

# Enhanced COVID-19 Notifiable Medical Conditions (NMC) Notification Form

{Section 90 (1) (j), (k) and (w) of National Health Act, 2003 (Act no. 61 of 2003)}

This form must be **completed immediately** by the health care provider who diagnosed the condition. *Please mark applicable areas with an*

Health facility name (with provincial prefix)										Health facility contact number										Health district									
Patient file/folder number										Patient HPRS-PRN										Date of notification									
																				y y y y - m m - d d									
<b>Patient demographics</b>															<b>Patient residential address</b>														
First name															Street/dwelling unit/building/ERF number														
Surname															Street name, building, location description														
RSA ID/Passport number															Sub-place, suburb, village, postal area														
Citizenship															Town/city														
Ethnic group															Post code:														
Black African															Coloured														
Indian/Asian															White														
Other															<b>Employer/educational institution address</b>														
Date of birth															Institution name														
y y y y - m m - d d															Street name, building, location description														
Age															Sub-place, suburb, village, postal area														
Years															Months (if less than 1 year)														
Days (if less than 1 month)															Town/city														
Gender															Post code:														
Male															Female														
Self-defined															Contact number														
Alternative contact number															Occupation														
<b>Next of kin</b>															Unemployed														
Name															Student														
Surname															Healthcare worker														
Relationship to the patient															Health laboratory worker														
Contact number															Other (specify)														
<b>Medical condition details</b>															<b>Hospitalisation</b>														
Medical condition															Admission status														
This form is for notifying COVID-19 case only															Outpatient														
Was the patient previously tested for COVID-19?															Inpatient														
Yes (if repeat test)															Yes														
No (if first test)															No														
Unknown															Clinically required hospitalisation														
Date of symptom onset															Date of admission														
y y y y - m m - d d															y y y y - m m - d d														
Symptoms															Level of care														
Fever															General ward														
Sore															High Care														
Cough															ICU														
Shortness of breath															If High Care/ICU														
Myalgia/body aches															Date entered High Care /ICU														
Diarrhea															y y y y - m m - d d														
Other															Date exited High Care/ ICU														
Case severity															y y y y - m m - d d														
Asymptomatic															<b>Oxygen requirements during hospitalisation</b>														
Mild <sup>1</sup>															Room air														
Moderate <sup>2</sup>															Nasal cannula oxygen														
Severe <sup>3</sup>															Mechanical ventilation														
Date of diagnosis															Start date														
y y y y - m m - d d															y y y y - m m - d d														
Method of diagnosis															ECMO <sup>5</sup>														
Clinical signs and symptoms ONLY															Start date														
Rapid test															y y y y - m m - d d														
X-Ray															End														
Other															y y y y - m m - d d														
Source of PUI <sup>4</sup>															ECMO <sup>5</sup>														
Field testing															Start date														
Health facility															y y y y - m m - d d														
Healthcare professional															End														
Name of source of PUI															y y y y - m m - d d														
Patient received systemic antimicrobial treatment during hospital admission for a probable or confirmed healthcare-associated infection															Yes														
															No														
															Unknown														

<sup>1</sup>Mild - not requiring hospitalization for clinical reasons

<sup>2</sup>Moderate - requiring hospitalization

<sup>3</sup>Severe - requiring high care/ICU

<sup>4</sup>PUI - Person under investigation

<sup>5</sup>ECMO - Extracorporeal membrane oxygenation

Underlying factors/comorbid conditions										Hospital outcome															
HIV	Yes		No		Unknown					Status	Discharged				In hospital				Transferred				Died		
TB	Yes		No		Unknown					If discharged, date	y	y		y	y	-	m	m		-	d	d			
COPD <sup>6</sup>	Yes		No		Unknown					If died, date	y	y		y	y	-	m	m		-	d	d			
Hypertension	Yes		No		Unknown					<b>Outcome of patient cared for at home after 14 days of symptom onset/test date</b>															
Diabetes	Yes		No		Unknown					Alive, asymptomatic	Alive, symptomatic					Died									
Asthma	Yes		No		Unknown					<b>Specimen details</b>															
Obesity	Yes		No		Unknown					Was the specimen collected	Yes			No											
Pregnancy	Yes		No		Unknown					Date of collection	y		y	y	y	-	m	m		-	d	d			
Cancer	Yes		No		Unknown					Specimen barcode/lab number															
Other	Yes		No							<b>Travel history in the last 14 days</b>															
If other,										Did patient travel outside of usual place of residence?										Yes	No				
If TB, is patient on TB treatment	Yes		No		Unknown					Place travelled from	Place travelled to					Date left usual place of residence					Date returned to usual place of residence				
If yes, TB treatment start date	y	y	y	y	-	m	m	-	d	d															
If living with HIV, is patient on ART?	Yes		No		Unknown					(Country/City/ Town)	(Country/City/ Town)														
If yes, is there viral suppression?	Yes		No		Unknown					(Country/City/ Town)	(Country/City/ Town)														
<b>History of close physical contact with confirmed COVID-19 case in past 14 days</b>																									
Close physical contact with a known COVID-19 case					Yes		No		Unknown																
If yes, please indicate the contact setting																									
Quarantine Centre		Healthcare setting				Family setting			Workplace																
Other, specify																									
<b>Notifying health care provider's details</b>																									
First name										Mobile number															
Surname										Email address															
Notifier's signature										SANC/HPCSA number															

Send to [NMCsurveillanceReport@nicd.ac.za](mailto:NMCsurveillanceReport@nicd.ac.za) or fax to [086 639 1638](tel:0866391638) or NMC hotline [072 621 3805](tel:0726213805) and to the sub-district/district office

<sup>6</sup> COPD - Chronic obstructive pulmonary disease

# COVID-19 CONTACT LINE LIST

Complete a contact line list for every person under investigation and every confirmed  
Coronavirus disease 2019 (COVID-19) case

Details of person under investigation/confirmed COVID-19 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
Surname		DD/MM/YYYY
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 COVID-19 case; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a COVID-19 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 COVID-19 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: Spouse, 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				

<sup>1</sup> Close contact: A person having had face-to-face contact (≤2 metres) or was in a closed environment with a COVID-19; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a COVID-19 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 COVID-19 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: Spouse, 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.

Dear Doctor / Healthcare Worker

### **LABORATORY TESTING FOR COVID-19**

As the Covid-19 pandemic evolves, we've learnt that Covid-19, is far from a simple respiratory illness as earlier thought. Doctors are recounting a multi-systemic illness that affects all ages in different ways, which is something no one envisaged.

The triage process in many hospitals starts at the main entrance and not in general waiting rooms as before. We are learning to adapt to the "new normal" and we all, would probably be wise to keep many of these elements of infection control for years to come. It is therefore important to monitor scientific information as it becomes available from the national authorities like the National Institutes of Communicable Diseases (NICD) and National Health Laboratory Services (NHLS).

Our testing platform the Seegene AllPlex RT-PCR assay, which is the same one used at the NICD allows us to contribute to at the coordinated response.

As we navigate this terrain, unknown to the world prior to December 31st 2019, we hope that you are keeping safe as we look towards our leadership for economic recovery and mitigation of the global and national impact of Covid-19. For our communities and loved ones, especially our vulnerable HIV, TB, hypertension, diabetes and obese groups, we need to continue to support prevention using traditional infection control practices, medical surveillance, and where acute illness is suspected, with appropriate laboratory testing for early intervention. We support national laboratory testing efforts in South Africa and are working around the clock so that the backlog and the 10-14 days to turn around, which adversely affect contact tracing, becomes a thing of the past.

As JDJ Diagnostics Laboratory, we are committed to quality and have carefully considered all processes and systems to ensure that all laboratory requests are managed correctly. We trust that you find this in order and assure you of our utmost resolve and commitment to our patients and partnership with you, by ensuring equitable access to affordable and comprehensive healthcare.

Sincerely,

**JDJ DL Group**

## JDJ DIAGNOSTICS COVID-19 DISCLAIMER

- JDJ Diagnostics performs a Rapid multiplex PCR assay to test for COVID-19 and bill for a single test. Please note that medical schemes have not made it clear that they will reimburse the member as a benefit, so tests may be billed from the members savings.
- We at JDJ Diagnostics are committed to providing timeous results however owing to a shortage of reagents and test kits, turnaround time will be a minimum of 72 to 96 hours due to international climate and import conditions.
- The assay used is highly sensitive and reliable. We use the same assay that is currently being used at the National Institute of Communicable Diseases (NICD).

**All patients should follow these recommended guidelines whilst still under investigation for COVID-19, Below is a list of guidelines from the NICD ([www.nicd.ac.za](http://www.nicd.ac.za)) that patients should follow:**

### Stay at home

You should not go outside your home, except for seeking medical care. You should not go to work, school/childcare/university, the gym, or public areas, and should not use public transportation or taxis until cleared by the public health unit or your doctor.

### Self-Isolation

Most people are asymptomatic, and you may feel well, even with a positive result. However, it is important that you take the result seriously and self-isolate for 14 days.

If you are sharing the home with others, as much as possible, you should:

- Wear a surgical mask when you are in the same room as another person
- Avoid shared or communal areas and wear a surgical mask when moving through these areas
- If unable to avoid sharing a room, keep a distance of at least 1m (e.g. sleep in separate beds)
- Make sure that you do not share a room with people who are at risk of severe disease, such as elderly people and those who have heart, lung or kidney conditions, and diabetes.
- People who don't have an essential need to be in the home shouldn't visit while you are in isolation

### Control droplet spread

- Wear a surgical mask when you are in the same room with other people (even if they are also in isolation) and when you visit a healthcare provider
- Make sure your surgical mask covers your nose and mouth at all times, and avoid touching your mask unnecessarily
- Cover your mouth and nose with a tissue when you cough or sneeze, or cough or sneeze into your elbow/sleeve. Used tissues should be placed in a bin, and hands immediately washed with soap and water for at least 20 seconds

### Wash your hands

Wash your hands often and thoroughly with soap and water for at least 20 seconds. You can use an alcohol-based sanitizer if your hands are visibly dirty. Ensure you wash your hands or use a hand sanitizer

- Before entering an area where there are other people
- Before touching things used by other people
- After using the bathroom
- After coughing or sneezing
- Before putting on, and after removing, gloves and masks

### Avoid re-testing

- Retesting is not recommended. This is not only to save resources but shedding of virus from infected individuals is intermittent, which leads to discrepant results and confusion.
- Labs may use different PCR assays thus sensitivity may vary, hence advised against re-testing.

For additional assistance please don't hesitate to contact us on our COVID-19 hotline on 031-2014647, the operating hours are **Monday to Friday 8am – 5pm and Saturday 8am – 1pm**. Alternatively you can contact the NICD hotline on **0800029999** or **0828839920** available 24 hours

**I have read the above-mentioned guidelines and take responsibility to follow these recommended guidelines whilst waiting for my results:**

\_\_\_\_\_  
Patient name

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Patient Sign

\_\_\_\_\_  
Date

**JDJ Pathology Team:** Dr V Alcantara | Prof P Durand | Prof A Hoosen | Dr A Visser | Dr I Reddy | Dr W de Villiers