



पत्र संख्या: २०७६/०७७

च. नं: १२०२

नेपाल सरकार  
स्वास्थ्य तथा जनसंख्या मन्त्रालय  
स्वास्थ्य सेवा विभाग



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पचली, टेकु  
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मिति: २०७६।१२।११

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श्री स्थानीय तह, सबै

विषय : COVID -19 SOP, Case investigation and Contact tracing form सम्बन्धमा ।

प्रस्तुत विषयमा कोभिड १९ को Case investigation तथा Contact tracing का लागि आवश्यकता अनुसारको समूह गठन गरी तयारी अवस्थामा रहनुहुनका लागि अनुरोधका साथै केश व्यवस्थापनका लागि तयार गरिएको स्वीकृत Standard Operating Procedure (SOP), Case investigation and Contact tracing form यसै साथ पठाइएको व्यहोरा अनुरोध छ ।

डा. वासुदेव पाण्डे  
निर्देशक

बोधार्थ :

श्रीमान् सचिव ज्यू, स्वास्थ्य तथा जनसंख्या मन्त्रालय,  
श्रीमान् महानिर्देशक ज्यू, स्वास्थ्य सेवा विभाग, टेकु ।



# Standard Operating Procedure for Case Investigation and Contact Tracing of COVID-19



## Interim Version

Version 1.0

21 March 2020



Ministry of Health and Population  
Department of Health and Population  
Epidemiology and Disease Control Division  
Teku, Kathmandu



## Rationale

Case investigation and contact tracing are essential measures for timely containment of an outbreak.

Case investigation establishes the source/cause of infection based on which measures to control and prevent outbreak are determined.

Contact tracing is the identification and follow-up of persons who have been exposed to an infected person to determine whether they have been infected. It is the single most important activity to break the chain of transmission of the disease and control diseases such as the 2019-novel coronavirus acute respiratory disease (COVID-19). One exposed contact developing into an undetected case has the potential to start an outbreak.

## Objectives

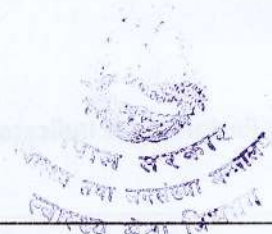
1. Identify the potential source/cause of infection in cases of COVID-19 in Nepal
2. Rapidly identify all contacts of confirmed COVID-19 cases in Nepal
3. Promptly refer contacts for isolation and treatment if they become symptomatic
4. Prevent additional transmission from contacts to others, through promotion of preventive measures such as enhanced infection prevention and control and social distancing including home, institutional or community quarantine.

## Key principles

1. Laboratory confirmation should not delay the initiation of case investigation and contact tracing
2. Investigation team should be thoroughly trained and socially skilled as first interaction with the case or contact and their family is critical.
3. Electronic data management is key when the number of contacts becomes difficult to manage
4. Contact tracing can only be meaningful with effective detection of cases, lab testing, quarantine and isolation capacity and effective patient care and management



## Definitions



<b>Suspected case</b>	Any person with influenza like illness <sup>1</sup> or acute respiratory illness <b>AND</b> a history of travel to or residence in a country, area or territory that has reported local transmission of COVID-19 disease <b>or</b> has been in close contact with a suspected/probable/confirmed case of COVID-19 <b>or</b> who requires hospitalization and has no other etiology that fully explains the clinical presentation
<b>Probable case</b>	A suspect case for whom testing for COVID-19 is inconclusive or is tested positive using a pan-coronavirus assay and without laboratory evidence of other respiratory pathogens.
<b>Confirmed case</b>	A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.
<b>Close Contact</b>	<p>A close contact is a person involved in any of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a suspected or confirmed case:</p> <ol style="list-style-type: none"> <li>1. Close contact with a suspected or confirmed case (within 1 meter) for more than 15 minutes;</li> <li>2. Direct physical contact with a probable or confirmed case;</li> <li>3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment;</li> <li>4. Sitting within two rows of a suspected/confirmed case in a conveyance (see Annex 1)</li> </ol> <p>Note: for confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the date on which the sample was taken which led to confirmation.</p>
<b>High-risk contact</b>	Contacts who lived in the same household at the case; contacts who cared for the case during his/her illness without any precautionary measures; and contacts that are pregnant, with diabetic or other chronic disease conditions and who are older than 60 years.

<sup>1</sup> An acute respiratory infection with history of fever or measured temperature  $\geq 38^{\circ}\text{C}$  and cough and / or sore throat with onset within the last 10 days



## Key Performance Indicators

ID	Indicator	Target
KPI 1	% of suspected cases interviewed within 24 hours of identification	80%
KPI 2	% contacts interviewed within 48 hours of identification	80%
KPI 3	% laboratory results for suspect and probable cases obtained within 24 hours of testing.	100%
KPI 4	% contacts registered in Go.Data	100%
KPI 5	% daily follow-ups registered in Go.Data	100%
KPI 6	% contacts followed up each day	100%

## Tools Used

ID	Name	Purpose	Used by
Suspected Case Reporting Form	Initial Suspected Case Reporting Form (see Annex 2)	To collect personal, clinical, travel and exposure details of the contact	1. Clinician managing the case 2. Partly by Contact Interview Team if any contacts are symptomatic during the first interview
Form A1	Case Investigation and Contact Listing Form (see Annex 3)	To determine the possible source of infection, if it has not been established in case reporting form To identify and list the contacts	Case Investigation Team (see details in Annex 1)
Form B1	Contact Interview Form (see Annex 4)	To interview contacts for the first time	Contact Interview Team (see details in Annex 1)
Form B2	Contact Follow Up Form/Symptoms Diary (see Annex 5)	To daily monitor the development of any COVID-19 related symptoms in the contacts	Hotline Agent/Contacts/Contact Follow-Up Team/ (see details in Annex 1)



## Procedures (Stepwise)

Case interview and identification of contacts Responsible team: Case Investigation Team		
1.	A suspected/probable/confirmed case of COVID-19 is identified	
2.	<u>Case Investigation team</u> prepare for interview with the case.	
3.	<u>Case Investigation team</u> conduct interview with the case <i>See guidance note on Form A1 Case Interview Form</i>	Form A1
4.	Directly talk to the case as far as possible. — Face-to-face interview of the case to be done only by the clinical care team with full PPE if they have the time to undertake this function. — If not, the interview is done only through phone call. If case too ill to be directly interviewed, family members to be interviewed	
5.	List all identified contacts in <u>Form A1 (Section 6)</u> .	Form A1
6.	<u>Data management team</u> enter all Form A1 case and contact data into Go.Data	Go.Data
Contact interviews Primary Responsible Team: Contact Interview Team		
7.	<u>Team Supervisor</u> determine contacts that are most-at-risk and prioritize for interview. <b>KPI 1:</b> 80% of contacts interviewed within 48 hours of identification.	
8.	<u>Team Supervisor</u> assign contacts to <u>Contact Interview Team</u>	
9.	<u>Contact Interview Team</u> prepare to locate and conduct interview of contacts.	
10.	Different approach necessary for contacts of confirmed cases AND contacts of suspected/probable cases. For contacts of confirmed cases: Follow Steps 11 – 14 For contacts of suspected cases: Follow Steps 15 - 18	
For contacts of confirmed cases		
11.	<u>Contact Interview Team</u> query the contacts about the kind of exposure or interaction they had with the case to reconfirm the information provided by the case or people who identified contacts on behalf of the case. ♦ If no risk is identified when reconfirming, such persons are removed as a contact with consultation and approval from the <u>Team Supervisor</u> .	
12.	<b>For a confirmed contact</b> , interview confirmed contacts using the Form B1 with priority to high	



	<p>risk contacts.</p> <p><b>Note: For confirmed close contacts, consider their household members, i.e. with whom the contact lives together, also as close contacts and list them in the form.</b></p>	Form B1
13.	<p><b>If a contact is asymptomatic at the time of interview:</b></p> <ul style="list-style-type: none"> <li>— Provide information on their contact status, preventive measures, and the importance of notifying the contact tracing team if they develop symptoms.</li> <li>— Inform contacts to remain at home and self-quarantine for 14 days.</li> <li>— Give contact a symptom diary (Form B2) and instructions on how to use it to monitor symptoms each day.</li> <li>— Give the hotline number and instruct to call immediately if they develop symptoms.</li> <li>— Agree a fixed time with contact for active follow-up by telephone for the first 14 days.</li> <li>— Get only one telephone per household, i.e. if there are more than one contacts from the same household, all are monitored through same number.</li> <li>— Get contact details of the alternative person to be reached out if the contact cannot be directly reached out during the follow-up period.</li> </ul> <p><b>Note: Household members of all confirmed close contacts, with whom the confirmed contact lives together in the same household, need to also remain at home quarantine and have symptoms monitored.</b></p>	Form B2
14.	<p><b>If a contact is symptomatic at the time of interview, Contact Interview Team:</b></p> <ul style="list-style-type: none"> <li>— Assign case as a suspected case and partly fill the <u>Initial Suspected Case Reporting Form (Section 1, 2 and 3)</u></li> <li>— Arrange for the transportation of the contact to an isolating hospital.</li> <li>— Identify his/her contacts using and lists them in the <u>Form A1</u>.</li> </ul>	<p>Case Reporting Form</p> <p>Form A1</p>
For contacts of probable and suspected cases		
15.	<ul style="list-style-type: none"> <li>— Instruct all contacts to self-quarantine themselves till the lab confirmation test result of the case is available and they are notified of it.</li> <li>— Fill up the <u>Form B1 (Section 1 only) for each contact</u></li> <li>— Await laboratory result of the case for further actions</li> </ul>	Form B1
16.	<p>If laboratory test of the case comes positive, Contact Interview Team</p> <ul style="list-style-type: none"> <li>— Assign case as a confirmed case.</li> <li>— Follow steps 11- 14</li> </ul> <p><b>KPI 2:</b> 100% of laboratory results for suspect and probable cases obtained within 24 hours of testing.</p>	
17.	If laboratory test of the case comes negative:	

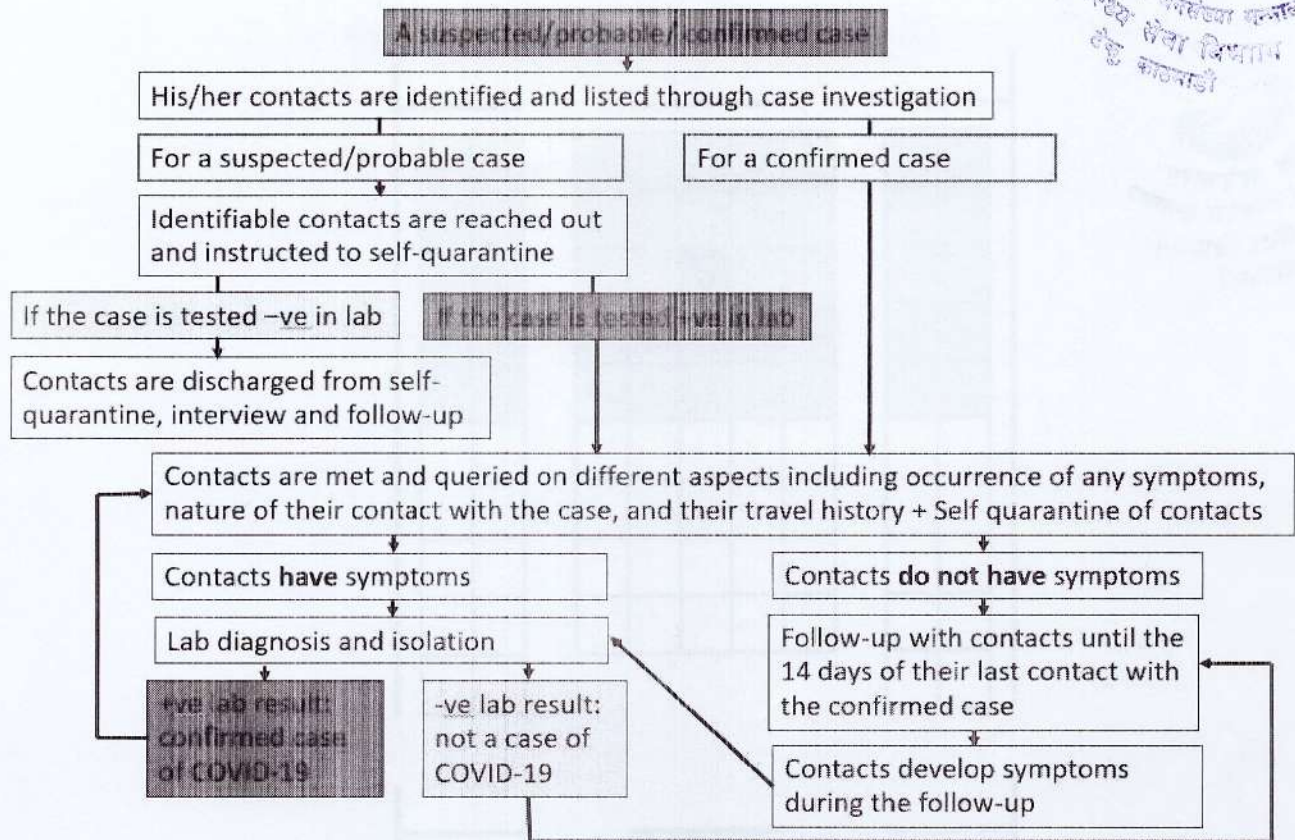


	<ul style="list-style-type: none"> <li>— Inform contacts and release them from self-quarantine.</li> <li>— Provide health education on prevention of further risk of infection</li> </ul>	
18.	<p><i>If indeterminate:</i></p> <ul style="list-style-type: none"> <li>— Case remains probable, pending the results of further testing</li> <li>— Inform the contact to remain in self-quarantine pending definitive laboratory result</li> </ul>	
19.	<p><u>Data management team</u> enter all Form B1 data into Go.Data</p> <p><b>KPI 3:</b> 100% of contacts are registered in Go.Data</p>	Go.Data
<b>Contact follow-up</b> <b>Responsible Team: Hotline agent and Contact Follow-up Team</b>		
20.	<u>Team Supervisor</u> to assign contacts to Contact Follow-Up Team; not more than 20 contacts per team	
21.	Contacts are actively monitored primarily through <u>SMS-based system</u> and <u>Hotline agents</u> . Contact Follow-Up team to conduct home visits when required.	
22.	Frequency and type of follow-up depends on scenarios.	
<b>First few cases OR cluster of cases</b>		
23.	<p>All contacts:</p> <p>Day 1-14.</p> <ul style="list-style-type: none"> <li>- Each day at 13:00pm, a SMS is sent to all contacts asking if all of the household members are feeling well and free from symptoms</li> <li><b>Yes</b> – Everyone is feeling well</li> <li><b>No</b> – At least one family member has developed symptoms</li> <li>- If SMS is not replied within 17:00pm OR SMS is replied as “NO”, <u>Hotline Agents</u> to call contacts to get details on their symptoms.</li> <li>- Contacts to maintain <u>symptom diary (Form B2)</u> and call hotline if symptoms develop</li> </ul> <p>High risk contacts<sup>2</sup>:</p> <ul style="list-style-type: none"> <li>- <u>Hotline agents</u> to call each day irrespective of reply to SMS.</li> </ul>	<p>Go.Data</p> <p>Form B2</p>
<b>Community transmission in certain parts of the country</b>		

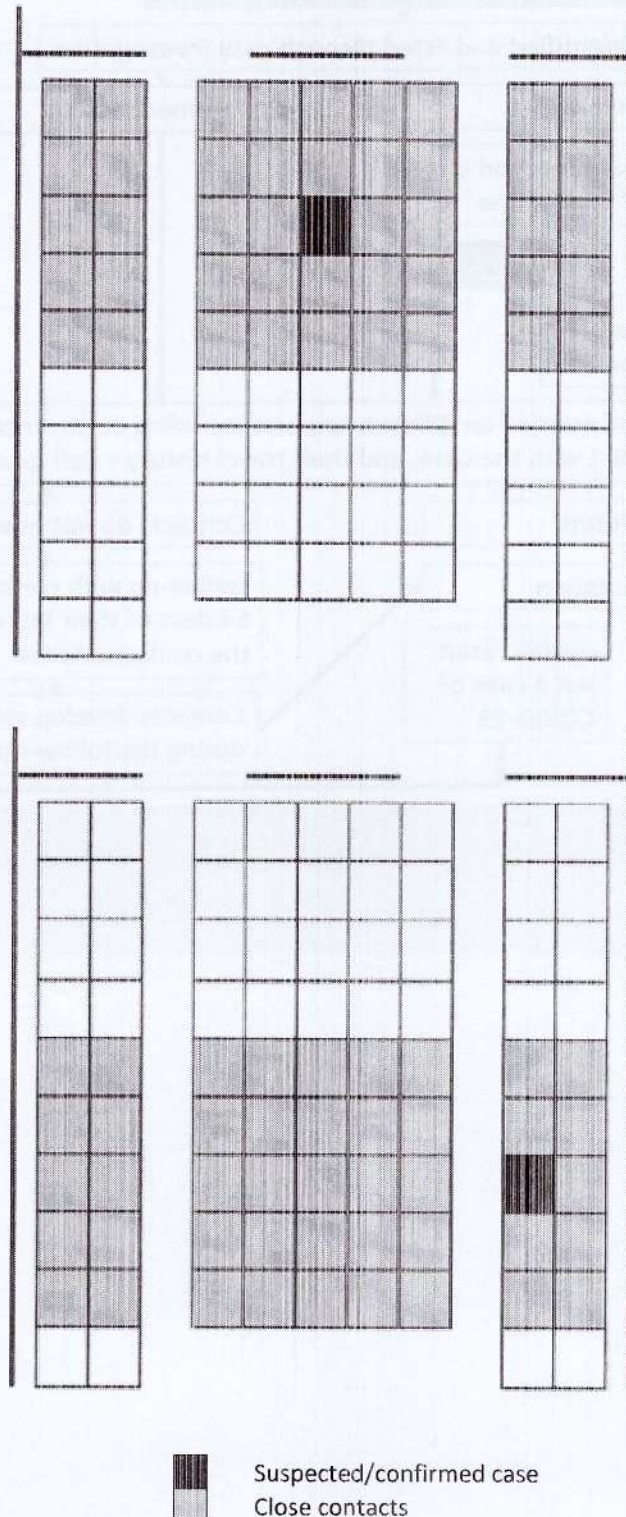
24.	<p>All contacts:</p> <ul style="list-style-type: none"> <li>- Days 1-14. Contact to maintain symptom diary and call hotline if symptoms develop</li> <li>- Call on Day 8 and Day 15</li> </ul> <p>High risk contacts:</p> <ul style="list-style-type: none"> <li>- <u>Hotline Agents</u> Conduct calls once in every three days.</li> </ul>	
25.	If a contact cannot be directly reached, <u>Hotline Agent</u> telephone the alternative person identified.	
26.	If the contact and the alternative contact cannot be reached, record the follow-up as "not seen".	
27.	<p>If a contact or alternative contact are "not seen" for 3 consecutive days, Hotline Agent notify the Team Supervisor.</p> <p><u>Contact Follow Up</u> Team conduct a house visit.</p>	
28.	<p><u>Hotline agents</u> record status of each follow-up visit in the Go.Data.</p> <p><b>KPI 4:</b> 100% of contact follow-up visits are recorded in Go.Data.</p>	Go.Data
29.	<p><u>Team Supervisor</u> to print list of follow-ups in Go.Data each day to facilitate the work.</p> <p><b>KPI 5:</b> 90% of contacts are followed-up each day.</p>	
30.	<p>If a contact reports COVID-19 disease symptom during the 14-day follow-up period</p> <ul style="list-style-type: none"> <li>— <u>Hotline Agent</u> immediately inform the <u>Team Supervisor</u>.</li> <li>— Inform contact of the nearest designated hospital for isolation and laboratory testing, along with other measures they need to take to ensure that those whom they live; works/study, travel and interact with are not exposed to the infection.</li> <li>— <u>Contact Follow Up</u> to support if required</li> </ul> <p><i>Refer to SOP for isolation and clinical management of confirmed COVID-19 cases</i></p>	
31.	<p>On Day 22, if the contact has not reported symptoms then the period of follow-up ends.</p> <p>Hotline Agent to inform contacts of their release from follow-up.</p>	



## Procedures (Flow Diagram)



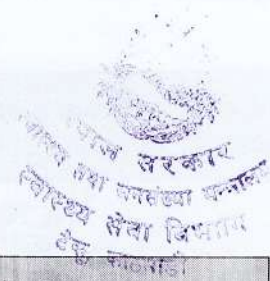
## Annex 1: Seating Arrangements of Close Contacts in a Flight



Adapted from: Protecting Travelers' Health from Airport to Community: Investigating Contagious Diseases on Flights / Quarantine | CDC [Internet]. 2019 [cited 2020 Mar 21]. Available from: <https://www.cdc.gov/quarantine/contact-investigation.html>



## Annex 2: Different Teams Involved in Contact Tracing




Team members and quantity	Responsibilities	Responsible Authority
1. Epidemic Rapid Response Teams Coordinator	<ul style="list-style-type: none"> <li>— Oversee all Epidemic Rapid Response Teams (ERRTs)</li> <li>— Oversee operations, monitoring completeness of investigations and training, and mobilizing resources.</li> </ul>	Person mandated at national/provincial for overall for epidemiology and outbreak management
2. Epidemic Rapid Response Teams (ERRTs)	<ul style="list-style-type: none"> <li>— Conduct case investigation, contact finding and interview, and contact follow-up</li> </ul>	<p>Epidemic Rapid Response Teams (ERRTs) need to be formed at each level with a team supervisor and multiple field officers</p> <p>Mobilization of ToT cohort of Epidemic and Pandemic Preparedness and Response training as one of the team members where possible</p> <p>Multiple ERRTs could be formed as required</p> <p>Preferably, each ERRT would be responsible for different cases</p> <p>Team members within the ERRTs could be scaled up or down as required.</p>
2.1. Team Supervisor	<ul style="list-style-type: none"> <li>— Oversee operations, monitoring completeness of investigations and training, and mobilizing resources</li> <li>— Keep update of which suspected case has tested positive or negative in laboratory diagnosis</li> <li>— Decide which contacts should continue to be followed up/traced, which contacts are priorities, and which contacts can be discharged from follow-up.</li> <li>— Assign roles of case investigation, contact finding, contact interview and contact follow-up to team members.</li> <li>— Liase with other stakeholders like police, airport authorities to trace</li> </ul>	Experience/training/education on outbreak investigation and management; Skills to manage multiple teams involved in contact tracing; highly organized and detail oriented; need to be able to commit full-time to contact tracing during an outbreak.



Team members and quantity	Responsibilities	Responsible Authority
	<p>contacts</p> <ul style="list-style-type: none"> <li>Supervise and receive reports from investigation, contact interview and follow-up team</li> </ul>	
<p><b>2.2. Case Investigation team</b></p> <p><i>(At least two persons in each team; could constitute of multiple investigation team)</i></p>	<ul style="list-style-type: none"> <li>Interview any potential cases using case investigation form to</li> <li>determine exposures</li> <li>Identify all contacts (including household, work / study and travel settings, community gathering, etc) and list them in a contact listing form</li> </ul>	<p>Trained interviewer with social and investigative skill; team could compose of epidemiologists, clinicians, and health communication professionals (for education and networking issues)</p>
<p><b>2.3. Contact finding and Interview Team<sup>3</sup></b> <i>(At least two people in each team; multiple such contact finding &amp; interview teams could be constituted as per need)</i></p>	<ul style="list-style-type: none"> <li>Find /Locate, communicate with, and interview all possible contacts</li> <li>Alert contacts of their status, tell them about the contact tracing procedure including follow-up measures, and offer support</li> <li>Inform contacts about the disease, prevention and self-care measures, importance of self-reporting on development of symptoms</li> <li>Enquire if a contact has symptoms of the disease. If yes, then counsel the person and ensure that it is immediately reported to the field epidemiologist to make arrangements to investigate the contact as a potential suspected and for isolation.</li> <li>Provide hotline number of call center to self-report or to ask any questions related to the disease</li> <li>Submit contact interview report to the field epidemiologist</li> </ul>	<p>Trained interviewer with social skills; team constitute of a local health professional (could be paramedics) if possible</p> <p>Supported by cohort of Epidemic and Pandemic Preparedness and Response trainees where possible</p>
<p><b>3. Contact follow-up team including Hotline Agents</b></p>	<ul style="list-style-type: none"> <li>Daily follow-up of the contacts</li> <li>Call each contact - from the list provided by the field epidemiologist-daily and fill up the <b>follow-up form</b></li> </ul>	<ul style="list-style-type: none"> <li>Trained interviewer with social / counselling skills</li> </ul>

<sup>3</sup> If there are few cases, same team can both investigate a case and interview his/her contacts. But as the number of cases grow, having different teams for investigation and contact interview could be helpful.



Team members and quantity	Responsibilities	Responsible Authority
	<ul style="list-style-type: none"> <li>— Answer any questions that arise during the follow-up process</li> <li>— Return the form to the field epidemiologist at the conclusion of the daily work</li> <li>— If the contact develops any symptoms, immediately call the field epidemiologist and report</li> </ul>	
4. Data management team	<ul style="list-style-type: none"> <li>— Enter and manage all data related to contact tracing including contact list, contact interview and daily follow-up</li> <li>— Provide accurate, up-to-date lists of all contacts to be followed</li> <li>— Perform data quality check</li> <li>— Assess whether there are cases with no or too few contacts, whether there are contacts that haven't been seen for several days with no explanation and give that information to the Field Epidemiologist and Lead Epidemiologist.</li> </ul>	<ul style="list-style-type: none"> <li>— Someone with prior data management experience and proficient computer skills.</li> <li>— If multiple provinces become involved, a Data Manager at the National level should supervise and coordinate all the data coming in from the provinces.</li> <li>— Epidemiology Section at EDCD manages data with support from Surveillance Section as needed</li> <li>— At the provinces: PHEOC manages data under the guidance of the Provincial Health Director and direct supervision of the Epidemiology Section of EDCD</li> </ul>

## Annex 3: Personal Protective Equipment (PPE) for Case Investigation and Contact Tracing Teams

Special considerations for rapid response teams assisting with public health investigations <sup>d</sup>			
Community Anywhere	Rapid response team investigators.	Interview suspected or confirmed COVID-19 patients or their contacts.	No PPE if done remotely (e.g., by telephone or video conference).  Remote interview is the preferred method.
		In-person interview of suspected or confirmed COVID-19 patients without direct contact.	Medical mask Maintain spatial distance of at least 1 m.  The interview should be conducted outside the house or outdoors, and confirmed or suspected COVID-19 patients should wear a medical mask if tolerated.
		In-person interview with asymptomatic contacts of COVID-19 patients.	Maintain spatial distance of at least 1 m. No PPE required  The interview should be performed outside the house or outdoors. If it is necessary to enter the household environment, use a thermal imaging camera to confirm that the individual does not have a fever, maintain spatial distance of at least 1 m and do not touch anything in the household environment.

Source: World Health Organization. Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19) [Internet]. 2020 [cited 2020 Mar 25]. Available from: [https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE\\_use-2020.2-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE_use-2020.2-eng.pdf)





## Annex 4: Interim Reporting Form for Suspected Cases



Government of Nepal  
Ministry of Health and Population  
Department of Health Services  
Epidemiology and Disease Control Division

HF Case ID:

### Interim reporting form for suspected cases of COVID-19

(based on WHO Minimum Data Set Report Form)

Date of reporting to national health authority: [D][D]/[M][M]/[Y][Y][Y][Y]

Reporting institution: \_\_\_\_\_

Detected at point of entry ☐ No ☐ Yes ☐ Unknown If yes, date

[D][D]/[M][M]/[Y][Y][Y][Y]

#### Section 1: Patient information

Unique case identifier (used at HF): \_\_\_\_\_

Date of birth: [D][D]/[M][M]/[Y][Y][Y][Y] or estimated age: [ ] [ ] in years

if < 1 year, [ ] [ ] in months or if < 1 month, [ ] [ ] in days

Sex at birth: ☐ Male ☐ Female

Patients' usual place of residency: Country: \_\_\_\_\_

Admin Level 1 (province): \_\_\_\_\_

Admin Level 2 (district): \_\_\_\_\_

#### Section 2: Clinical information

##### Patient clinical course

Date of onset of symptoms: [D][D]/[M][M]/[Y][Y][Y][Y]

Admission to hospital: ☐ No ☐ Yes

First date of admission to hospital: [D][D]/[M][M]/[Y][Y][Y][Y]

Name of hospital: \_\_\_\_\_

Date of isolation: [D][D]/[M][M]/[Y][Y][Y][Y]

Is the patient ventilated: ☐ No ☐ Yes ☐ Unknown

Date of death, if applicable: [D][D]/[M][M]/[Y][Y][Y][Y]

**Patient symptoms** (check all reported symptoms):

☐ History of fever / chills

☐ Cough

☐ Runny nose

☐ General weakness

☐ Sore throat

☐ Shortness of breath



- ☐ Diarrhoea
 ☐ Irritability/Confusion ( ) Abdominal ( ) Joint
- ☐ Nausea/vomiting
 ☐ Pain (check all that apply)
- ☐ Headache
 ( ) Muscular ( ) Chest
- ☐ Other, specify \_\_\_\_\_

**Patient signs :**

Temperature: [ ] [ ] [ ] °C / [ ] F

Check all observed signs:

- ☐ Pharyngea exudate
 ☐ Coma
 ☐ Abnormal lung x-ray findings
- ☐ Conjunctival injection
 ☐ Dyspnea / tachypnea
- ☐ Seizure
 ☐ Abnormal lung auscultation
- ☐ Other, specify \_\_\_\_\_

**Underlying conditions and comorbidity (check all that apply):**

- ☐ Pregnancy (trimester: \_\_\_\_\_)
 ☐ Post-partum (<6 weeks)
- ☐ Cardiovascular disease, including hypertension
 ☐ Immunodeficiency, including HIV
- ☐ Diabetes
 ☐ Renal disease
- ☐ Liver disease
 ☐ Chronic lung disease
- ☐ Chronic neurological or neuromuscular disease
 ☐ Malignancy
- ☐ Other, specify \_\_\_\_\_

**Section 3: Exposure and travel information in the 14 days prior to symptom onset (prior to reporting if asymptomatic)**

Occupation: (tick any that apply)

- ☐ Student
 ☐ Health care worker
 ☐ Other, specify: \_\_\_\_\_
- ☐ Working with animals
 ☐ Health laboratory worker

Has the patient **travelled** in the 14 days prior to symptom onset? ☐ No ☐ Yes ☐ Unknown

If yes, please specify the places the patient travelled:

	Country	City
1.	_____	_____
2.	_____	_____
3.	_____	_____

Has the patient visited any health care facility(ies) in the 14 days prior to symptom onset? ☐ No ☐ Yes ☐ Unknown

Has the patient had **close contact**<sup>4</sup> with a person with acute respiratory infection in the 14 days prior to symptom onset?

<sup>4</sup> Close contact' is defined as: 1. Health care associated exposure, including providing direct care for COVID-19 patients, working with health care



If yes, contact setting (check all that apply):

☐ Health care setting ☐ Family setting ☐ Work place ☐ Unknown ☐ Other, specify: \_\_\_\_\_

Has the patient had contact with a probable or confirmed case in the 14 days prior to symptom onset?

☐ No ☐ Yes ☐ Unknown

If yes, please list unique case identifiers of all probable or confirmed cases:

Case 1 identifier. \_\_\_\_\_ Case 2 identifier. \_\_\_\_\_ Case 3 identifier. \_\_\_\_\_

If yes, contact setting (check all that apply):

☐ Health care setting ☐ Family setting ☐ Work place ☐ Unknown ☐ Other, specify: \_\_\_\_\_

If yes, location/city/country for exposure: \_\_\_\_\_

Have you visited any live animal markets in the 14 days prior to symptom onset? ☐ No ☐ Yes ☐ Unknown

If yes, location/city/country for exposure: \_\_\_\_\_

#### Section 4: Laboratory information

Samples collected		Date of Sample Collection (DD/MM/YYYY)	Date of Sample Sent (DD/MM/YYYY)
Nasopharyngeal	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Oropharyngeal (Throat)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Sputum	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Endotracheal Aspirate	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Bronchioalveolar	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Serum	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Others	<input type="checkbox"/> No <input type="checkbox"/> Yes		

If Other samples collected, specify \_\_\_\_\_

Sample sent to

☐ NIC/NPHL ☐ Others If others, specify \_\_\_\_\_

Any test conducted at HF / other laboratory for detection of pan-CoV

☐ No ☐ Yes

If yes, please specify :

workers infected with novel coronavirus, visiting patients or staying in the same close environment of a COVID-19 patient. 2. Working together in close proximity or sharing the same classroom environment with a with COVID-19 patient. 3. Traveling together with COVID-19 patient in any kind of conveyance. 4. Living in the same household as a COVID-19 patient

Details of test: \_\_\_\_\_

Name of the laboratory conducted: \_\_\_\_\_

Test results: \_\_\_\_\_



Patient Information		Test Information	
Name	Age	Test Name	Result
		RT-PCR	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Antigen Test	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No





## Annex 5: Form A1 - Case Investigation Form

*Note: Before starting the interview, get a copy of "Initial Reporting Form for Suspected Cases" filled up for the case.*

### Name of the Case

--

### Unique Case ID/Cluster number (if applicable):

--

#### 1. Current status

☐ Alive ☐ Dead ☐ Unknown/lost to follow-up

#### 2. Further case classification

☐ Primary ☐ Secondary ☐ Imported

#### 3. Data collector information

Name of data collector	
Data collector institution	
Data collector telephone number	
Data collector email	
Form completion date (dd/mm/yyyy)	___/___/___

#### 4. Interview respondent information (if the person providing the information is not the patient)

First name	
Family name	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not known
Date of birth (dd/mm/yyyy)	___/___/___ <input type="checkbox"/> Unknown
Relationship to patient	
Respondent address	
Telephone (mobile) number	

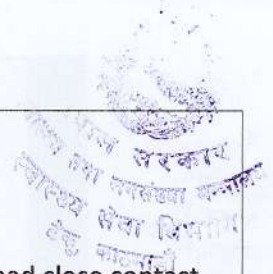
#### 5. Human exposures in 14 days before symptom onset *only if source of infection has not been established in the Initial Suspected Case Reporting Form*

Have you had contact with anyone who travelled from abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, dates of last contact (dd/mm/yyyy): ___/___/___
Which country?	.....
Did you attend any festival or mass gathering?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, specify:
Have you been exposed to person with similar illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, specify:
Did you visit any health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, specify:



<b>6. Contacts Identification</b>		
<b>During the 2 days before and the 14 days after the onset of symptoms of a confirmed case</b>		
Household	Did anyone live in the same household as the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, list names in the section 7
	Did anyone provide direct care to the patient in the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, list names in the section 7
Health facility	Did any health worker provide direct care to the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, list names in the section 7.
Travel	Did the patient travel in any public transportation for more than ?	<p>If Yes, Mode of travel:  <input type="checkbox"/> Plane <input type="checkbox"/> Taxi <input type="checkbox"/> Bus <input type="checkbox"/> Other (specify) _____            Date of travel _____</p> <p>Bus route _____            Bus number _____</p> <p>Taxi no _____            Taxi pickup location _____</p> <p>Flight number _____            Where did your travel originate? _____            _____</p> <p>What was your destination?            _____</p>
Work or classroom	Did the patient go to study/workplace?	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown            If Yes, Name of the study/workplace _____            Address _____            Phone _____            Supervisor/Principal _____</p> <p>Who are the people that the patient had close contact with?            List names in Section 7</p>
Other Close environment	Did the patient visit any friends, relatives, or did anyone visit him?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, List names in Section 7
	Did the patient go to any social event/party/ bar/clubs/mass gathering/religious services?	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown            If Yes, Name of the event _____            Name of the contact person for details _____            Address _____            Phone _____</p>





	<p>Dates of event _____</p> <p><b>Repeat as required</b></p> <p>Who are the people that the patient had close contact with? List names in Section 7</p>
--	---

Form A1: Case initial reporting form – for confirmed COVID-19 cases (Day 1)

7 Contact listing									
No	First Name	Last Name	Sex	Age (yr)	Relationship to case and Setting of the contact	Date of last exposure with the case (dd/mm/yy)	Name and age of the persons who are living together with the contact	Address	Preferred Phone no. (only one no. required per household)
1					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HF <input type="checkbox"/> Work/School Others: _____				
2					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HF <input type="checkbox"/> Work/Study place Others: _____				
..					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HF <input type="checkbox"/> Work/Study place Others: _____				
n					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> HF <input type="checkbox"/> Work/Study place Others: _____				





14. Status of form completion	
Form completed	<div><input type="checkbox"/> Yes <input type="checkbox"/> No or partially</div> <div>If No or partially, reason:</div> <div><input type="checkbox"/> Missed</div> <div><input type="checkbox"/> Not attempted</div> <div><input type="checkbox"/> Not performed</div> <div><input type="checkbox"/> Refusal</div> <div><input type="checkbox"/> Other, specify:</div>

## Annex 6: Form B1 - Contact Interview Form

Name of the case

Case ID/Cluster number (if applicable):

Contact ID Number (C...):

1. Data collector information	
Name of data collector	
Data collector institution	
Data collector telephone number	
Data collector email	
Form completion date (dd/mm/yyyy)	__/__/__

2. Interview respondent information (if the persons providing the information is not the contact)	
First name	
Family name	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not known
Date of birth (dd/mm/yyyy)	__/__/__ <input type="checkbox"/> Unknown
Relationship to patient	
Respondent address	
Telephone (mobile) number	

3. Contact details (details of the contact)	
First name	
Family name	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not known
Date of birth (dd/mm/yyyy)	__/__/__ <input type="checkbox"/> Unknown
Relationship to case	
Current Address (village/town, district, province/region)	
Telephone (mobile) number	
Email	
Preferred mode of contact	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Email
Nationality	
Country of residence	
Name of the alternative person to reach out	
The contact's relation to the person	
Telephone (mobile) number of the alternative person	



4. General exposure information	
Has the contact travelled within the last 14 days domestically?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, dates of travel (dd/mm/yyyy): ____/____/____ to ____/____/____ Regions visited: Cities visited:
Has the contact travelled within the last 14 days internationally?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, dates of travel (dd/mm/yyyy): ____/____/____ to ____/____/____ Countries visited: Cities visited:
In the past 14 days, has the contact had contact with anyone with suspected or confirmed COVID-19 infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, dates of last contact (dd/mm/yyyy): ____/____/____
Occupation (specify location/facility)	<input type="checkbox"/> Health worker <input type="checkbox"/> Working with animals <input type="checkbox"/> Health laboratory worker <input type="checkbox"/> Student <input type="checkbox"/> Other, specify: For each occupation, please specify location or facility:


Note for next 2 sections:

- Complete Section 5 if the contact is a health worker (HW).
- Complete Section 6 if the contact is NOT a health worker

5. Exposure information of a contact who is a health worker	
Job title (specify)	
Place of work	
Did the HW provide direct care to the case?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

6. Exposure information for contact who is not a health worker	
Type of contact	<input type="checkbox"/> Household <input type="checkbox"/> Other
Specify characteristics of contact with the confirmed case from first contact	Date (dd/mm/yyyy)
	Duration _____ (in minutes)



	Setting: <input type="checkbox"/> Home/household <input type="checkbox"/> Hospital/health care <input type="checkbox"/> Workplace <input type="checkbox"/> Tour group <input type="checkbox"/> Other, specify:
---	---

7a. Symptoms in contact	
Has the contact experienced any respiratory symptoms (sore throat, runny nose, cough, shortness of breath) in the period up to 14 days after last contact or until the present date, whichever is earliest?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Currently ill	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Date (dd/mm/yyyy) and time of first symptom onset	____/____/____ <input type="checkbox"/> am <input type="checkbox"/> pm
Fever (>38 °C) or history of fever	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, date ____/____/____
7b. Respiratory symptoms	
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, date ____/____/____
Runny nose	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, date ____/____/____
Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, date ____/____/____
Other symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, specify:

8. Outcome/status of contact (only complete if contact has been ill or is currently ill)	
Status	<input type="checkbox"/> Recovered, if Yes, specify date symptoms resolved (dd/mm/yyyy) ____/____/____ <input type="checkbox"/> Still ill <input type="checkbox"/> Dead, if Yes, specify date of death (dd/mm/yyyy) ____/____/____ <input type="checkbox"/> Unknown/lost to follow-up
Hospitalization ever required.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, date of hospitalization and date of discharge (dd/mm/yyyy) ____/____/____ to ____/____/____
(NB. If the information below is not currently available, please leave blank and send through an update as soon as results are available)	
If dead, contribution of COVID-19 to death:	<input type="checkbox"/> Underlying/primary <input type="checkbox"/> Contributing/secondary <input type="checkbox"/> No contribution to death



	<input type="checkbox"/> Unknown
--	----------------------------------

### 9. Actions taken if a contact is suspected

Name of the hospital the contact was referred for isolation?	
Location of the hospital?	Province: District: Municipality: Ward:
Did the contact visit hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Name and address of the hospital (If different than the referred hospital)	Province: District: Municipality: Ward:

### 10. Status of form completion

Form completed	<input type="checkbox"/> Yes <input type="checkbox"/> No or partially  If No or partially, reason: <input type="checkbox"/> Missed <input type="checkbox"/> Not attempted <input type="checkbox"/> Not performed <input type="checkbox"/> Refusal <input type="checkbox"/> Other, specify:
----------------	---



## Annex 7: Form B2 – Contact Follow-up Form/Symptoms Diary

Name of the case

Case ID/Cluster number (if applicable):

Contact Name

Contact ID Number (C...):

Days since last contact with the case	Days to follow up*	Date of follow up (dd/mm/yy)	Symptoms**						
			No symptoms (check if none experienced) <input type="checkbox"/> None	Fever $\geq 38^{\circ}\text{C}$ <input type="checkbox"/> Yes <input type="checkbox"/> No	Runny nose <input type="checkbox"/> Yes <input type="checkbox"/> No	Cough <input type="checkbox"/> Yes <input type="checkbox"/> No	Sore throat <input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of breath <input type="checkbox"/> Yes <input type="checkbox"/> No	Other symptoms: specify
0	→ 0		<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1	→ 1		<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	→ 2		<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	→ 3		<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	→ 4		<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	→ 5		<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	→ 6		<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*[Signature]*



Days since last contact with the case	Days to follow up*	Date of follow up (dd/mm/yy)	Symptoms**						
			No symptoms (check if none experienced)	Fever $\geq 38^{\circ}\text{C}$	Runny nose	Cough	Sore throat	Shortness of breath	Other symptoms: specify
7	→ 7		<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	→ 8		<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	→ 9		<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	→ 10		<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	→ 11		<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	→ 12		<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	→ 13		<input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	→ 14								

\* Follow-up should start from the day it has been since last contact with the case. For e.g., if the contact has not been in contact with the case since 12 days, the follow-up should start from the 12<sup>th</sup> day in the column "Days to follow up"

\*\* Please select None for No symptoms. If no symptoms are experienced, then consider the entry complete





Form B2: Contact follow-up reporting form – for close contacts of confirmed cases (Day 14–21)

Final contact classification at final follow-up – Only for use by contact follow-up team	
Please mark	<div><input type="checkbox"/> Never ill/not a case</div> <div><input type="checkbox"/> Confirmed secondary case</div> <div><input type="checkbox"/> Lost to follow-up</div> <div><input type="checkbox"/> Suspected case</div> <div><input type="checkbox"/> Probable case</div>

*[Handwritten signature]*

Serial no.	Name of the contact	Age	Sex	Occupation	Address	Phone no.	Status at Day 14	Status at Day 15	Status at Day 16	Status at Day 17	Status at Day 18	Status at Day 19	Status at Day 20	Status at Day 21	Remarks
1															
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## Annex 8: Go. Data Software

### Go.Data: what is it?

Go.Data is a field data-collection platform focusing on case data (including laboratory, hospitalization and other variables, through a case investigation form) and contact data (including contact follow-up). Main outputs from the Go.Data platform are contact follow-up lists and chains of transmission.

### What are the key features of the Go.Data software?

#### Multiplatform

Go.Data offers different types of operation (online, offline) and different types of installation (server, stand-alone). It functions on a range of operating systems (Windows, Linux, Mac). In addition, Go.Data has an optional mobile app for Android and iOS. The mobile app is focused on case and contact data collection, and contact tracing and follow-up.

#### Multilingual

Go.Data is multilingual, with the possibility to add and manage additional languages through the user interface.

#### Configurable

Case ID	Case Name	Case Address	Case Date	Case Status	Case Type	Case Category
1	Case 1	Case Address 1	Case Date 1	Case Status 1	Case Type 1	Case Category 1
2	Case 2	Case Address 2	Case Date 2	Case Status 2	Case Type 2	Case Category 2
3	Case 3	Case Address 3	Case Date 3	Case Status 3	Case Type 3	Case Category 3
4	Case 4	Case Address 4	Case Date 4	Case Status 4	Case Type 4	Case Category 4
5	Case 5	Case Address 5	Case Date 5	Case Status 5	Case Type 5	Case Category 5
6	Case 6	Case Address 6	Case Date 6	Case Status 6	Case Type 6	Case Category 6
7	Case 7	Case Address 7	Case Date 7	Case Status 7	Case Type 7	Case Category 7
8	Case 8	Case Address 8	Case Date 8	Case Status 8	Case Type 8	Case Category 8
9	Case 9	Case Address 9	Case Date 9	Case Status 9	Case Type 9	Case Category 9
10	Case 10	Case Address 10	Case Date 10	Case Status 10	Case Type 10	Case Category 10

It is highly configurable, with the possibility to manage:

- reference data,
- location data, including coordinates,
- outbreak data, including variables on the case investigation form and the contact follow-up form.

One Go.Data installation can be used to manage multiple outbreaks. Each outbreak can be configured in a different way to match the specifics of a pathogen or environment.

### Case and contact data collection

The user can add cases, contacts and laboratory results. In addition, users also have an option to create events that may be relevant for outbreak investigation.

Contact follow-up lists are generated using outbreak parameters (that is, the number of days to follow up contacts, how many times per day should contacts be followed up).

Extensive data export and import features are available to support the work of the data managers and data analysts.





## Form B2: Contact follow-up reporting form – for close contacts of confirmed cases (Day 14–21)

### Performing contact follow-up

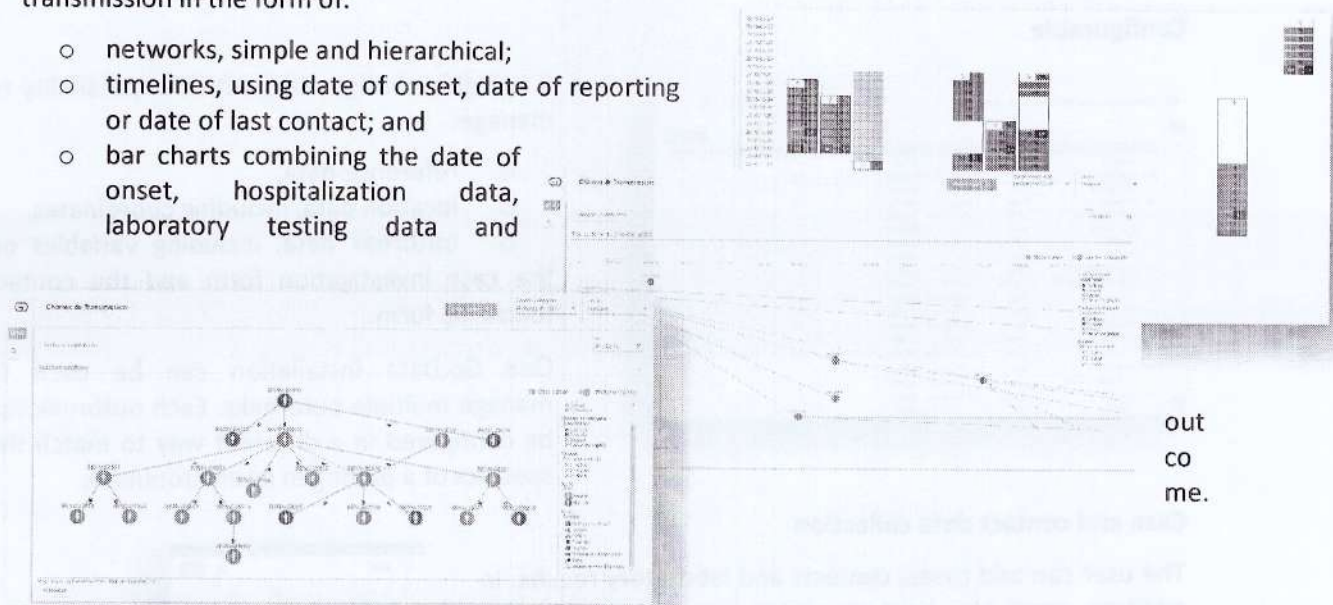
Go.Data has features to perform contact tracing using the web app or optional mobile app. Contact follow-up data are presented in the form of lists, graphs and operational dashboards. Contact tracing coordinators can review the workload of each contact tracing team.



### Extensive visualization features

Go.Data can be used to generate chains of transmission in the form of:

- networks, simple and hierarchical;
- timelines, using date of onset, date of reporting or date of last contact; and
- bar charts combining the date of onset, hospitalization data, laboratory testing data and



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### System administration

System administrators have access to an extensive set of features to manage users, assign roles and permissions and limit access to specific outbreak(s) only. In addition, they have access to usage logs, and can create and restore backups and manage the settings of one Go.Data instance.

Please visit [www.who.int/godata](http://www.who.int/godata) or contact [godata@who.int](mailto:godata@who.int) for more information.





