

## 2019-nCoV CONTACT LINE LIST

Complete a contact line list for every case under investigation and every confirmed case

Details of case under investigation/confirmed case			
NICD Identifier	Date Symptom Onset	DD/MM/YYYY	
Surname	Name		
Contact number	Alternative number		
Travel (provide details of all: 7 days before onset)		Travelled by	Bus <input type="checkbox"/> Plane <input type="checkbox"/>
Air/bus line	Flight/bus #	Seat #	

Details of health official completing this form		Today's date	DD/MM/YYYY
Surname	Name		
Role	Facility name		
Email address	Telephone number(s)		

### Details of contacts (With close contact<sup>1</sup> 7 days prior to symptom onset, or during symptomatic illness.)

	Surname	First name(s)	Sex (M/F)	Age (Y)	Relation to case <sup>2</sup>	Date of last contact with case	Place of last contact with case (Provide name and address)	Residential address (for next month)	Phone number(s), separate by semicolon	HCW? <sup>3</sup> (Y/N) If Yes, facility name
1						DD/MM/YYYY				
2						DD/MM/YYYY				
3						DD/MM/YYYY				
4						DD/MM/YYYY				
5						DD/MM/YYYY				
6						DD/MM/YYYY				
7						DD/MM/YYYY				
8						DD/MM/YYYY				

<sup>1</sup> Close contact: A person having had face-to-face contact ( $\leq 2$  metres) or was in a closed environment with a 2019-nCoV case; this includes, amongst others, all persons living in the same household as a 2019-nCoV case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a 2019-nCoV case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the 2019-nCoV case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated.. <sup>2</sup> Chose from: Aunt, Child, Class mate, Colleague, Cousin, Father, Friend, Grandfather, Grandmother, Healthcare worker taking care of, Mother, Nephew, Niece, Other relative, Uncle. <sup>3</sup> Healthcare worker.

**Details of contacts** (With contact<sup>1</sup> 7 days prior to symptom onset, or during symptomatic illness.)

	Surname	First name(s)	Sex (M/F)	Age (Y)	Relation to case <sup>2</sup>	Date of last contact with case	Place of last contact with case (Provide name and address)	Residential address (for next month)	Phone number(s), separate by semicolon	HCW? <sup>3</sup> (Y/N) If Yes, facility name
9						DD/MM/YYYY				
10						DD/MM/YYYY				
11						DD/MM/YYYY				
12						DD/MM/YYYY				
13						DD/MM/YYYY				
14						DD/MM/YYYY				
15						DD/MM/YYYY				
16						DD/MM/YYYY				
17						DD/MM/YYYY				
18						DD/MM/YYYY				
19						DD/MM/YYYY				
20						DD/MM/YYYY				
21						DD/MM/YYYY				

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