heart Disease Sickle cell disease Rheumatoid Kidney disease  
Yes☐ No☐  
Yes☐ No☐  
4. M2 F Diabetes Mellitus Hypertension Asthma Lupus (SLE) Other Cancer  
Heart Disease Sickle cell disease Rheumatoid Kidney disease  
Yes☐ No☐  
Yes☐ No☐  
5. M2 F Diabetes Mellitus Hypertension Asthma Lupus (SLE) Other Cancer  
Heart Disease Sickle cell disease Rheumatoid Kidney disease  
Yes☐ No☐  
Yes☐ No☐  

If additional householders are present, please use another form!

Page 44
<table>
<thead>
<tr>
<th>Initial</th>
<th>Fever ≥38◦C</th>
<th>Chills</th>
<th>Fatigue</th>
<th>Muscle ache</th>
<th>Headache</th>
<th>Loss of smell</th>
<th>Chest pain</th>
<th>Abdominal pain</th>
<th>Diarrhoea</th>
<th>Runny nose</th>
<th>Sore throat</th>
<th>Shortness of breath</th>
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## GLOSSARY

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<tr>
<th>Term</th>
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<tr>
<td><strong>Admitted Lower Respiratory Tract Infection (aLRTI) / Pneumonia</strong></td>
<td>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.</td>
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<td><strong>Close Contact</strong></td>
<td>Any person who had contact (within 1 metre) of a confirmed case during their symptomatic period, including 4 days before symptom onset.</td>
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<td><strong>Community</strong></td>
<td>Collection of enumeration districts (EDs) defined geographically by STATIN.</td>
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<td><strong>Confirmed Case</strong></td>
<td>A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.</td>
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<td><strong>Conjugate Living Facilities</strong></td>
<td>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.</td>
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<td><strong>Contact</strong></td>
<td>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.</td>
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<td><strong>Correctional Facilities</strong></td>
<td>Enclosed environments where both staff and inmates interact in close proximity.</td>
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<td><strong>COVID-19 Death</strong></td>
<td>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.</td>
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<td><strong>General Staff</strong></td>
<td>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.</td>
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<tr>
<td><strong>Health Care Personnel</strong></td>
<td>Medical officers, nurses, nursing assistants, technicians, and therapists who are directly involved in medical care of the inmates/nursing home residents.</td>
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Health Care Worker

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.

Infirmary Staff

Infirmary 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.

Influenza-Like Illness (ILI)

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.

Inmate

A person who is involuntarily confined to a correctional facility.

Probable Case

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.

Severe Acute Respiratory Illness (SARI)

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.