

## **SOP (Standard Operating Procedures) for investigation of a suspected COVID- 19 case using Case Investigation Form (CIF)**

Case investigation is crucial for the disease confirmation and to identify the magnitude of public health response. All suspected COVID-19 cases notified as per the case definition should be investigated by a clinician/medical officer within 24 hours of case-notification using the standardized Case Investigation Form, if it comes under the following case definitions.

### **COVID-19 Case Definitions**

#### **Suspect Case:**

A patient with acute respiratory illness (fever and at least one sign/ symptom of respiratory disease (e.g., cough, shortness of breath) AND a history of travel to or residence in a country/area or territory reporting local transmission (See NCDC website for updated list) of COVID-19 disease during the 14 days prior to symptom onset;

OR A patient / health care worker with any acute respiratory illness AND having been in contact with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath) AND requiring hospitalization AND with no other aetiology that fully explains the clinical presentation;

OR A case for whom testing for COVID-19 is inconclusive

**Laboratory Confirmed case:** A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

The detailed information of the suspected case along with core variables should be captured in both pages of the CIF by the investigating officer.

#### **Key components for filling up the Case Investigation Form:**

- Fill-up the “Case Investigation Form” (CIF) on both pages during examination
  - Allot EPID no, a unique identifier for every suspected case that is investigated
    - Eg. COV-IND-ST-DIS-YR-Case number
    - First 3 character signifies disease, next 3 characters for country code, next 2 for state code, next 3 for district code, next 2 for year of disease onset and next 4 is the serial no. of the case in that year in the same district
- Ex: First case of Patna Bihar: COV-IND-BI-PAT-20-0001
- DSO should assign this EPID no for every investigated case on CIF.

- Any error in the Epid No. may misclassify the cases

A. Complete case identification details including name, age, sex, details of isolation facility, case classification and status

B. Collect socio demographic details of case like father's name, address and contact details

C. Take clinical history and examine the suspected COVID-19 case for signs and symptoms

- **Date of onset of symptom** is the most important date which should be strictly assessed along with nature of initial symptom (for eg. bodyache/fever/cough/breathlessness/sore throat etc.)
- Fill-up the health facility contacts after date of onset of symptom. These are the hospitals/ clinic, case has taken consultation/treatment before getting reported, which will further help to identify the need to build the capacity
- Capture the signs, symptoms at time of admission
- Capture the underlying medical conditions

D. Exposure history:

- Take significant exposure history of suspected case, to identify the person/area/country from where case picked up infection
- Explore further contact setting if there is exposure to lab confirmed COVID-19 case including exposure while taking samples, during travel/clinical care of case/living in same household/providing services to the same household
- Seek history about occurrence of cluster of patients with severe acute respiratory illness or COVID-19 at his place of residence/work/neighbourhood
- Explore exposure to mass gathering in past one month before the onset of symptom

E. Travel history:

- Take epidemiologically significant travel history of suspected case for travel outside and within India for past one month before the onset of symptom
- Patient travel history can be taken in chronologic order starting from one month back from onset of symptoms

F. Laboratory Information:

- The clinician should decide necessity for collection of clinical specimens for laboratory testing of cases only after following the case definition as given by the health authorities, Government of India.
- Appropriate clinical sample need to be collected by laboratory personnel/ health care worker trained in specimen collection by following all biosafety precautions and using personal protective equipment (PPEs)
- Clinical samples need to be sent to the designated laboratory by following standard triple packaging

- Collect the information on the sample collected including type of sample, name of sample collection centre, date of sample collection, sample shipment to laboratory and results
- Identify and mention the reason for not collecting samples

G. Patients Symptoms:

- Collect hospitalisation history including onset of any complications

H. Public Health Response:

- Identify high and low risk contacts
- High-risk contact includes:
  - Lives in the same household as the confirmed case.
  - Touched body fluids of the confirmed case (respiratory tract secretions, blood, vomit, saliva, urine, faeces)
  - Had direct physical contact with the body of the confirmed case including physical examination without PPE.
  - Touched or cleaned the linens, clothes, or dishes of the confirmed case.
  - Anyone in close proximity (within 1 m) of the confirmed case without precautions.
  - Passenger in close proximity (within 1 m) of a conveyance with a symptomatic person who later tested positive for COVID-19 for more than 6 hours.
- Low-risk contact include:
  - Shared the same space (same class for school/worked in same room/similar) and not having a high-risk exposure to confirmed case of COVID-19.
  - Travelled in same environment (bus/train/flight/any mode of transit) but not having a high-risk exposure.
- Collect the information on number of high risk contacts traced, numbers quarantined, numbers of these high-risk contacts tested and subsequently turning out positive for COVID-19
- Collect the information on low risk contacts traced and number of such contacts turning symptomatic and tested for COVID-19.

Important: Keep the CIF updated with all information including health facilities visited, laboratory results and public health response