

Contact Listing Form (for Investigation Team)

FORM COMPLETED BY:

NAME

TITLE

Case Information

| | | | | | |
|---------|--|---------|-------------|---------------------|---------------------------|
| CASE ID | | SURNAME | OTHER NAMES | HEAD OF HOUSEHOLD | SYMPTOM ONSET DD/MM/YY |
| ADDRESS | | TOWN | DISTRICT | LOCATION IDENTIFIED | |

Contacts Information

| Surname | Other Names | Head of Household | Sex (M/F) | Age (Y) | Relation to Case | Last contact with Case DD/MM/YY | Address | Town | District | Telephone number | HCW* (Y/N) | Facility Name (if 'Yes') |
|---------|-------------|-------------------|-----------|---------|------------------|------------------------------------|---------|------|----------|------------------|------------|--------------------------|
| | | | | | | DD/MM/YY | | | | | | |
| | | | | | | DD/MM/YY | | | | | | |
| | | | | | | DD/MM/YY | | | | | | |
| | | | | | | DD/MM/YY | | | | | | |
| | | | | | | DD/MM/YY | | | | | | |
| | | | | | | DD/MM/YY | | | | | | |
| | | | | | | DD/MM/YY | | | | | | |
| | | | | | | DD/MM/YY | | | | | | |

*HCW: Health Care Worker

Comments:

.....

.....

Close contact' is defined as:

- Health care associated exposure, including providing direct care for nCoV patients, working with health care workers infected with novel coronavirus, visiting patients or staying in the same close environment as a nCoV patient.
- Working together in close proximity or sharing the same classroom environment with a nCoV patient
- Traveling together with a nCoV patient in any kind of conveyance
- Living in the same household as a nCoV patient
- The epidemiological link may have occurred within a 14-day period before or after the onset of illness in the case under consideration.

| | |
|--|-----------------|
| Contact Tracing Summary Form (for Supervisors) | DATE |
| | SUPERVISOR NAME |
| | TEAM NAME |
| | TEAM MEMBERS |
| 1. Contacts currently under follow-up | |
| a. Followed-up today (non-symptomatic) | NUMBER |
| b. Followed-up today (symptomatic) | NUMBER |
| c. Discharged from follow-up today | NUMBER |
| d. Not followed-up today | NUMBER |
| e. Total contacts currently under follow-up | NUMBER |
| 2. Contacts not seen in the past 24+ hours | |
| a. Family/neighbor visits done today | NUMBER |
| b. No family/neighbor visits done today | NUMBER |
| c. Total contacts not seen in the past 24+hours | NUMBER |
| 3. Contact Quality Assurance Checks Done Today | |
| NOTES | NUMBER |
| 4. Contact Follow-up Team Observations Done Today | |
| NOTES | NUMBER |
| 5. Alerts Called Today (for symptomatic contacts) | |
| NOTES | NUMBER |
| 6. Other notes from today | |
| Notes | |

| Sample equipment list for Contact Tracing Team | | | | | |
|--|---------------------|------------|--------------------|------------------------|--------------|
| | Lead Epidemiologist | Supervisor | Investigation Team | Contact Follow-up Team | Data Manager |
| Personal Protective Equipment | | | | | |
| Disposable gloves | | | | | |
| Gowns | | | | | |
| Face shield (or goggles) | | | | | |
| Face mask N95/FFP2 | | | | | |
| Surgical mask for the case | | | | | |
| Biohazard plastic bags | | | | | |
| Information Technology | | | | | |
| Global positioning system (GPS) | | | | | |
| Cell phones (with credit) | | | | | |
| Computers | | | | | |
| Internet Access | | | | | |
| Electronic data collection tools | | | | | |
| Field Equipment | | | | | |
| Thermometers | | | | | |
| Office supplies | | | | | |
| Weather appropriate gear ³ | | | | | |
| Hand sanitizer or bleach | | | | | |
| Appropriate forms | | | | | |
| Transportation | | | | | |
| Driver/car | | | | | |