



Health and
Wellness

Prince Edward Island Guidelines for the Management and Control of COVID-19

March 2020

Department of Health and Wellness
Chief Public Health Office

Table of Contents

Case Definition (1).....	3
Person Under Investigation (PUI)	3
Confirmed Case	3
Probable Case	3
Prince Edward Island Exposure Criteria	4
Reporting Requirements.....	5
Etiology (4)	5
Clinical Presentation	5
Diagnosis	6
Epidemiology.....	6
Occurrence.....	6
Control (Appendix B).....	7
Person Under Investigation (PUI)	7
Management of a Case/PUI	7
Treatment of a Case.....	7
Management of Contacts	7
Self-Isolating in the Home Setting	7
Testing.....	8
Infection Prevention and Control in the Community	9
Infection Prevention and Control in the Healthcare Facility	9
Early Recognition and Source Control	9
Application of Routine Practices and Additional Precautions	10
Infection Prevention and Control Guidelines	10
References	12
Appendix A: Novel Coronavirus (COVID-19) Testing.....	13
Appendix B- Public Health Follow-up.....	14
Appendix C - Case Report form.....	20
Appendix D: Symptom Diary for Self- Isolation	20
March 24, 2020	1

COVID-19

Case Definition (1)

Person Under Investigation (PUI)

- A person with fever and/or cough who meets the exposure criteria and for whom a laboratory test for COVID-19¹ has been or is expected to be requested.

Note: There is limited evidence on the likelihood of COVID-19 presenting as a co-infection with other pathogens. At this time, the identification of one causative agent should not exclude COVID-19 where the index of suspicion² may be high.

Confirmed Case

A person with laboratory confirmation of infection with the virus that causes COVID-19 is performed at a reference laboratory (NML or a provincial public health laboratory), and consists of positive nucleic acid amplification tests³ (NAAT) on at least two specific genome targets or a single positive target with nucleic acid sequencing.

Positive laboratory tests at a non-reference laboratory require additional testing at a reference laboratory for confirmation.

Probable Case

A person:

- with fever (over 38.0 degrees Celsius) and/or new onset of (or exacerbation of chronic) cough
AND
- who meets the COVID-19 exposure criteria
AND
- in whom laboratory diagnosis of COVID-19 is
 - inconclusive⁴,
 - negative (if specimen quality or timing is suspect), or
 - positive but not confirmed by the National Microbiology Laboratory (NML) or provincial public health laboratory by nucleic acid amplification tests (NAAT)

¹ COVID-19 consists of the CO in coronavirus, VI in virus and D for disease; 19 stands for the year 2019 (formally 2019-nCoV)

² Other exposure scenarios not specifically mentioned here may arise and may be considered at jurisdictional discretion (e.g. history of being a patient in the same ward or facility during a nosocomial outbreak of COVID-19).

³ Nucleic acid amplification tests must be validated for detection of the virus that causes COVID-19. Laboratory tests are evolving for this emerging pathogen and laboratory testing recommendations will change accordingly as new assays are developed and validated.

⁴ Inconclusive is defined as a positive test on a single real-time PCR target or a positive test with an assay that has limited performance data available.

COVID-19

Prince Edward Island Exposure Criteria

In the 14 days⁵ before onset of illness, a person who:

- Traveled outside Prince Edward Island (PEI) OR
- Had close contact⁶ with a confirmed or probable case of COVID-19 within 14 days before their illness onset OR
- Had close contact with a person with acute respiratory illness who has travelled outside of PEI within 14 days prior to their illness onset OR
- Laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

Factors that raise the index of suspicion⁷ should also be considered.

NOTE: All patients who are admitted to the hospital with respiratory illness should be tested for COVID-19 (beginning March 23)

⁵ The incubation period of COVID-19 is unknown. SARS-CoV demonstrated a prolonged incubation period (median 4-5 days; range 2-10 days) compared to other human coronavirus infections (average 2 days: typical range 12 hours to 5 days). The incubation period for MERS-CoV is approximately 5 days (range 2-14 days). Allowing for variability and recall error and to establish consistency with the WHO COVID-19 case definition, exposure history based on the prior 14 days is recommended at this time.

⁶ Close contact is defined as a person who provided care for the patient, including health care workers, family members or other caregivers, or who had other similar close physical contact or who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

⁷ Other exposure scenarios not specifically mentioned here may arise and may be considered at jurisdictional discretion (e.g. history of being a patient in the same ward or facility during a nosocomial outbreak of COVID-19). All patients admitted to hospital with respiratory illness should be tested for COVID-19.

Reporting Requirements

1. Health Practitioners

Health practitioners, shall, in accordance with the [Notifiable Diseases and Conditions and Communicable Diseases Regulations](#), as part of the Prince Edward Island (PEI) [Public Health Act](#) (2) report all confirmed and probable cases by phone and mail, fax or electronic transfer, as soon as suspected to the Chief Public Health Officer (CPHO) (or designate) and in any case not later than 1 hour after observation, as per the [PEI Reporting Notifiable Diseases, Conditions, and Events Regulations](#) (3).

2. Laboratories

The Provincial Laboratory shall, in accordance with the PEI [Public Health Act](#) (2), report all positive laboratory results by phone and mail, fax or electronic transfer, as soon as the result is known, to the CPHO (or designate) and in any case not later than 1 hour after observation, as per the [PEI Reporting Notifiable Diseases, Conditions, and Events Regulations](#) (3).

3. Notification to the Public Health Agency of Canada (PHAC) will be reported by the Chief Public Health Officer or designate. Notification of confirmed and probable cases can be made to phac.hsfluepi.aspc@canada.ca during regular hours (0800-1700hrs ET). After regular business hours please contact the Public Health Agency of Canada's Health Portfolio Operations Centre (HPOC) Watch Office by phone (1-800-545-7661) or through the single window email: phac.aspc.hpoc-cops@canada.ca.

Etiology (4)

Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with Middle East Respiratory Syndrome (MERS), Severe Acute Respiratory Syndrome (SARS), and now with COVID-19.

Cases were initially linked to exposure to live animals at a seafood market in Wuhan City but the substantial increase in cases thereafter is due to human-to-human transmission of the virus.

The COVID-19 is an emerging respiratory pathogen with uncertain key epidemiological, clinical and virological characteristics.

Clinical Presentation

The clinical spectrum of 2019 novel coronavirus (COVID-19) infection is still being defined. Illnesses associated with the COVID-19, are similar to several respiratory illnesses and include fever, dry cough, sore throat and headache. Most cases are considered mild to moderate with a subset experiencing more severe illness with shortness of breath and difficulty breathing. Deaths have been reported among approximately two to four per cent of detected cases in China although it is likely that the actual risk of such severe outcomes is lower given milder cases are less likely to be detected.

COVID-19

The complete clinical picture with regard to COVID-19 is not fully understood. Reported illnesses have ranged from infected people with little to no symptoms to severe illness and death.

Diagnosis

Diagnosis is made by isolation of the COVID-19 in a nasopharyngeal swab and throat swab for PCR and sent a provincial lab for presumptive result and confirmed by the National Microbiology Laboratory (refer to Appendix A).

Epidemiology

1. Reservoir

Early on, many of the patients in the outbreak of respiratory illness caused by COVID-19 in Wuhan, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread.

2. Transmission

Transmission occurs person to person in symptomatic individuals via droplet.

3. Incubation Period

Current estimates of the incubation period range from 1 to 12.5 days with median estimates of 5-6 days.

4. Period of Communicability

Unknown.

5. Host Susceptibility

Host susceptibility remains somewhat unknown. Information indicates that risk factors for disease include host factors (chronic disease, age) and exposure factors.

Occurrence

1. General (6)

Novel coronavirus (COVID-19) was first detected in Wuhan City, China in December 2019. Currently hundreds of thousands of individuals have been diagnosed with the virus around the world.

2. Canada

Updated numbers of COVID-19 in Canada are available on the [Public Health Agency of Canada](#) website.

3. Prince Edward Island

There have been three cases of COVID-19 reported in PEI.

Control (Appendix B)

Person Under Investigation (PUI)

A person under investigation is defined as a person with a fever or acute respiratory illness, or pneumonia, who meets the exposure criteria and for whom a laboratory test for COVID-19 has been or is expected to be requested.

Management of a Case/PUI

- Follow up is only done if the case/contact meets the case definition and is being investigated.
- Droplet/contact precautions are to be put in place in health care facilities until the test is confirmed and/or the case is no longer symptomatic.
- Any aerosol-generating medical procedures should be avoided in the home environment.
- Complete the [Interim National COVID-19 Case Report Form](#) (Appendix C).
- Precautions can be discontinued for a case 14 days after symptoms began, as long as the case feels well. If the case is a health care worker 2 negative swabs 24 hours apart will be required before resuming work.

Treatment of a Case

There is no specific treatment for disease caused by a COVID-19. However, many of the symptoms can be treated and therefore treatment is based on the individual's clinical condition.

Management of Contacts

Contact tracing and counselling are to be completed⁸ for all reported cases.

A close contact is defined as;

- Those who provided care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment, OR
- those who lived with or otherwise had close prolonged contact (within 2 metres) with a probable or confirmed case while the case was ill, OR
- those who have had direct contact with infectious body fluids of a probable or confirmed case (e.g., was coughed or sneezed on) while not wearing recommended personal protective equipment.

Those who are identified as a contact of a case will be instructed to [self-isolate](#) and monitor for symptoms for 14 days. Public Health Nursing (PHN) will be following up with the close contacts daily. If symptoms occur, testing will be arranged.

Self-Isolating in the Home Setting

All people that have travelled outside Prince Edward Island are asked to [self-isolate](#) for 14 days upon their return regardless of symptoms. If symptomatic, a case or person under investigation (PUI) should call 811 to be screened for testing and [isolate](#) themselves in the home setting until advised by the Chief Public Health Office (CPHO) that isolation can be discontinued. Staying at home means:

⁸ To be completed by Public Health Nursing.
March 24, 2020

COVID-19

- Not going out unless directed to do so (i.e. to seek medical care)
- Not going to school, work, or other public areas
- Not using public transportation (e.g. buses, taxis, etc)
- Taking short walk outside, close to home, and only if a 6 ft distance from others can be maintained.

NOTE: Exceptions will be made for individuals who are considered essential workers (e.g. health care workers, truck drivers, airline crews, essential frontline workers in the public or private sector, workers in critical sectors). Upon their return from *domestic* travel, essential workers will be:

- screened upon entry to the province
- asked to self-monitor daily for symptoms of COVID-19 if feeling well
- asked to self-isolate if experiencing symptoms of COVID-19.

Preventative Measures

- Public education and communication about COVID-19.
- All travelers who have returned from outside Prince Edward Island are being asked to self-isolate for 14 days and monitor themselves and their children closely, and to call 811 if they develop any symptoms (fever, cough, or difficulty breathing).

Testing

Testing will be arranged through 811.

The following criteria are being used to screen for testing from March 23-March 30:

Testing Group
A person with any of the following: <ul style="list-style-type: none">• Fever (≥ 38.0 degrees Celsius)• Cough (new or exacerbated chronic)• Sore throat• Runny nose• Marked fatigue AND <ul style="list-style-type: none">• Traveled outside of Canada within the past 14 days,• OR (as of March 21, 2020) traveled outside of PEI This includes symptomatic travellers identified at a point of entry to PEI BUT: do not test more than 2 family members per household (in order to conserve supplies).
A person with any of the following: <ul style="list-style-type: none">• Fever (≥ 38.0 degrees Celsius)• Cough (new or exacerbated chronic)• Sore throat• Runny nose• Marked fatigue AND <ul style="list-style-type: none">• Had close contact with a confirmed case or a person with symptoms and travel history (i.e., person under investigation) BUT: do not test more than 2 family members per household (in order to conserve supplies).
A person with the following: <ul style="list-style-type: none">• Fever (≥ 38.0 degrees Celsius) AND

COVID-19

<ul style="list-style-type: none">• Cough (new or exacerbated chronic) AND with one or more of the following:• Sore throat• Joint pain• Muscle aches• Fatigue AND <ul style="list-style-type: none">• Is admitted to hospital
A person with any respiratory symptoms AND Is admitted to intensive care unit BUT Has not been tested for COVID-19 in the past 48 hours
Health Care Workers with any of the following: <ul style="list-style-type: none">• Fever (≥ 38.0 degrees Celsius)• Cough (new or exacerbated chronic)

Infection Prevention and Control in the Community

Follow these routine prevention measures to stay healthy:

- Wash your hands frequently with soap and water or use alcohol-based hand rub when hands are not visibly soiled.
- Cough and sneeze into your elbow or a tissue. If using a tissue, immediately place it in a waste disposal and wash your hands.
- If possible, stay home when ill with acute respiratory symptoms; if this is not possible, limit close contact with others.
- Limit touching your eyes, nose, and mouth.
- Don't share items that may have saliva on them such as drinking glasses and water bottles.
- Frequently clean surfaces like taps, doorknobs, and countertops.
- Use of masks by the general public for respiratory illnesses such as influenza and novel coronavirus have not been shown to be effective in preventing virus spread and are not recommended for prevention.

Infection Prevention and Control in the Healthcare Facility

In the absence of effective drugs or vaccines, infection prevention and control (IPC) strategies to prevent or limit transmission of COVID-19 in healthcare facilities include:

- prompt identification
- appropriate risk assessment
- management and placement of probable and confirmed cases
- investigation and follow up of close contacts

Early Recognition and Source Control

To facilitate early recognition and source control:

- triage for identification and appropriate placement (source control) of patients

COVID-19

- masks, tissues and alcohol-based hand rubs (ABHR) should be available at entrances
- signage should be posted to instruct symptomatic patients to alert healthcare workers, thus prompting completion of a patient screening questionnaire

IF a person presents with symptoms of influenza-like illness:

- **and** within 14 days before the onset of illness, has travelled to an area outside of PEI
- **and/or** been in close contact with a probable or confirmed case of COVID-19

THEN the following actions should be taken:

1. Place the patient in a designated separate waiting area or space.
2. Encourage the patient with signs and symptoms of an acute respiratory infection to perform respiratory hygiene/cough etiquette, and provide tissues, ABHR and a waste receptacle.
3. Limit visitors.
4. Do **not** cohort with other patients (unless necessary, in which case cohort only with patients confirmed to have COVID-19 infection).

Application of Routine Practices and Additional Precautions

The application of routine practices and additional precautions (RPAP) is based on a point-of-care risk assessment (PCRA). Health care workers (HCWs) should use a risk assessment approach **before** and **during** each patient interaction to evaluate the likelihood of exposure.

In addition to the consistent application of routine practices, follow contact and droplet precautions. This includes the appropriate selection and use of **all** the following personal protective equipment (PPE):

- gloves
- a long-sleeved gown
- facial protection, such as surgical/procedural mask and eye protection, face shield, or surgical/procedural mask with visor attachment
- an N95 respirator (plus eye protection) should be used when performing aerosol-generating medical procedures⁹ (AGMPs) on a person under investigation (PUI) for COVID-19 infection.
- Hand hygiene should be performed whenever indicated, paying particular attention to during and after removal of PPE, and after leaving the patient care environment.

Infection Prevention and Control Guidelines

[Infection Prevention and Control for Novel Coronavirus \(COVID-19\): Interim Guidance for Acute](#)

[Healthcare Settings](#)

⁹Aerosol-generating medical procedures (AGMPs) are medical procedures that can generate aerosols as a result of artificial manipulation of a person's airway. AGMPs should only be performed on patients with signs and symptoms and exposure criteria consistent with COVID-19 if medically necessary.

Aerosol-generating medical procedure includes: intubation, manual ventilation, open endotracheal suctioning, cardiopulmonary resuscitation, sputum induction, nebulization, surgery, non-invasive positive pressure ventilation (CPAP, BiPAP) and autopsy.

COVID-19

[Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#)

[Interim guidance: Public health management of cases and contacts associated with novel coronavirus disease 2019 \(COVID-19\)](#)

[Public Health Guidance for Schools \(K-12\) and Childcare Programs \(COVID-19\)](#)

[Community-based measures to mitigate the spread of coronavirus disease \(COVID-19\) in Canada](#)

[Risk-informed decision making for mass gatherings during COVID-19 global outbreak](#)

References

1. **Public Health Agency of Canada.** Interim national case definition: Novel Coronavirus (COVID-19) [Online] Public Health Agency of Canada, February 27, 2020. [Cited: February 5, 2020.] <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html>
2. **Prince Edward Island Legislative Council Office.** Prince Edward Island Public Health Act. [Online] December 15, 2016. [Cited: February 15, 2017.] https://www.princeedwardisland.ca/sites/default/files/legislation/p-30_1.pdf.
3. **PEI Department of Health and Wellness.** It's the Law: Reporting Notifiable Diseases, Conditions, and Events. [Online] PEI Department of Health and Wellness. [Cited: March 8, 2017.] https://www.princeedwardisland.ca/sites/default/files/publications/notifiable_diseases_final_feb_12_2014_1.pdf.
4. World Health Organization. Coronavirus [Online] World health Organization, January 2020. [Cited: February 5, 2020.] <https://www.who.int/health-topics/coronavirus>

Appendix A: Novel Coronavirus (COVID-19) Testing

All people with travel and symptoms for testing will be screened through 811. Screening will take place at clinics set up in Charlottetown and Summerside. All patients admitted to the hospital for respiratory illness will be tested for COVID-19.

Test	Container	Comments
1. Influenza A/B, RSV	Same NP swab for both tests (#1 and #2)	Nasopharyngeal swab is not an AGMP ¹⁰
2. Novel Coronavirus PCR ¹¹		Provide travel history ¹²
3. Mycoplasma IgM	Red-top tube	
4. Legionella urine antigen test	Urine sample	
5. Novel Coronavirus PCR	Throat swab	New #2 viral collection kit Provide travel history

¹⁰ Aerosol-generating medical procedure includes: intubation, manual ventilation, open endotracheal suctioning, cardiopulmonary resuscitation, sputum induction, nebulization, surgery, non-invasive positive pressure ventilation (CPAP, BiPAP) and autopsy.

¹¹ Depending on the preliminary results and level of clinical and epidemiological concern the specimens for Novel Coronavirus will be sent to the National Microbiology laboratory within 24 hours or otherwise they will be saved for future consideration.

¹² Include comments regarding travel history such as: "SARI- travel to X or other factors" or "Not-SARI travel to X or other factors".

Appendix B- Public Health Follow-up

	Time Frame	Recommended Follow-up
<p>Public Health management for close contacts of cases including those who;</p> <ul style="list-style-type: none"> • Provided care for a case i.e. Healthcare workers, family members, or others who had close physical contact without consistent and appropriate use of PPE, OR • Lived with or otherwise had close prolonged contact (within 2 meters) with a probable or confirmed case while the case was ill, OR • Had direct contact with infectious body fluids of a probable or confirmed case while not wearing recommended PPE. 	<p>14 days from the last unprotected contact of a case</p>	<p>Individuals being monitored are asked to:</p> <ul style="list-style-type: none"> • Self-isolate at home for 14 days • Follow good respiratory and hand hygiene practices • Self-monitor for symptoms (fever, cough, shortness of breath) • Record temperature daily and avoid the use of fever-reducing medications as much as possible. <p>If symptoms develop within the 14 day monitoring schedule for testing at a testing clinic</p>
<p>Public Health measures for incoming travelers from outside of Prince Edward Island</p>	<p>Applicable 14 days following arrival to PEI.</p>	<p><u>Responsibility of Traveller</u></p> <ul style="list-style-type: none"> • Self-isolate for 14 days following arrival to PEI and monitor for signs and symptoms (fever >38.0°C, cough or shortness of breath).
		<p>If symptoms develop within 14 days of arrival on PEI, the client is to call 811 for screening for testing.</p>

COVID-19

Appendix C

Protected B when complete

NOVEL CORONAVIRUS (2019-nCoV) CASE REPORT FORM

SECTION 1: CASE PROTECTED INFORMATION – Local / Provincial / Territorial use only	
DO NOT FORWARD THIS SECTION TO PHAC	
CASE Information	PROXY Information
Last name:	Is respondent a proxy? (e.g. for deceased patient, child)
First name:	<input type="radio"/> No <input type="radio"/> Yes (complete information below)
Usual residential address:	Last name:
City:	First name:
Province/Territory:	Relationship to case:
Postal code:	Local Health Region:
Phone number #1:	Phone number #1:
Phone number #2:	Phone number #2:
Date of Birth (dd/mm/yyyy)	
Local Case ID:	
P/T Case ID:	
Contact information for person reporting	
First and Last Names:	
Telephone #:	
Email:	

Instructions for Completion

- Please complete as much detail as possible on this form at the time of the initial report.
- It is not expected that all fields will be completed during the initial report, but that updates will be made when information becomes available.

Instructions to local public health authorities

- **Reporting:** Please report cases using normal local/provincial/territorial methods
- **Travel:** The Office of Quarantine Services at the Public Health Agency of Canada may be of assistance with requesting passenger manifests from conveyance operators, when requested to do so, by a local public health authority. Local public health authorities can contact the manager on-call 1-416-MANAGER (626-2437).

Instructions to provincial / territorial public health authorities

- **Reporting of probable and confirmed cases:** Data can be sent electronically to phac.hsfluepi.aspc@canada.ca or faxed to 1-613-952-4723. For fax, an email notification should be sent to phac.hsfluepi.aspc@canada.ca (do not attach form). *Provinces and territories are asked to report all confirmed and probable cases within 24 hours of P/T notification to PHAC.*
- After regular business hours (8:00am-5:00pm ET), please contact the PHAC's Health Portfolio Operations Centre at phac-aspc.hpoc-cops@canada.ca.

COVID-19

2 | NOVEL CORONAVIRUS (2019-nCoV) CASE REPORT FORM

P/T Case ID: _____ **Reported Date:** _____ (DD/MM/YYYY)

ADMINISTRATIVE INFORMATION

INITIAL REPORT UPDATED REPORT

Reporting Province/Territory

BC AB SK MB ON QC NB NS PE NL YK NT NU

Contact information for P/T person reporting

First Name: _____ Email: _____
 Last Name: _____ Telephone #: _____

SURVEILLANCE CASE CLASSIFICATION *(refer to national case definition)*

Confirmed Probable Person Under Investigation Does not meet

CASE DETAILS

Residency: Canadian resident Non-Canadian Resident, Country: _____

Detected at Point of Entry? No Yes, location of entry: _____ Date of entry: _____ (dd/mm/yyyy)

Gender: Male Female Other Unknown **Age:** _____ years months

Does the case identify as Indigenous? Yes No Refused to Answer Unknown

If yes, indicate which group: First Nations Metis Inuit Refused to Answer Unknown

Does the case reside on a First Nations Reserve most of the time? Yes No Refused to Answer Unknown

Case is:

- Healthcare worker/volunteer with direct patient contact
- Laboratory worker handling biological specimens
- Veterinary/animal worker
- Other, specify: _____
- School or daycare worker/attendee
- Farm worker
- Resident of long-term care facility/institutional facility

SYMPTOMS

Symptom Onset Date: _____ (mm/dd/yyyy) Asymptomatic

Symptom	Yes	No	Unknown	Not asked/assessed
Cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fever (≥38°C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feverish/chills (temperature not taken)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sore Throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runny Nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath/difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea/Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain (muscular, chest, abdominal, joint, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability/Confusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COVID-19

3 | NOVEL CORONAVIRUS (2019-nCoV) CASE REPORT FORM

Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PRE-EXISTING CONDITIONS and RISK FACTORS

Condition	Yes	No	Unknown	Not asked	Comments (specify disease)
Cardiac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Chronic neurological or neuromuscular disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Immunodeficiency disease/condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Liver Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Malignancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Post-partum (≤6 weeks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If yes, trimester :
Renal Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Respiratory Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

CLINICAL EVALUATIONS, COMPLICATIONS, and DIAGNOSES

Clinical evaluation/diagnoses	Yes	No	Unknown	Not assessed	Comments
Abnormal lung auscultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Altered Mental Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Clinical or radiological evidence of pneumonia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Coma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Conjunctival injection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Diagnosed with Acute Respiratory Distress Syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Dyspnea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Encephalitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hypotension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pharyngeal exudate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Renal Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Seizure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sepsis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Tachypnea (accelerated respiratory rate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

COVID-19

4 | NOVEL CORONAVIRUS (2019-nCoV) CASE REPORT FORM

CLINICAL COURSE and OUTCOMES *(complete if applicable)*

Clinical Course	Yes	No	Unknown	Admission/Start Date	Discharge/End Date
Hospitalization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Intensive Care Unit (ICU)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Isolation (e.g. negative pressure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Mechanical ventilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Current Disposition: Recovered Stable Deteriorating Deceased
If deceased: Death attributed/linked to respiratory illness? Yes No Unknown
 Cause of death *(as listed on death certificate)*: _____ Date of Death: _____ (mm/dd/yyyy)

EXPOSURES *(add additional details in the comments section as necessary)*

In the 14 days prior to symptom onset, did the case travel outside of their province/territory of residence or outside of Canada? Yes No Refused to Answer Unknown

If yes, specify the following (submit additional information on a separate page if required):

#	From (country/city)	To (country/city)	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Hotel/Residence	Flight/Carrier Details (carrier name, flight #, seat #)
1						
2						
3						
4						

<p>Was the case in close contact* with a symptomatic confirmed or probable case in the 14 days prior to symptom onset?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>	<p>If Yes, specify Case ID(s):</p> <p>Date of last contact (mm/dd/yyyy):</p>	<p>If yes, specify contact setting:</p> <p><input type="radio"/> Healthcare setting <input type="radio"/> Family Setting <input type="radio"/> Work place <input type="radio"/> Unknown <input type="radio"/> Other, specify:</p>
<p>Was the case in close contact* with a person with fever and/or cough who has been to an affected area** in the 14 days prior to their illness onset?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>	<p>Date of last contact (mm/dd/yyyy):</p>	<p>If yes, specify contact setting:</p> <p><input type="radio"/> Healthcare setting <input type="radio"/> Family Setting <input type="radio"/> Work place <input type="radio"/> Unknown <input type="radio"/> Other, specify:</p>

COVID-19

5 | NOVEL CORONAVIRUS (2019-nCoV) CASE REPORT FORM

<p>In the 14 days prior to symptom onset, did the case have contact with live animals (not considered household pets) or animal products in any of the affected areas**?</p> <p><i>This includes direct contact with animals, or contact with their feces or urine, soiled bedding/litter, or contact with other animal products (e.g. organs, exotic meats)</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>If yes, specify what animals or animal products that you had contact with:</p>	<p>If yes, where:</p> <p><input type="radio"/> Home</p> <p><input type="radio"/> Work</p> <p><input type="radio"/> During travel</p> <p><input type="radio"/> Live animal market</p> <p>Specify City:</p>
<p>In the 14 days prior to symptom onset, did the case visit any health care facility?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>	

* close contact is defined as a person who provided care for the patient, including healthcare workers, family members or other caregivers, or who had other similar close physical contact OR who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

** Affected areas are subject to change; refer to the [national 2019-nCoV surveillance case definition](#) for the most up-to-date information.

LABORATORY INFORMATION (*microbiology / virology / serology*) (complete if applicable)

Lab ID	Specimen		Test Method	Test Result <small>(positive, negative, inconclusive, pending)</small>	Test Date <small>(mm/dd/yyyy)</small>
	Collection Date <small>(mm/dd/yyyy)</small>	Type & Source			

Results of National Microbiology Laboratory confirmatory testing:

Not submitted Positive Negative Inconclusive Pending

Date of NML confirmation: (mm/dd/yyyy)

ADDITIONAL DETAILS/COMMENTS (*add as necessary*)

TO BE COMPLETED BY: The Public Health Agency of Canada

<p>Date Received: (mm/dd/yyyy)</p>	<p>PHAC Case ID: If applicable, national outbreak ID:</p>
------------------------------------	--

COVID-19

Appendix D: Symptom Diary for [Self-Isolation](#)

Name:								
MRN:								
Start Date of Isolation:								
Day	Symptoms							
	No Symptoms	Temperature C°/F°	Sore Throat	Cough	Runny Nose	Shortness of Breath	Other Symptoms	Have you had contact with anyone outside of isolation?
0	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
1	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
2	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
3	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
4	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
5	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
6	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
7	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
8	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
9	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
10	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
11	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
12	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
13	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
14	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
...								