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

March 2020

Department of Health and Wellness
Chief Public Health Office

Updated: March 17, 2020
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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-19\(^1\) 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 suspicion\(^2\) 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 tests\(^3\) (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
- who meets the COVID-19 exposure criteria
- in whom laboratory diagnosis of COVID-19 is
  - inconclusive\(^4\),
  - 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)

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\(^1\) 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.

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Exposure Criteria
In the 14 days\textsuperscript{5} before onset of illness, a person who:

- Traveled outside Canada OR
- Had close contact\textsuperscript{6} 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 Canada 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 suspicion\textsuperscript{7} should also be considered.

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

\textsuperscript{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.

\textsuperscript{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.

\textsuperscript{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.

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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.hsflu.epi.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 particularly its ability to spread human-to-human and its virulence.

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.

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

2. **Canada**
   Updated numbers of COVID-19 in Canada are available on the [Public Health Agency of Canada](https://www.hc.sc.gc.ca/) website.

3. **Prince Edward Island**
   There are currently no cases of COVID-19 reported in PEI.

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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.
- Contact tracing and counselling are to be completed\(^8\) for all reported cases. See Management of Contacts for criteria.
- The case will remain in isolation at home until the lab results are reported (2 negative reports).
- 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).

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
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 probable case will be instructed to self-isolate and monitor for symptoms for 14 days or until laboratory tests have been reported negative.

Those who are identified as a contact of a confirmed case will be instructed to self-isolate and be monitored for 14 days (Appendix D).

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\(^8\) To be completed by Public Health Nursing.
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Self-Isolating in the Home Setting
All people that have travelled outside of Canada are asked to self-isolate for 14 days upon their return regardless of symptoms. If symptomatic a case or person under investigation (PUI) should isolate themselves in the home setting until advised by the Chief Public Health Office (CPHO) that isolation can be discontinued. Staying at home means:
- 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).

Preventative Measures
- Public education and communication about COVID-19.
- All travellers who have returned from outside Canada 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).

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

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Early Recognition and Source Control

To facilitate early recognition and source control:

- triage for identification and appropriate placement (source control) of patients
- 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 where the virus is known to be circulating
- 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 to only those who are essential.
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 procedures (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.

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*Aerosol-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.*

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Infection Prevention and Control Guidelines


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

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References


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.

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

<sup>10</sup> 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.

<sup>11</sup> 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.

<sup>12</sup> Include comments regarding travel history such as: “SARI- travel to X or other factors” or “Not-SARI travel to X or other factors”.

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Appendix B- Public Health Follow-up

<table>
<thead>
<tr>
<th>Public Health management for close contacts of cases including those who;</th>
<th>Time Frame</th>
<th>Recommended Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 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</td>
<td>14 days from the last unprotected contact of a case</td>
<td>Individuals being monitored are asked to:</td>
</tr>
<tr>
<td>• Lived with or otherwise had close prolonged contact (within 2 meters) with a probable or confirmed case while the case was ill, OR</td>
<td></td>
<td>• <strong>Self-isolate</strong> at home for 14 days</td>
</tr>
<tr>
<td>• Had direct contact with infectious body fluids of a probable or confirmed case while not wearing recommended PPE.</td>
<td></td>
<td>• Follow good respiratory and hand hygiene practices</td>
</tr>
<tr>
<td><strong>Public Health measures for incoming travelers from outside of Canada</strong></td>
<td>Applicable 14 days following departure from countries outside</td>
<td>Responsibility of Traveller</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• <strong>Self-isolate</strong> for 14 days following departure from</td>
</tr>
</tbody>
</table>

March 14, 2020
<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Recommended Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>countries outside Canada and monitor for signs and symptoms (fever &gt;38.0°C, cough or shortness of breath). If symptoms develop within 14 days of departure from an affected area, the client is to call 811</td>
</tr>
</tbody>
</table>
# NOVEL CORONAVIRUS (2019-nCoV) CASE REPORT FORM

## Appendix C

**Protected B when complete**

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**NOVEL CORONAVIRUS (2019-nCoV) CASE REPORT FORM**

**SECTION 1: CASE PROTECTED INFORMATION — Local / Provincial / Territorial use only**

**DO NOT FORWARD THIS SECTION TO PHAC**

<table>
<thead>
<tr>
<th>CASE information</th>
<th>PROXY information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name:</td>
<td>Is respondent a proxy? (e.g. for deceased patient, child)</td>
</tr>
<tr>
<td>First name:</td>
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<tr>
<td>Usual residential address:</td>
<td>Last name:</td>
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<tr>
<td>City:</td>
<td>First name:</td>
</tr>
<tr>
<td>Postal code:</td>
<td>Relationship to case:</td>
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<td>Local Health Region:</td>
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<tr>
<td>Phone number #1:</td>
<td>Phone number #2:</td>
</tr>
<tr>
<td>Date of Birth: (dd/mm/yyyy)</td>
<td>Date of Birth:</td>
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<tr>
<td>Local Case ID:</td>
<td>Local Case ID:</td>
</tr>
<tr>
<td>PHAC Case ID:</td>
<td>PHAC Case ID:</td>
</tr>
</tbody>
</table>

**Contact information for person reporting**

- First and Last Names:
- Telephone #:
- Email:

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**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.hsifuepi.aspc@canada.gc.ca or faxed to 1-613-652-4723. For fax, an email notification should be sent to phac.hsifuepi.aspc@canada.gc.ca (do not attach form). Provinces and territories are asked to report all confirmed and probable cases within 24 hours of PHAC 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-coes@canada.gc.ca.

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**Public Health Agency of Canada**

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**PRE-EXISTING CONDITIONS and RISK FACTORS**

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**CLINICAL EVALUATIONS, COMPLICATIONS, and DIAGNOSES**

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<td>Tachypnea (accelerated respiratory rate)</td>
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</tr>
<tr>
<td>Hospitalization</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
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</tr>
<tr>
<td>Intensive Care Unit (ICU)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
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</tr>
<tr>
<td>Isolation (e.g. negative pressure)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanical ventilation</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Current Disposition:**
- Recovered
- Stable
- Deteriorating
- Deceased

**If deceased:**
- Death attributed/link 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)

*Exposures:* 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):

<table>
<thead>
<tr>
<th>#</th>
<th>From (country/city)</th>
<th>To (country/city)</th>
<th>Start Date (mm/dd/yyyy)</th>
<th>End Date (mm/dd/yyyy)</th>
<th>Hotel/Residence</th>
<th>Flight/Carrier Details (carrier name, flight #, seat #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<td>4</td>
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</tbody>
</table>

Was the case in close contact* with a symptomatic confirmed or probable case in the 14 days prior to symptom onset?
- Yes
- No
- Unknown

*Date of last contact (mm/dd/yyyy):*

If yes, specify Case ID(s):

If yes, specify contact setting:
- Healthcare setting
- Family Setting
- Work place
- Unknown
- Other, specify:

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?
- Yes
- No
- Unknown

*Date of last contact (mm/dd/yyyy):*

If yes, specify contact setting:
- Healthcare setting
- Family Setting
- Work place
- Unknown
- Other, specify:

---

March 17, 2020
COVID-19

<table>
<thead>
<tr>
<th>NOVEL CORONAVIRUS (2019-nCoV) CASE REPORT FORM</th>
</tr>
</thead>
</table>

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*?  
* 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

If yes, specify what animals or animal products that you had contact with:

- Home
- Work
- During travel
- Live animal market

Specify City:

* 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)

<table>
<thead>
<tr>
<th>Lab ID</th>
<th>Specimen</th>
<th>Collection Date (mm/dd/yyyy)</th>
<th>Type &amp; Source</th>
<th>Test Method</th>
<th>Test Result (positive, negative, inconclusive, pending)</th>
<th>Test Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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

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

March 17, 2020
Appendix D: Symptom Diary for Self-Isolation

<table>
<thead>
<tr>
<th>Day</th>
<th>No Symptoms</th>
<th>Temperature C°/F°</th>
<th>Sore Throat</th>
<th>Cough</th>
<th>Runny Nose</th>
<th>Shortness of Breath</th>
<th>Other Symptoms</th>
<th>Have you had contact with anyone outside of isolation?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ None</td>
<td>○ Yes</td>
<td>○ Yes</td>
<td>○ Yes</td>
<td>○ Yes</td>
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<td>○ No</td>
<td>○ No</td>
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<tr>
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<td>○ Yes</td>
<td>○ Yes</td>
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