CARIBBEAN PUBLIC HEALTH AGENCY (CARPHA)

Syndromic Surveillance and COVID-19 Reporting Form

Country:

Year: **Epi Week:**

Syndromes	Cases
Fever and Hemorrhagic Symptoms	
Fever and Neurological Symptoms	
Fever and Respiratory Symptoms < 5 yrs	ARI*=
	ILI=
Fever and Respiratory Symptoms ≥ 5 yrs	ARI*=
	ILI=
Gastroenteritis < 5 yrs	
Gastroenteritis ≥ 5 yrs	
Undifferentiated Fever < 5 yrs	
Undifferentiated Fever ≥ 5 yrs	

*Including ILI cases.

ARI case definition: Acute (sudden) febrile illness > 38°C in a previously healthy person, presenting with cough or sore throat with and without respiratory distress.

ILI case definition: An acute respiratory infection with measured fever of ≥ 38°C, and cough, with onset within the last 10 days.

Surveillance Coverage for Syndromic Reporting			
Reporting Source	**Expected # of Sources**	**No Received**	**Percent Reporting**
Hospitals			
Health Centres			
Private Physicians/Senti			
Laboratories			
"Collective Reporting Sc			
TOTAL			

**"Note: ONLY use the row labeled 'Collective Reporting Sources' when the breakdown for the Reporting Sources is unknown.

Surveillance Coverage for COVID-19[1]						
Reporting Source		**Airport**		**Seaport**		**Overall Total[2]**	
		No.	**Cum.**	**No.**	**Cum.**	**No.**	**Cum.**
Travellers with exposure or travel from China							
Symptomatic travellers seen at Health facilities							
Travellers quarantined by public health authority							
Travellers self-quarantined at home							
No. of travellers completing 14-day isolation/quarantine							
No. of travellers tested during the reporting period							
Outcome of tests	Positive						
	Probable						
	Negative						

[1]Please complete with details for COVID-19 (formerly 2019-Novel coronavirus or 2019-nCoV) for the current EPI week.

[2]Include cases for which point of entry is unknown

See Case definitions tab for detailed information on COVID-19

Were any outbreaks/cluster/unusual events observed this week? ☐ YES ☐ NO

IF YES, REPORT EVENT IMMEDIATELY TO CARPHA

COMPLETE OUTBREAK REPORTING FORM

Reminder: Fever and Rash and Acute Flaccid Paralysis will continue to be reported through the PAHO/WHO Expanded Programme on Immunization (EPI) weekly notification and reporting system.

Name of Reporting Officer: Signature: _____

Designation: _____ Date:

Submit to carpha-epidemiology@carpha.org OR **CARIBBEAN PUBLIC HEALTH AGENCY (CARPHA)**
P.O. BOX 164, Port-of-Spain, TRINIDAD and TOBAGO
p: 1-868-622-4261/2 f:1-868-622-1008