



Public Health
England

Protecting and improving the nation's health

‘The First Few Hundred (FF100)’ Enhanced Case and Contact Protocol v4

Epidemiological protocols for comprehensive
assessment of Wuhan novel coronavirus (WN-
CoV) cases and their close contacts in the United
Kingdom

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Contents

About Public Health England	2
Executive summary	4
1.0 Overview of FF100 approach	5
1.1 Introduction and overview	5
1.2 Protocol objectives	5
1.5 Coordination of investigations and review of data	6
1.6 Country-specific adaptation of the protocols	6
2. Methods	8
2.1 Case and contact definitions	8
2.1.1 Interim definition: possible cases	8
2.2 Recruitment and follow-up of confirmed cases and their close contacts	10
2.4 Data collection on cases and household contacts	12
2.4.1 Data collection on cases	12
2.4.2 Data collection on close contacts	12
2.5 Role of laboratory testing	13
2.6 Analyses and interpretation of data	14
3.0 Questionnaires	15
Minimum Dataset form	15
Daily Line list of close contacts of a confirmed case	15
Form 1a (initial form for a confirmed case)	15
Form 1b (follow up form for a confirmed case)	15
Form 2a (initial form for a close contact of a confirmed case)	15
Form 2b (follow-up form for a close contact of a confirmed case)	15
Acknowledgements	53

Executive summary

The epidemiological and virological investigation of the first cases of acute respiratory infection associated with Wuhan novel coronavirus (WN-CoV) and their close contacts is essential in order to inform guidance and policy in directing the United Kingdom's (UK) public health response. Note that other sources use the temporary name of 2019 novel coronavirus (2019-nCoV) in the absence of an internationally accepted term at this present time.

The epidemiological methods to guide data collection for the comprehensive assessment of the 'first few hundred cases and their close contacts' are set out in this document. The protocol outlines the investigation of persons with laboratory confirmed WN-CoV infection, along with their close contacts.

1.0 Overview of FF100 approach

1.1 Introduction and overview

On 31 December 2019, WHO was notified of a cluster of unexplained pneumonia cases detected in Wuhan city, Hubei province in China. On 7 January 2020 Chinese authorities identified a novel coronavirus, currently designated as WN-CoV by PHE, (also known as 2019-nCoV), using genetic sequencing from an isolate in a hospitalised patient. The number of confirmed cases (which includes health care workers) has been rising in China with detections being reported in travellers to other countries. There is concern of international spread. This is an evolving situation. Ongoing epidemiological information is being shared between countries to understand geographical spread and severity.

With the confirmation of WN-CoV, the epidemiological and virological investigation of the initial imported cases in the UK and their close contacts is essential to provide information to enable the development of guidance and policy in directing the United Kingdom's (UK) public health response.

A flexible and multifaceted approach is required to collect key epidemiological, clinical and virological data on cases.

1.2 Protocol objectives

The overall aim of the FF100 is to gain an early understanding of some of the key clinical, epidemiological, and virological characteristics of the first suspected and confirmed cases. Additionally, the system updates national policy and guidance to manage cases and reduce the spread and impact of infection in the UK.

The primary objectives are to provide estimates of:

- clinical presentation and course of disease
- secondary attack rate (overall and by key factors such as by setting, age and gender for various end-points)¹
- serial interval²

¹ Attack rate is defined as the proportion of a well-defined population that develops illness over a particular period of time. The secondary attack rate is a measure of the frequency of new cases of an illness among the contacts of known cases in a defined period of time.

² Serial interval is defined as the period of time from the onset of symptoms in the index case to the onset of symptoms in a contact case.

- proportion of symptomatic cases

The secondary objectives are to provide data to support the estimation of:

- the basic reproductive number (R_0)³.
- incubation period⁴
- preliminary case-severity ratios (eg case-hospitalisation and case-fatality ratios)⁵

This information will be used to refine/update recommendations for surveillance (eg case definitions), to characterise the key epidemiological transmission features of the virus, help understand geographic spread, severity and impact on the community and inform operational models for implementation of countermeasures such as case isolation and contact tracing.

1.5 Coordination of investigations and review of data

Coordination of investigations and sharing of information in real time will be needed at local Health Protection Team, country and UK levels. Public health experts will assess progress in developing early estimates of key epidemiological, clinical and virological parameters.

The responsibility of the FF100 investigations will lie with local Health Protection Teams and the equivalents in the Devolved Administrations. Co-ordination of the system will be undertaken by the PHE Colindale.

The FF100 system will be maintained centrally by PHE Colindale. Centralised coordination at the UK-level will require development of a “command and control” plan to allow for triage and prioritisation of investigations.

1.6 Country-specific adaptation of the protocols

It is envisioned that all countries of the UK will use FF100 protocols to guide their investigations of laboratory confirmed case(s). A common UK approach will facilitate aggregation of data across countries of the UK. However, it is

³ The reproduction number, R_0 , is defined as the average number of secondary cases of an infectious disease that result from one infected person in a wholly susceptible population.

⁴ Incubation period is defined as the period of time between an exposure resulting in infection until the onset of clinical symptoms of disease.

⁵ Case hospitalisation ratio (CHR) is defined as the proportion of those affected (with symptoms) that are admitted to hospital. The case fatality ratio (CFR) is defined as the proportion of those affected who die as a direct or indirect consequence of their infection.

recognised that the devolved UK administrations may need to tailor some aspects of the protocols to their individual public health, laboratory and clinical care systems.

2. Methods

2.1 Case and contact definitions

2.1.1 Interim definition (as of 29 January 2020): possible cases

If the patient satisfies epidemiological AND clinical criteria, they are classified as a possible case of WN-CoV

EPIDEMIOLOGICAL CRITERIA

In the 14 days days before the onset of illness:

- travel to Wuhan, Hubei Prorovince , China
- OR
- Contact (see definition below) with a confirmed cases of 2019-nCoV

CLINICAL CRITERIA

- severe acute respiratory infection requiring admission to hospital with clinical or radiological evidence of pneumonia or acute respiratory distress syndrome (ARDS)
- OR
- acute respiratory infection of any degree of severity (including at least one of: shortness of breath, cough or sore throat)

Clinicians should be alert to the possibility of atypical presebtations in patients who are immunocompromised

For up the latest case definition see:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection>

2.1.2 Case classification:

A. Possible case

A patient that satisfies epidemiological AND clinical criteria as set out in section 2.1.1

B. Confirmed case

(PHE-Respiratory Virus Unit) positive PCR confirmation of infection with WN-CoV (also known as 2019-nCoV)

C. Discarded case

Any possible case with a negative laboratory result for WN-CoV (also known as 2019-nCoV)

2.1.3 Contact classification:

Close contact definitions:

A close contact of a case is defined as

- Household contact: - living or significant time in the same household
- Healthcare contacts: Persons in healthcare settings (e.g. healthcare workers, visitors) or laboratory workers in direct contact with the case or their bodily fluids or their laboratory specimens or in the same room as a case in a healthcare setting when an aerosol generating procedure is undertaken on the case.
- Flight contact: Passengers in 2 seats in all directions around the case AND Cabin crew serving the area where case seated
- Other close contacts: Direct contact or face to face contact with case e.g. talking, being coughed on for any length of time OR being ≤ 2 metres of the case for >15 minutes.

All persons meeting the close contact definition should be notified to the local Health Protection Team (HPT). The HPT should discuss with the National Infections Service (NIS)

2.1.4 Other classifications:

A. Primary case: A primary case is defined as an individual who tests positive for WN-CoV by the PHE reference laboratory and has the earliest onset date in a particular setting eg hospital, household, school, etc. Those cases with onset dates within 24 hours of the onset date of the index case are considered to be “co-primary” cases.

2.1.4 Other classifications:

A. Primary case: A primary case is defined as an individual who tests positive for WH-CoV by the PHE reference laboratory and has the earliest onset date in a particular setting eg hospital, household, school, etc. Those cases with onset dates within 24 hours of the onset date of the index case are considered to be “co-primary” cases.

B. Secondary case: After excluding the primary / co-primary cases, a secondary case is defined as the contact whose onset date is 24 hours or more after the latest onset date of the primary and/or co-primary case-contact and confirmed positive for WN-CoV.

C. Sporadic case: A sporadic case is defined as a case confirmed positive for WN-CoV with no recent travel (in the 14 days before disease onset) from a known affected area and no recent (in 14 days before disease onset) close contact with a confirmed case.

D: Imported case: An imported case is defined as a case confirmed positive for WN-CoV with a history of travel from an affected area as defined below in the 14 days before disease onset.

E. Affected area: An affected area is a country/region having had recent confirmed WN-CoV which is not import related

2.2 Recruitment and follow-up of confirmed cases and their close contacts

For instructions regarding the management and sampling of cases please refer to <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection>

The HPT will begin to collect core information on notified possible cases using the **Minimum Data Set Form 1** (Section 3). This should be emailed to respiratory.lead@phe.gov.uk.

FF100 case-contact investigation by the HPT would begin on identification of a confirmed case by the PHE Respiratory Virus Unit (RVU) lab.

Confirmed cases identified as part of individual-case investigations will serve as the starting point for contact investigations. A list of close contacts should be identified and collated using the contact line list by the PHE HPT (Page 16) and emailed to PHE Colindale pending results of confirmatory testing by the PHE National

Reference Laboratory. Efforts should be made to identify every close contact at the initial recruitment including infants and children to generate the sampling frame for follow up. This line list should be reviewed on a daily basis and sent to PHE Colindale daily.

Cases should be interviewed as rapidly as possible after confirmation by PHE National Reference Laboratory (**Form 1a**) and then 14 days (**Form 1b**) after completion of Form 1a. Information on the primary case and their close contacts at the initial recruitment should be sought through a combination of face-to-face and/or telephone interview of the case (or family members if the case is too ill to be interviewed), household members, interview of health care providers and/or review of medical records where required.

Baseline samples should be collected on confirmed cases as soon after confirmation as possible and full PPE should be worn. For details regarding the type and transport of these samples please refer to the [PHE lab guidance](#) and [infection control advice](#). Follow up samples from cases should be taken after discussion with the PHE Colindale incident control team, and sent to PHE National Reference Laboratory– please see lab guidance [here](#).

Active follow-up of contacts should take place ideally through face-to-face or telephone interview ideally as soon as possible after identification of a confirmed case to query about the possible development of respiratory illness using **Form 2a**. Detailed information on the [Close Contact management guidance for WN-CoV](#) (also known 2019-nCoV) will be published on PHE's Duty Doctor pack shortly.

If the contact is ill with acute respiratory symptoms that developed within 14 days of exposure with confirmed case they should be treated as a symptomatic contact. Please refer to [the Close Contact management guidance for WN-CoV \(to be published on PHE's Duty Doctor pack\)](#) for further details about how to deal with symptomatic contacts and the respiratory and serological samples required. NB If there is no possibility of laboratory confirmation because the patient or samples are not available and the symptoms are not explained by any other infection or aetiology, the symptomatic contact becomes a possible case. Please follow [Infection control guidance](#) in handling the contact.

If the contact is not ill with acute respiratory symptoms that developed within 14 days of exposure with confirmed case then complete **Form 2b** 14 days after last exposure.

Contacts found to be infected with WN-CoV (or referred to as 2019-nCoV) as determined by PHE National Reference Laboratory testing would be re-classified as confirmed cases and case follow-up forms would be completed (Form 1a and

1b). **Guidance on the management of confirmed cases** is available and should be followed.

2.4 Data collection on cases and household contacts

2.4.1 Data collection on cases

Further guidance on the completion of FF100 forms can be found in Appendix A, including additional sources of data to be used for verification. Questionnaires can be found in Section 3 of this document. Field services are allowed to create their own contact ID as long as the ID is consistently linked with the individual. The following questionnaires are used:

Minimum Data Set Form 1 (Section 3) should be completed for all possible cases on identification and emailed to PHE Colindale (respiratory.lead@phe.gov.uk).

The Initial Confirmed Case Report Form 1a (Section 3) should be completed as soon as possible after PHE Respiratory Virus Unit (RVU) confirmation of a case and includes the following information: identifiers, basic demographic information, presenting illness, antiviral use, hospitalisation details, pre-existing medical conditions, exposure history and details of household and other close contacts. This form should be emailed to PHE Colindale (respiratory.lead@phe.gov.uk).

The Case Follow-up Form 1b (Section 3) should then be completed once the 14 day follow up period has been completed. The form will gather information including identifiers; hospitalisation details; illness characteristics; death details; treatment with antivirals and antibiotics; clinical course and complications including details of secondary bacterial complications. This form should be emailed to PHE Colindale (respiratory.lead@phe.gov.uk). Collection of convalescent clotted blood/serum samples should be arranged at least 14 days after the first sample.

2.4.2 Data collection on close contacts

The key activities for the initial investigation of close contacts are:

- Verification of close contacts of the index case patient and completion of **contact line list** (Section 3). The line list should be collated by the local Field Service and emailed to PHE Colindale (respiratory.lead@phe.gov.uk) when the a confirmed case is identified. This line list should be updated daily and updates sent to PHE Colindale.

Determination if each contact is ill, including dates of onset. If confirmed and onset is prior to the index case will require reclassifying the primary case. Any

contact with acute respiratory symptoms within 14 days of last exposure with the case should be treated as a symptomatic contact. Please refer to the [Close Contact management guidance for WN-CoV \(to be published on PHE's Duty Doctor pack shortly\)](#).

- Collection of baseline information from close contacts (**Initial Contact Report Form 2a** (Section 3)) of a confirmed case including information about exposures to the confirmed case, illness and treatment (if applicable), and medical history. This form should be emailed to PHE Colindale (respiratory.lead@phe.gov.uk). For household contacts and other contacts in closed settings collection of baseline clotted blood samples should be arranged (contact IMT epi cell for advice). This should occur on the day of first interview of confirmed case where possible, or as soon after as possible.
- Contacts should be informed to report any respiratory illness to their local PHE Health Protection team following completion of Form 2a. Please refer to [the Close Contact management guidance \(to be published on PHE's Duty Doctor pack shortly\)](#) about how to deal with symptomatic contacts.
- **The Contact Follow Up Form 2b** (Section 3) should be completed 14 days since last exposure with confirmed case. The Contact Follow-up Form includes information about exposures to the primary case, and if any recent respiratory illness. This form should be emailed to PHE Colindale (respiratory.lead@phe.gov.uk). For household contacts and other contacts in closed settings collection of baseline clotted blood samples should be arranged (contact IMT epi cell for advice).
- Contacts found to be infected with WN-CoV as determined by PHE National Reference Laboratory testing would be re-classified as confirmed cases and follow-up would occur as described in the case investigation algorithm.

The FF100 web tool will soon be available to local PHE centres to facilitate data entry of the completed forms.

2.5 Role of laboratory testing

A real time PCR test for WN-CoV is not currently available in PHE's Respiratory Virus Unit or designated PHE testing laboratory and the three Devolved Administrations. Currently a confirmed case is based on a possible case being positive for pan-coronavirus and subsequently sequenced.

The Respiratory Virus Unit will also request further follow-up samples for investigation (eg BAL, EDTA blood, faeces, urine, clotted blood/serum) from a WN-CoV confirmed patient. All samples submitted should be urgently transported to the

Respiratory Virus Unit Colindale in accordance with Cat B transportation regulations. PHE follows the Guidance on regulations for the transport of infectious substances 2013-2014, published by WHO (http://www.who.int/ihr/publications/who_hse_ihr_2012.12/en/). Details on sampling and transportation are available [here](#).

2.6 Analyses and interpretation of data

A descriptive analysis of the FF100 should provide preliminary insight into the clinical spectrum and course of disease; the population groups most affected initially, by age, and underlying risk factors for example. It may also be possible to assess the effect of antiviral treatment on severity measures such as duration of illness.

3.0 Questionnaires

Pages 16-17: Minimum Dataset form

Pages 18: Daily Line list **of close contacts of a confirmed case**

Pages 19-28 : Form 1a (initial form for a confirmed case)

Pages 29-34: Form 1b (follow up form for a confirmed case)

Pages 35-44: Form 2a (initial form for a close contact of a confirmed case)

Pages 45-50: Form 2b (follow-up form for a close contact of a confirmed case)

Minimum Data Set Form 1 (page 1 of 2) – Possible Case

Minimum Dataset Form v7- Wuhan

Local Case no. (if applicable)				Case No. (For Colindale use)	
*Mandatory fields in pink with bold text and an asterisk					
1. Current Status					
*Please mark x	Alive		Dead		
Is this a contact of a previously reported case?	Yes	No	Unknown		
2. Reporter Details					
*Name of the reporter (person completing the form)					
Organisation					
Phone and extension					
Mobile					
Email					
Date Reported					
Date of interview with informant					
3. Patient Details					
*Forename					
*Surname					
NHS Number					
*Sex	Male	Female	Unknown		
*Date of Birth			Age		
Local ID Number (HPZone number)			Post Code		
*PHEC/ DA managing the case:					
4. Presenting Illness					
Date of first symptom onset					
Fever or history of Fever ($\geq 38^{\circ}\text{C}$)	Yes	No	Unknown		
Cough	Yes	No	Unknown		
Shortness of breath	Yes	No	Unknown		
Sore throat	Yes	No	Unknown		
*Clinical suspicion of pneumonia (or ARDs)¹	Yes	No	Unknown		
Respiratory viral screen:	Yes	No	Unknown		
Influenza A	Positive	Negative	Not tested		
If Influenza A positive	H1	H3	H5	H7	
	Untypeable				
Influenza B	Positive	Negative	Not tested		
RSV	Positive	Negative	Not tested		
Other respiratory viruses (please specify)					
Other pathogens:					
Legionella	Positive	Negative	Not tested		
Other (please specify)					

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Minimum Data Set Form 1 (page 2 of 2) – Possible Case

Minimum Dataset Form v7- Wuhan

5. Clinical Course/Complications				
Admitted to hospital	Yes	No	Unknown	
Name of hospital				
Admitted to ICU/HDU	Yes	No	Unknown	
Mechanical ventilation	Yes	No	Unknown	
ECMO ²	Yes	No	Unknown	
Chest x-ray with radiological evidence of pneumonia	Yes	No	Unknown	
6. Exposures in the 14 days before onset of first symptoms				
*History of travel to China in the 14 days before onset of symptoms?	Yes	No	Unknown	
If YES, history of travel to Wuhan city?	Yes	No	Unknown	
If YES, date left Wuhan City				
Date of arrival in UK				
Contact with suspected case / case with pneumonia in Wuhan in 14 days before symptom onset?	Yes	No	Unknown	
Contact with confirmed case of WN-CoV in 14 days before symptom onset?	Yes	No	Unknown	
Contact with birds (within <1m) in China in 10 days before symptom onset?	Yes	No	Unknown	
Contact within a confirmed human case of avian influenza within China in 10 days before symptom onset?	Yes	No	Unknown	
Contact within a human case of severe unexplained respiratory illness in China in 10 days before symptom onset?	Yes	No	Unknown	
[1] Acute Respiratory Disease				
[2] Extracorporeal membrane oxygenation (ECMO)				

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Line List of Close Contact of a Confirmed Case (page 1 of 1)

Minimum data required for the daily close contact line list:

caseID of index case (if no ID assigned by NIS PHE,
name and DOB of index case)
ContactID (Local HPzone ID)
FirstName
LastName
Sex (M/F)
DOB (dd/mm/yyyy)
Telephone number
typeContact (HCW/relative or friend/other)
placeContact (hospital name/household/other setting)
respiratorySymptoms - (Y/N)
symptomsOnset (dd/mm/yyyy)
dateFirstContact (dd/mm/yyyy)
dateLastContact (dd/mm/yyyy)
form2a completed - initial questionnaire (Y/N)
form2b completed - follow-upQuestionnaire (Y/N)
baselineSerumCollected (Y/N)
follow-upSerumCollected - day14 (Y/N)
baselineSwabsTaken (Y/N)
OBS (any relevant remarks)
Follow up status (active/passive)

You may copy and transpose the fields into an Excel spreadsheet and use to populate the Contact Line List and email to respiratory.lead@phe.gov.uk

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Initial Confirmed Case Report Form 1a (page 19 of

Initial Confirmed Case Report Form - 1a v7- Wuhan

For reference only (Colindale use)				
Confirmed case number (issued by National i.e NIS HPZone)			FF100 id number (automatically generated on FF100 web tool under "contact id")	
*Mandatory fields in pink with bold text and an asterisk				
For multiple choice please mark selected options with an x				
1. Current Status				
*Please mark x	Alive		Dead	
2. Further Case Classification				
*Please mark x	Imported	Secondary	Sporadic	
3. Reporter Details				
*Name of the reporter (person completing the form)				
Date Reported				
Position				
Organisation				
Phone and extension				
Mobile				
Email				
Fax				
Date of interview with informant				
4. Informant Details				
Informant (Please mark x)	Case		Other	
If Other:				
Contact details including telephone number				
Relationship with case				
5. Patient Details				
NHS number				
*Forename				
*Surname				
Sex	Male	Female	Not Specified	
*Date of Birth			Age	
Local ID Number (HPZone number)				

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Initial Confirmed Case Report Form 1a (page 20 of

Initial Confirmed Case Report Form - 1a v7- Wuhan

Street Address			Home Telephone	
Town			Work Telephone	
County			Mobile	
Post Code			Email address	
Preferred mode of contact				
Country of Residence			Nationality	
Country of Birth				
*Responsible PHE Centre				
Local Authority				
Name of school if appropriate				
Is the case part of an institutional outbreak?	Yes	No	Unknown	
If yes, please specify:				
Occupation	HCW	Other	If other please specify	
If HCW:	Job title		Place of work	
	Direct patient contact with a case (eg hands-on clinical contact)		Yes	No
6. GP Details				
Name of GP				
Practice Name				
Post Code				
Telephone				
Fax				

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Initial Confirmed Case Report Form 1a (page 21 of

Initial Confirmed Case Report Form - 1a v7- Wuhan

7. Presenting Illness					
Date of first symptom onset				Unknown (x)	
Maximum temperature					
Respiratory symptoms					
Fever or history of Fever ($\geq 38^{\circ}\text{C}$)	Yes	If yes, first onset date	No	Unknown	
Runny nose	Yes	If yes, first onset date	No	Unknown	
Sneezing	Yes	If yes, first onset date	No	Unknown	
Cough	Yes	If yes, first onset date	No	Unknown	
	If yes, dry or productive?		Dry	Productive	
Shortness of breath	Yes	If yes, first onset date	No	Unknown	
Sore throat	Yes	If yes, first onset date	No	Unknown	
Other symptoms					
Diarrhoea	Yes	No	Unknown		
Nausea	Yes	No	Unknown		
Vomiting	Yes	No	Unknown		
Fatigue	Yes	No	Unknown		
Muscle ache	Yes	No	Unknown		
Joint ache	Yes	No	Unknown		
Loss of appetite	Yes	No	Unknown		
Headache	Yes	No	Unknown		
Seizures	Yes	No	Unknown		
Altered Consciousness	Yes	No	Unknown		
Nose bleed	Yes	No	Unknown		
Rash	Yes	No	Unknown		
Other	Yes	No	Please specify		

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Initial Confirmed Case Report Form 1a (page 22 of

Initial Confirmed Case Report Form - 1a v7- Wuhan

8. Clinical Course/Complications					
Mechanical ventilation	Yes	If yes, date started	No	Unknown	
ICU Admission	Yes	If yes, date	No	Unknown	
ARDS ¹	Yes	If yes, date diagnosed	No	Unknown	
ECMO ²	Yes	If yes, date started	No	Unknown	
Chest X-ray with pneumonia	Yes	No	Unknown		
Pregnancy	Yes	No	Unknown		
[1] Acute Respiratory Distress Syndrome					
[2] Extracorporeal membrane oxygenation (ECMO)					

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Initial Confirmed Case Report Form 1a (page 5 of 10)

Initial Confirmed Case Report Form - 1a
v7- Wuhan[illegible]

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Initial Confirmed Case Report Form 1a (page 24 of

Initial Confirmed Case Report Form - 1a v7- Wuhan

In the 14 days before onset did the case have close contact with a confirmed or probable case while the case was symptomatic?	Yes	No	Unknown		
Details of Case Contact (if known):	First name		Last name		
	Age		Date of contact with case		
Setting of contact	Household	Health care setting	School		Aircraft
	Other, please specify				
In the 14 days before onset did the case have close contact with any of the following?					
Birds (including poultry and all other avian species)	Yes	No	Unknown		
Bats	Yes	No	Unknown		
Civets	Yes	No	Unknown		
Other animals (please specify)	Yes	No	Unknown	If yes, please specify	

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Initial Confirmed Case Report Form 1a (page 25 of

Initial Confirmed Case Report Form - 1a v7- Wuhan

10. Medical History					
Does the case have any underlying medical conditions? Complete where appropriate					
This information is collected to understand whether specific groups are at greater risk of infection with this virus, to inform future health advice and precautions.					
Chronic heart disease	Yes	No	Unknown	Details	
Diabetes	Yes	No	Unknown	Details	
HIV/other immunodeficiency	Yes	No	Unknown	Details	
Chronic kidney disease	Yes	No	Unknown	Details	
Chronic liver disease	Yes	No	Unknown	Details	
Chronic respiratory disease, excluding asthma requiring medication	Yes	No	Unknown	Details	
Asthma requiring medication	Yes	No	Unknown	Details	
Malignancy	Yes	No	Unknown	Details	
Organ or bone marrow recipient	Yes	No	Unknown	Details	
Seizure disorder	Yes	No	Unknown	Details	
Chronic neurological disease	Yes	No	Unknown	Details	
Currently pregnant	Yes	No	Unknown		
	If yes, trimester	First	Second		Third
	If yes, estimated delivery date				
Height in cm					
Weight in kg					
Other, please specify					

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Initial Confirmed Case Report Form 1a (page 26 of

Initial Confirmed Case Report Form - 1a v7- Wuhan

11. Treatment with antivirals					
Did the case receive antivirals in the last 14 days?					
Ribavirin	Yes	No	Unknown	Date started	Date started not known (x)
Other	Yes	No	Unknown	Date started	Date started not known (x)
If other, please specify					
12. Healthcare Interactions					
Has the case had interaction with any of the following healthcare settings during current illness?					
NHS 111	Yes	No	Unknown	Date of contact	
Visit to GP	Yes	No	Unknown		
	If yes, please specify date(s) of GP contact				
Visit to A&E	Yes	No	Unknown		
	If yes, please specify date(s) of A&E contact				
Admitted to hospital	Yes	No	Unknown		
	Date(s) of hospitalisation			Name of hospital	Postcode of hospital

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Initial Confirmed Case Report Form 1a (page 9 of 10)

Initial Confirmed Case Report Form - 1a v7- Wuhan

13. Test Results							
Virological tests							
Specimen Date	Laboratory Test Date	Specimen Type ³	Lab Name ⁴	Local Lab Number	Virus	Type of Test ⁵	Result (equivocal, negative, positive)

[3] Specimen Types: BAL, Blood-Plasma, Blood-Serum, Faeces, Nose/Throat swab, NPA, Sputum, Tissue, Oral fluid, Finger prick, Urine, Endotracheal aspirate

[4] Lab Names: Belfast, Birmingham, Bristol, Cambridge, Cardiff, Dublin, Glasgow, Leeds, Leicester, Liverpool, London-Barts, London-Kings, London-St Thomas's, London-UCLH, Manchester, Newcastle, Nottingham, PHE-RVU, Porton, Southampton, Other (please specify)

[5] Test Types: RT-PCR, Sequencing, Pyrosequencing, Antigenic-typing, Phenotypic antiviral susceptibility testing, HA/MN

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Initial Confirmed Case Report Form 1a (page 10 of 10)

Initial Confirmed Case Report Form - 1a v7- Wuhan

14. Serology				
Has baseline serology been taken on case?	Yes	No	Not sure	
If yes, date serology taken?				
Laboratory Name				
Date serology sent to a PHE lab				

Communications to PHE should only be sent between PHE email addresses

Follow-up of Confirmed Case Form 1b (page 29 of

Case follow-up form - 1b v2- Wuhan

For reference only			
Confirmed case number (issued by National i.e NIS HPZone)		FF100 id number (automatically generated on FF100 web tool under "contact id")	
*Mandatory fields in pink with bold text and an asterisk			
For multiple choice please mark selected options with an x			
1. Patient Details			
NHS number			
*Forename			
*Surname			
*Date of Birth			
2. Reporter Details			
*Name of the reporter (person completing the form)			
Date Reported			
Position			
Organisation			
Phone and extension			
Mobile			
Email			
Fax			
Date of interview with informant			
3. Informant Details			
Informant (Please mark x)	Case		Other
If Other:			
Contact details including telephone number			
Relationship with case			

Communications to PHE should only be sent between PHE email addresses

Follow-up of Confirmed Case Form 1b (page 30 of

Case follow-up form - 1b v2- Wuhan

4. Outcome/Status at day 14 post symptom onset (if other specify)					
Please complete only if has been ill or is currently ill.					
Status	Recovered	If recovered. Date symptoms resolved (able to resume normal activities)	ill	Dead	If dead, date of death
Was the case hospitalised?	Yes	No	Don't know		
If hospitalisation occurred:	Is the case still hospitalised?	Yes	No	Don't know	
	If yes, date of admission				
	Date of discharge (leave blank if patient is still hospitalised)				
If Dead: (n.b. If this information is not currently available, please leave blank and send through an update as soon as results are known)	Contribution of WN-CoV to death (mark x in one only)	Underlying/primary			
		Contributing/secondary			
		No contribution to death			
		Unknown			
	Was a post mortem performed?	Yes	No	Don't know	
	Cause of death as MCCD (Medical Certificate of the cause of death)				
	Result of coroner's report where applicable				

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Follow-up of Confirmed Case Form 1b (page 31 of

Case follow-up form - 1b v2- Wuhan

5. Symptoms					
Maximum temperature (°C)					
Respiratory symptoms					
Fever or history of Fever (≥38°C)	Yes	If yes, first onset date	No	Unknown	
Runny nose	Yes	If yes, first onset date	No	Unknown	
Sneezing	Yes	If yes, first onset date	No	Unknown	
Cough	Yes	If yes, first onset date	No	Unknown	
	If yes, dry or productive?		Dry	Productive	
Shortness of breath	Yes	If yes, first onset date	No	Unknown	
Sore throat	Yes	If yes, first onset date	No	Unknown	
Other symptoms					
Diarrhoea	Yes	No	Unknown		
Nausea	Yes	No	Unknown		
Vomiting	Yes	No	Unknown		
Fatigue	Yes	No	Unknown		
Muscle ache	Yes	No	Unknown		
Joint ache	Yes	No	Unknown		
Loss of appetite	Yes	No	Unknown		
Headache	Yes	No	Unknown		
Seizures	Yes	No	Unknown		
Altered Consciousness	Yes	No	Unknown		
Nose bleed	Yes	No	Unknown		
Rash	Yes	No	Unknown		
Other	Yes	No	Please specify		

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Follow-up of Confirmed Case Form 1b (page 32 of

Case follow-up form - 1b v2- Wuhan

6. Clinical Course/Complications					
Mechanical ventilation	Yes	If yes, date started	No	Unknown	
HDU/ICU Admission	Yes	If yes, date	No	Unknown	
ARDS ¹	Yes	If yes, date of diagnosis	No	Unknown	
ECMO ²	Yes	If yes, date started	No	Unknown	
Chest X-ray with pneumonia	Yes	No	Unknown		
Pregnancy	Yes	No	Unknown		
[1] Acute Respiratory Distress Syndrome					
[2] Extracorporeal membrane oxygenation (ECMO)					
7. Secondary Bacterial Infections					
Date of sample	Specimen site Sputum / Endotracheal aspirate / Pleural fluid / CSF / Blood / Urine / Other		Positive Results Haemophilus influenzae / MRSA / Staphylococcus aureus / Streptococcus pneumoniae / E. coli / Other organism (please specify)		

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Follow-up of Confirmed Case Form 1b (page 5 of 6)

Case follow-up form - 1b v2- Wuhan

9. Reference Test Results							
Virological tests							
Specimen Date	Laboratory Test Date	Specimen Type ³	Lab Name ⁴	Local Lab Number	Virus	Type of Test ⁵	Result

[3] Specimen Types: BAL, Blood-Plasma, Blood-Serum, Faeces, Nose/Throat swab, NPA, Sputum, Tissue, Oral fluid, Finger prick, Urine, Endotracheal aspirate

[4] Lab Names: Belfast, Birmingham, Bristol, Cambridge, Cardiff, Dublin, Glasgow, Leeds, Leicester, Liverpool, London-Barts, London-Kings, London-St Thomas's, London-UCLH, Manchester, Newcastle, Nottingham, PHE-RVU, Porton, Southampton, Other (please specify)

[5] Test Types: RT-PCR, Sequencing, Pyrosequencing, Antigenic-typing, Phenotypic antiviral susceptibility testing, HA/MN

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Follow-up of Confirmed Case Form 1b (page 6 of 6)

Case follow-up form - 1b v2- Wuhan

10. Serology				
Has convalescent serology been taken on case?	Yes	No	Not sure	
If yes, date serology taken?				
Laboratory Name				
Date serology sent to a PHE lab				

Communications to PHE should only be sent between PHE email addresses

Initial Contact Report Form 2a (page 35 of

Initial Contact Report Form - 2a v7- Wuhan

For reference only				
Confirmed case number (issued by National i.e NIS HPZone)		Local ID of contact (local HPZone ID for contact)		FF100 id number (automatically generated on FF100 web tool)
Name of confirmed case				
*Mandatory fields in pink with bold text and an asterisk				
1. Reporter Details				
*Name of the reporter (person completing the form)				
*Date Reported				
Position				
Organisation				
Phone and extension				
Mobile				
Email				
Fax				
*Date of interview with informant				
2. Informant Details				
Informant (Please mark x)	Contact		Other	
If Other:				
Contact details including telephone number				
Relationship with contact				
3. Details of the Contact				
NHS number				
*Forename				
*Surname				
Sex	Male	Female	Not Specified	
Date of Birth			Age	
Local ID Number (HPZone number)				
Street Address			Home Telephone	
Town			Work Telephone	
County			Mobile	
Post Code			Email address	
Preferred mode of contact				
Country of Residence			Nationality	
Country of Birth				

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Initial Contact Report Form 2a (page 36 of

Initial Contact Report Form - 2a v7- Wuhan

*Responsible PHE Centre					
Local Authority					
Name of school if appropriate					
*Location of contact with confirmed case	Household	Health care setting	School	Aircraft	
	Other, please specify				
*Date of last contact with confirmed case (i.e. date of exposure (protected or unprotected) if still in contact please put today's date). This date MUST be included for the daily follow up					
Is the case part of an institutional outbreak?	Yes	No	Unknown		
	If yes, please specify:				
Occupation					
*Healthcare Worker (HCW) working with confirmed case	Yes	No			
	If Yes HCW, please complete Sections 4,5 and 6				
	If Not HCW, please complete Sections 4,5 and 7				
4. Symptoms in Contact					
*Has the contact been ill within the 14 days after exposure to the confirmed case?	Yes	No			
*Is the contact currently ill?	Yes	No			
	If contact has not been ill please go to Section 5.				
Date of first symptom onset				Unknown (x)	
Maximum temperature					

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Initial Contact Report Form 2a (page 37 of

Initial Contact Report Form - 2a v7- Wuhan

Respiratory symptoms				
Fever or history of Fever ($\geq 38^{\circ}\text{C}$)	Yes	If yes, first onset date	No	Unknown
Runny nose	Yes	If yes, first onset date	No	Unknown
Sneezing	Yes	If yes, first onset date	No	Unknown
Cough	Yes	If yes, first onset date	No	Unknown
	If yes, dry or productive?		Dry	Productive
Shortness of breath	Yes	If yes, first onset date	No	Unknown
Sore throat	Yes	If yes, first onset date	No	Unknown
Other symptoms				
Diarrhoea	Yes	No	Unknown	
Nausea	Yes	No	Unknown	
Vomiting	Yes	No	Unknown	
Fatigue	Yes	No	Unknown	
Muscle ache	Yes	No	Unknown	
Joint ache	Yes	No	Unknown	
Loss of appetite	Yes	No	Unknown	
Headache	Yes	No	Unknown	
Seizures	Yes	No	Unknown	
Altered Consciousness	Yes	No	Unknown	
Nose bleed	Yes	No	Unknown	
Rash	Yes	No	Unknown	
Other	Yes	No	Please specify	

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Initial Contact Report Form 2a (page 38 of

Initial Contact Report Form - 2a v7- Wuhan

5. Medical History					
Does the contact have any underlying medical conditions? Complete where appropriate					
This information is collected to understand whether specific groups are at greater risk of infection with this virus, to inform future health advice and precautions.					
Chronic heart disease	Yes	No	Unknown	Details	
Diabetes	Yes	No	Unknown	Details	
HIV/other immunodeficiency	Yes	No	Unknown	Details	
Chronic kidney disease	Yes	No	Unknown	Details	
Chronic liver disease	Yes	No	Unknown	Details	
Chronic respiratory disease, excluding asthma requiring medication	Yes	No	Unknown	Details	
Asthma requiring medication	Yes	No	Unknown	Details	
Malignancy	Yes	No	Unknown	Details	
Organ or bone marrow recipient	Yes	No	Unknown	Details	
Seizure disorder	Yes	No	Unknown	Details	
Chronic neurological disease	Yes	No	Unknown	Details	
Currently pregnant	Yes	No	Unknown		
	If yes, trimester	First	Second		Third
	If yes, estimated delivery date				
Height in cm					
Weight in kg					
Other, please specify					

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Initial Contact Report Form 2a (page 39 of

Initial Contact Report Form - 2a v7- Wuhan

6. Exposure in a healthcare setting						
Was any contact with the confirmed case unprotected (without full PPE)?	Yes	No				
	First date of unprotected contact					
	Last date of unprotected contact					
Was any contact with the confirmed case protected (full PPE)?	Yes	No				
	First date of protected contact					
	Last date of protected contact					
Job title						
Place of work						
Direct patient contact? (eg Hands-on clinical contact)	Yes	No				
What type of protective equipment was used during contact with confirmed case and how often?						
Surgical mask	Yes	No	Don't know			
	If yes, how often	Always (100% of time)	Often (>50% of time)	Infrequent (<50% of time)	Never	
High filtration mask (FFP3)	Yes	No	Don't know			
	If yes, how often	Always (100% of time)	Often (>50% of time)	Infrequent (<50% of time)	Never	
Eye protection	Yes	No	Don't know			
	If yes, how often	Always (100% of time)	Often (>50% of time)	Infrequent (<50% of time)	Never	
Gloves	Yes	No	Don't know			
	If yes, how often	Always (100% of time)	Often (>50% of time)	Infrequent (<50% of time)	Never	
Gown	Yes	No	Don't know			
	If yes, how often	Always (100% of time)	Often (>50% of time)	Infrequent (<50% of time)	Never	

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Initial Contact Report Form 2a (page 40 of

Initial Contact Report Form - 2a v7- Wuhan

Was the contact present while any aerosol generating procedures took place?	Yes	No			
If yes, what procedure were they present at? List and date if more than one	Procedure 1		Date		
	Procedure 2		Date		
	Procedure 3		Date		
Was the contact wearing any type of mask at this/these procedure?		Surgical	FFP3	None	
	Procedure 1				
	Procedure 2				
	Procedure 3				
Date of illness onset for confirmed case (if known)					
If date of onset in confirmed case is known: Please mark with x below all days of contact with the confirmed case since onset of illness in the confirmed case. E.g. 0 means contact on the day of onset of illness. +1 means contact the day after onset of illness If date of onset in confirmed case is not known please skip to next question					
Day	0	1	2	3	4
Date					
Enter x for contact occurred on this day					
Day	5	6	7	8	9
Date					
Enter x for contact occurred on this day					
Day	10	11	12	13	14
Date					
Enter x for contact occurred on this day					
If date of onset in confirmed case is not known, please give the total number of days you were in contact with the confirmed case while they were symptomatic					
Monitoring state of contact following initial assessment	Active		Passive		

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Initial Contact Report Form 2a (page 41 of

Initial Contact Report Form - 2a v7- Wuhan

7. Exposure Information - Non Healthcare Workers					
Has the contact been in continuous contact with the confirmed case? E.g. same household	Yes	No	Unknown		
	If no, date of first contact with case				
Last date of contact with confirmed case			Contact has not ended (x)		
Date of illness onset for confirmed case (if known)					
If date of onset in confirmed case is known: Please mark with x below all days of contact with the confirmed case since onset of illness in the confirmed case. E.g. 0 means contact on the day of onset of illness. +1 means contact the day after onset of illness If date of onset in confirmed case is not known please skip to next question					
Day	0	1	2	3	4
Date					
Enter x for contact occurred on this day					
Day	5	6	7	8	9
Date					
Enter x for contact occurred on this day					
Day	10	11	12	13	14
Date					
Enter x for contact occurred on this day					
If date of onset in confirmed case is not known, please give the total number of days you were in contact with the confirmed case while they were symptomatic					
Monitoring state of contact following initial assessment	Active		Passive		

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Initial Contact Report Form 2a (page 42 of

Initial Contact Report Form - 2a v7- Wuhan

8. Outcome/Current Status of Contact					
Please complete only if has been ill or is currently ill.					
Status	Recovered	If recovered. Date symptoms resolved (able to resume normal activities)	ill	Dead	If dead, date of death
If hospitalisation occurred:	Is the contact still hospitalised?	Yes	No	Don't know	
	If yes, date of admission				
	Date of discharge (leave blank if patient is still hospitalised)				
Case classification of contact if appropriate (see below for definitions)	Confirmed	Presumptive positive	Possible	Discarded	N/A
	PHE National Reference Laboratory (RVU) Colindale positive confirmation of infection with novel-CoV	PHE novel-CoV Testing Laboratory positive of infection with novel-CoV	Acute respiratory infection or more severe illness as per possible case algorithm	Any possible case with a negative novel-CoV laboratory result	Not applicable

Communications to PHE should only be sent between PHE email addresses

Initial Contact Report Form 2a (page 9 of 10)

Initial Contact Report Form - 2a
v7- Wuhan

9. Virological Tests (if appropriate)

9. Virological Tests (if appropriate)							
Confirmed case number (issued by National i.e NIS HPZone)	Laboratory Test Date	Specimen Type ³	Lab Name ⁴	Local Lab Number	Virus	Type of Test ⁵	Result

[3] Specimen Types: BAL, Blood-Plasma, Blood-Serum, Faeces, Nose/Throat swab, NPA, Sputum, Tissue, Oral fluid, Finger prick, Urine, Endotracheal aspirate

[4] Lab Names: Belfast, Birmingham, Bristol, Cambridge, Cardiff, Dublin, Glasgow, Leeds, Leicester, Liverpool, London-Barts, London-Kings, London-St Thomas's, London-UCLH, Manchester, Newcastle, Nottingham, PHE-RVU, Porton, Southampton, Other (please specify)

[5] Test Types: RT-PCR, Sequencing, Pyrosequencing, Antigenic-typing, Phenotypic antiviral susceptibility testing, HA/MN

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Initial Contact Report Form 2a (page 10 of 10)

Initial Contact Report Form - 2a v7- Wuhan

10. Serology				
Has baseline serology been taken on contact?	Yes	No	Not sure	
If yes, date serology taken?				
Laboratory Name				
Date serology sent to a PHE lab				

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Follow-up of Contact Form 2b (page 45 of

Initial Contact Report Form - 2b v2- Wuhan

For reference only					
Confirmed case number (issued by National i.e NIS HPZone)		Local ID of contact (local HPZone ID for contact)		FF100 id number (automatically generated on FF100 web tool)	
Name of confirmed case					
*Mandatory fields in pink with bold text and an asterisk					
1. Details of the Contact					
NHS number					
*Forename					
*Surname					
*Date of birth					
2. Reporter Details					
*Name of the reporter (person completing the form)					
*Date Reported					
Position					
Organisation					
Phone and extension					
Mobile					
Email					
Fax					
*Date of interview with informant					
3. Informant Details					
Informant (Please mark x)	Contact		Other		
If Other:					
Contact details including telephone number					
Relationship with contact					

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Follow-up of Contact Form 2b (page 46 of

Initial Contact Report Form - 2b v2- Wuhan

4. Exposure Information					
*Last date of contact with confirmed case (If still in contact put today's date)		Contact has not ended (x)			
Date of illness onset for confirmed case (if known)					
If date of onset in confirmed case is known: Please mark with x below all days of contact with the confirmed case since onset of illness in the confirmed case. E.g. 0 means contact on the day of onset of illness. +1 means contact the day after onset of illness If date of onset in confirmed case is not known please skip to next question					
Day	0	1	2	3	4
Date					
Enter x for contact occurred on this day					
Day	5	6	7	8	9
Date					
Enter x for contact occurred on this day					
Day	10	11	12	13	14
Date					
Enter x for contact occurred on this day					
If date of onset in confirmed case is not known, please give the total number of days you were in contact with the confirmed case while they were symptomatic	5				

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Follow-up of Contact Form 2b (page 47 of

Initial Contact Report Form - 2b v2- Wuhan

4. Symptoms in this contact (final updated)					
*Has the contact been ill within the 14 days after exposure to the confirmed case? (see symptoms)	Yes	No			
*Is the contact currently ill?	Yes	No			
Did the contact have any additional symptoms not previously mentioned in form 2a and up to 14 days since last exposure with confirmed case?					
If yes, date of first symptom onset				Unknown (x)	
If yes, time of onset	AM	PM	Unknown		
If yes, maximum temperature (°C)					
Respiratory symptoms					
Fever or history of Fever ($\geq 38^{\circ}\text{C}$)	Yes	If yes, first onset date	No	Unknown	
Runny nose	Yes	If yes, first onset date	No	Unknown	
Sneezing	Yes	If yes, first onset date	No	Unknown	
Cough	Yes	If yes, first onset date	No	Unknown	
	If yes, dry or productive?		Dry	Productive	
Shortness of breath	Yes	If yes, first onset date	No	Unknown	
Sore throat	Yes	If yes, first onset date	No	Unknown	

Communications to PHE should only be sent between PHE email addresses

Follow-up of Contact Form 2b (page 48 of

Initial Contact Report Form - 2b v2- Wuhan

Other symptoms			
Diarrhoea	Yes	No	Unknown
Nausea	Yes	No	Unknown
Vomiting	Yes	No	Unknown
Fatigue	Yes	No	Unknown
Muscle ache	Yes	No	Unknown
Joint ache	Yes	No	Unknown
Loss of appetite	Yes	No	Unknown
Headache	Yes	No	Unknown
Seizures	Yes	No	Unknown
Altered Consciousness	Yes	No	Unknown
Nose bleed	Yes	No	Unknown
Rash	Yes	No	Unknown
Other	Yes	No	Please specify

Communications to PHE should only be sent between PHE email addresses

Follow-up of Contact Form 2b (page 49 of

Initial Contact Report Form - 2b v2- Wuhan

5. Outcome/Current Status of this contact					
Please complete only if has been ill since exposure or is currently ill.					
Status	Recovered	If recovered. Date symptoms resolved (able to resume normal activities)	ill	Dead	If dead, date of death
If hospitalisation occurred:	Is the contact still hospitalised?	Yes	No	Don't know	
	If yes, date of admission				
	Date of discharge (leave blank if patient is still hospitalised)				
If Dead: (n.b. If this information is not currently available, please leave blank and send through an update as soon as results are known)	Contribution of WN-CoV to death (mark x in one only)	Underlying/primary			
		Contributing/secondary			
		No contribution to death			
		Unknown			
	Was a post mortem performed?	Yes	No	Don't know	
	Cause of death as MCCD (Medical Certificate of the cause of death)				
	Result of coroner's report where applicable				

Communications to PHE should only be sent between PHE email addresses

Follow-up of Contact Form 2b (page 50 of

Initial Contact Report Form - 2b v2- Wuhan

6. Serology					
Has convalescent serology been taken on contact?	Yes	No	Not sure		
If yes, date serology taken?					
Laboratory Name					
Date serology sent to a PHE lab					
7. Final contact classification					
*MANDATORY: Please mark only one box in this section					
If contact becomes a possible case: (see below for definitions)	Confirmed	Presumptive positive	Possible	Discarded	
	PHE National Reference Laboratory (RVU) Colindale positive confirmation of infection with novel-CoV	PHE novel-CoV Testing Laboratory positive of infection with novel-CoV	Acute respiratory infection or more severe illness as per possible case algorithm	Any possible case with a negative novel-CoV laboratory result	
Asymptomatic contact: No illness					
Contact did not become ill during the 14 days after case exposure (protected/unprotected contact)					
Lost to follow up					
If the contact is lost (non-responsive) during the follow up period					

Communications to PHE should only be sent between PHE email addresses

Appendix A: FF100 Form Completion Guidance

These notes are to provide guidance to those completing the forms. It is suggested that these investigations could be divided into teams – these could include a ‘case reporter’ team, a ‘contact reporter’ team and ‘go to’ team who would liaise with additional data sources other than the case or contact such as hospitals, laboratories etc.

(a) FF100 Initial Case Report Form 1a – This form should be completed predominately by the ‘Case’ reporter team. This form should be completed as soon as the PHE Centre is notified by the Emergency Operations team at PHE, Colindale.

Section	Sources	Verified against
Case Classification	Case Reporter / EOC Colindale	
Reporter Details	Case Reporter	
Informant Details	Informant	
Patient Details	Informant	
GP Details	Informant	PDS matching (by EOC?)
Presenting illness	Informant	Healthcare provider / review of medical records
Exposures in the 14 days before onset	Informant	
Medical history	Informant	Healthcare provider / GP / review of medical records
Treatment & prophylaxis with antivirals	Informant / interview with healthcare provider	Review of medical records
Hospitalisation	Informant / Hospital	HES
Test results	Testing laboratory	DataMart
Contact Details	Informant	

(b) FF100 Case Follow-Up Form 1b – This form should be completed by the ‘Case’ reporter team and should be completed 14 days after symptom onset of the case.

Section	Sources	Verified against
Final case classification	Contact Reporter / EOC Colindale	
Reporter details	Contact Reporter	
Informant details	Informant	
Outcome/Status at 14 days post symptom onset	Informant	ONS mortality, PDS, GP/Hospital
Illness	Informant	Healthcare provider / review of medical records
Clinical Course/Complications	Informant / interview with healthcare provider	Review of medical records
Treatment with antivirals	Informant / interview with healthcare provider	Review of medical records
Treatment with antibiotics	Informant / interview with	Review of medical

	healthcare provider	records
Interaction with NHS	Informant / Hospital	HES
Reference Test Results	Testing laboratory	DataMart
Bacterial Infections	Testing laboratory	Lab-base/MOLIS

(c) FF100 Initial Contact Report Form 2a – This form should be completed by the 'Contacts' reporter team and should be completed after the Initial Case Report form has been completed by the 'Case' Reporter team, ideally within 24 hours.

Section	Sources	Verified against
Reporter Details	Contact reporter	
Informant Details	Informant	
Contact Details	Informant	
Exposure Information	Informant	
Illness in contacts	Informant	Healthcare provider / review of medical records
Outcome/Status	Informant	ONS mortality, PDS, GP / hospital
Case classification	Contact reporter	
Virological Tests	Testing laboratory	DataMart
Medical History	Informant	Healthcare provider / GP / review of medical records

(d) FF100 Contact Follow-Up Form 2b

Section	Sources	Verified against
Reporter Details	Contact reporter	
Informant Details	Informant	
Final Contact Classification	Contact reporter	
Exposure Information	Informant	
Illness in contacts	Informant	Healthcare provider / review of medical records
Clinical Course/Complications	Informant / interview with healthcare provider	Review of medical records
Outcome Status	Informant	ONS, PDS, GP / Hospital

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NR

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Bharat Pankania, Nick Phin,

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