

COVID Community Case Interview Form

COVID Community Contact Tracing Case Number:

NHI:

Name of person conducting the interview:		
Date and time:		
Hospitalised		
Name:	DOB:	Gender:
<input type="checkbox"/> Confirm name, date of birth and gender		
<i>[If the person is under 16 (born after today's date, 2005), ask to speak with a parent or legal guardian. If they are not with their guardian, get a parent/guardian's name and phone number and call them.]</i>		
<input type="checkbox"/> Introduction and role		
Do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>[If interpreter required, arrange to call back with an interpreter before continuing the interview]</i>		
<i>Do you have any difficulty hearing, understanding or with your speech?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, would you like someone else to communicate on your behalf?</i>		
[Enter the name of the nominated spokesperson in the table below. Record the relationship and reason for nominated spokesperson in a note on NCTS]		
Next of Kin / Nominated Spokesperson Contact Details		
First name:	Last name:	
Contact phone:		
Privacy statement		
To be read exactly:		
<i>I need to collect some information from you so that Auckland Regional Public Health Service can help you and prevent COVID-19 spreading.</i>		
<i>Your information will be held by us, and we will need to share information with others helping control COVID-19.</i>		
<i>Your personal information will not be shared publicly.</i>		
<i>Our full privacy statement is available on our website [no need to read out web address] – www.arphs.health.nz/public-health-topics/covid-19/covid-19-privacy-statement/</i>		
<i>I can read the full privacy statement to you now, text you the link or I can email it to you – what do you prefer?</i>		
<i>Do you have any questions or concerns about privacy?</i> [record response]		
<input type="checkbox"/> No privacy concerns and Privacy Statement emailed/texted		
<input type="checkbox"/> Full Privacy Statement read and agreed		
<input type="checkbox"/> Person does not agree with privacy script/statement [escalate to medical/nursing team lead]		
[Introduction script ends] – read the full Privacy Statement, below, if this is the person's preference:		

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COVID-19 Privacy Statement

The information collected during any COVID-19 interview will only be used to help you and prevent COVID-19 spreading.

Your information will be held by Auckland Regional Public Health Service, other Public Health Units and the Ministry of Health.

We will need to share information with others involved in controlling COVID-19, such as your doctor, other health services, and the Ministry of Health. We will only share information for the purpose of controlling COVID-19 and no other reason.

Some information may be made public, like any places and events you have been to. This is to help find people who may have had contact with you. Your personal information will not be shared publicly.

Your information is protected under the Health Information Privacy Code and other law.

If you wish, you can access your health information. You can ask for it to be corrected if you think it is wrong or misleading.

You can direct any concerns about the privacy of your health information to the District Health Board Privacy Officer or the Office of the Privacy Commissioner.

The information we ask you for is important to control the spread of COVID-19. If you don't provide that information, controlling COVID-19 may be more difficult. Sometimes, we can require you to supply us with the information under the Health Act.

COVID-19 test results

Inform case of their COVID-19 test results

Ethnicity

Ethnicity: arph_newnameofcaseid_arph_ethnicity1 arph_newnameofcaseid_arph_ethnicity2

Ask if ethnicity recorded is correct. If it incorrect, tick those that apply:

<input type="checkbox"/> NZ European	<input type="checkbox"/> Māori	<input type="checkbox"/> Samoan	<input type="checkbox"/> Tongan
<input type="checkbox"/> Niuean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Fijian	<input type="checkbox"/> Fijian Indian	<input type="checkbox"/> Cook Island Māori	

[If ethnicity Māori] **What is your iwi or hapu affiliation?**

Contact details and address

Primary phone:

Secondary phone:

Email:

House address:

Confirm phone number(s), email and house address.

If not correct, specify:

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Occupation			
Primary occupation:			
(Includes unemployed, retired, aged care resident, other long-term care resident, child, child at home, parenting a child at home)			
Occupation type (not applicable if retired, aged care resident, unemployed etc):			
<input type="checkbox"/> Preschool (a child attending or an adult working at the preschool)			
<input type="checkbox"/> School (a child attending or an adult working at the school)			
<input type="checkbox"/> Place of work (all other work locations)			
Secondary occupation:			
Are you an essential worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a healthcare worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, healthcare worker type:		<input type="checkbox"/> Other health care occupation <u>with</u> patient contact	
<input type="checkbox"/> Nurse <input type="checkbox"/> Medical doctor		<input type="checkbox"/> Other health care occupation <u>without</u> patient contact	
Employer/Institution Details for Primary and Secondary Occupation(s)			
Employer name/institution:		Employer name/institution contact phone:	
Symptoms			
<i>I'm going to read out a list of symptoms. Please let me know which you have <u>at the moment</u>, if any.</i>			
Tick all that apply:			
<input type="checkbox"/> History of fever/chills	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Headache	<input type="checkbox"/> Muscular pain
<input type="checkbox"/> General weakness	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Irritability/confusion	<input type="checkbox"/> Chest pain
<input type="checkbox"/> Cough	<input type="checkbox"/> Diarrhoea	<input type="checkbox"/> Loss of sense of smell/taste	<input type="checkbox"/> Abdominal pain
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Nausea/vomiting		<input type="checkbox"/> Joint pain
Case currently has symptoms		<input type="checkbox"/> Yes <input type="checkbox"/> No	
When did you first notice these symptoms? Date that the first symptom started:			
[If the case does not have symptoms at the moment but <u>did have</u> symptoms in the last 14 days]			
Which date did the symptoms start?:			
Which date did the symptoms stop?:			
Risk Assessment & Underlying Conditions			
Tick all that apply:			
<input type="checkbox"/> Cardiovascular disease (heart disease, high blood		<input type="checkbox"/> Immunodeficiency (weakened immune system, eg. HIV)	

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pressure)	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Renal (kidney) failure
<input type="checkbox"/> Liver disease	<input type="checkbox"/> Chronic lung disease
<input type="checkbox"/> Chronic neurological or neuromuscular disease (brain, spine, nervous system or muscle)	<input type="checkbox"/> Malignancy (cancer)
<input type="checkbox"/> Other underlying condition, specify:	
Do you take any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No [If case says yes] <i>what do you take that medication for?</i>	
Do you visit a specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No [If case says yes] <i>for what purpose?</i>	
Pregnancy and post-partum	
<i>Are you currently pregnant?</i> <i>It is best to inform your midwife or Lead Maternity Carer (LMC) that you have tested positive for COVID-19.</i>	
<input type="checkbox"/> Pregnancy, if yes , trimester:	
<input type="checkbox"/> Post-partum (less than 6 weeks since giving birth)	
History of COVID and Test Results	
Has the case previously had a positive COVID test? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vaccination	
Have you had a COVID vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No [If case says yes] <i>have you had one or two doses?</i> <input type="checkbox"/> 1 dose <input type="checkbox"/> 2 doses [If case says yes] <i>was the vaccination made by Pfizer or AstraZeneca?</i> <input type="checkbox"/> Pfizer <input type="checkbox"/> AstraZeneca	
Overseas Travel	
Was the case overseas in the last 14 days <ul style="list-style-type: none"> • before having COVID symptoms, or • before the date the positive test was <u>taken</u>, if they don't have COVID symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No	
[If case says yes] record the countries visited in this time period:	
Last country visited <ul style="list-style-type: none"> • Country: • City/region: • Date arrived: • Date left: 	2 nd last country visited <ul style="list-style-type: none"> • Country: • City/region: • Date arrived: • Date left:
3 rd last country visited <ul style="list-style-type: none"> • Country: 	

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<ul style="list-style-type: none"> • City/region: • Date arrived: • Date left: 	
<i>Which date did you arrive in New Zealand?</i>	
<i>Which countries do you have passports for?</i>	
Country 1:	Country 2:
Country 3:	
Flight Details – in New Zealand and Overseas	
<p>Did the case go on any flights in New Zealand or overseas in the last 14 days</p> <ul style="list-style-type: none"> • before having COVID symptoms, or • before the date the positive test was <u>taken</u>, if they don't have COVID symptoms? <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
[If case says yes, record details of each flight below]	
<p>Last flight:</p> <ul style="list-style-type: none"> • Flight number: • Seat number: • Date departed: 	<p>2nd last flight:</p> <ul style="list-style-type: none"> • Flight number: • Seat number: • Date departed:

<p>3rd last flight:</p> <ul style="list-style-type: none"> • Flight number: • Seat number: • Date departed: 	<p>4th last flight:</p> <ul style="list-style-type: none"> • Flight number: • Seat number: • Date departed: 			
Other Risk Factors				
<p><i>Did you visit any health care facilities in the 14 days</i></p> <ul style="list-style-type: none"> • <i>before having COVID symptoms, or</i> • <i>before the date your positive test was <u>taken</u>, if you don't have COVID symptoms?</i> <p>Note: includes visiting a community testing centre (including mobile community testing centres or vaccination clinics), aged residential care and other residential care facilities. Check Concerto for GP and hospital.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<p><i>Have you had close contact with a person with an acute respiratory infection (cold and flu symptoms)?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>If yes, where was this? [tick all that apply]:</p>				
<input type="checkbox"/> Family setting	<input type="checkbox"/> Health care setting	<input type="checkbox"/> Workplace	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (specify)
<p><i>Have you had close contact with a person who is a confirmed COVID-19 case in New Zealand?</i></p>				<input type="checkbox"/> Yes <input type="checkbox"/> No

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<ul style="list-style-type: none"> • ask for the person's full name (and any alternative names) • ask for a date of birth (if known) • tick where you saw this person 	Family setting	Healthcare setting	Workplace	Unknown	Other (specify)
Case 1 name:	<input type="checkbox"/>				
Case 2 name:	<input type="checkbox"/>				
Case 3 name:	<input type="checkbox"/>				

Isolation

<p>Where will the case be isolating?</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> In a managed isolation facility</p>	<p>Isolation notes:</p> <p>Where is the case currently?</p> <p>Have arrangements been made to move the case to an isolation facility?</p>
<p>Name of isolation facility:</p>	<p>Date started isolation as a case:</p>

Was the person already in isolation/quarantine

- before having COVID symptoms, or
- before the date the positive test was taken, if they don't have COVID symptoms?

Yes No

[If yes, tick the reason(s) that apply]:

Close contact with a case Travel-related Alert level criteria Other, specify:

If the case was already in isolation/quarantine, date this started:

Manaaki/Support (Welfare)

I'm going to read a list of different kinds of manaaki (welfare)/support. Let me know if you would like us to refer you for support with any of these.

- Food/kai
- Accommodation
- Financial support
- Cultural support

- Animal needs
- Communication needs
- Taha wairua (spiritual and emotional wellbeing)
- Disability needs
- Other, specify:

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<input type="checkbox"/> Medication(s) <input type="checkbox"/> Medical needs	
Is there anything else that might make it more difficult for you to isolate?	
It is important that you look after yourself. This can be a stressful time for you and your whānau/family. If you need to talk to someone, text or call 1737. This is a free 24-hour Mental Health Support Line to talk with a trained counsellor.	

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Household Close Contacts: record details of everyone who currently **lives with the case**

If you cannot find a household contact in NCTS do not create a new one. Instead speak to the SSO who will find them for you **9 (2) (a)**

First name	Also known as	Last name	DOB	Gender	Telephone number

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Infectious and source investigation:

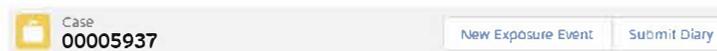
Contact tracing app

Has the case downloaded the NZ COVID Tracer app or Rippl? Yes No

If the case does not have the app, continue with the interview and directly enter the contact locations into NCTS.

If they do have the app:

- Give the case the data request code – this is the “one-time passcode”
 - Find this by clicking “submit diary” at the top of the case record in NCTS
- Select NZ COVID Tracer or Rippl app from the dropdown menu (depending on which app the case uses)
- Enter symptom onset date (if applicable)
- Click “next” to generate code (this will appear on your screen)



NZ COVID Tracer users:

- Ask the case to navigate to “My data” on the app
- Ask them to click “Share my digital diary”
- The user will need to confirm their details to continue
- The user then enters the code in the “data request code” field and presses “Share”

Rippl users:

- Ask the case to click the “History” tab on the home page
- At the bottom of the history tab click “Share my history”
- The user will need to confirm their details to continue
- The user then enters the code in the “data request code” field and presses “Share”

- Refresh the case by clicking on the dropdown arrow and selecting “Refresh Tab”, or press F5 on your keyboard

The information will now be available in NCTS Contact Locations

Bluetooth – only applies to the NZ COVID Tracer app, Rippl does not have the Bluetooth function

- Does the case have ‘Bluetooth tracing’ turned on in the NZ COVID Tracer app?
- If yes, inform the case that you will talk to your team lead and let them know if a Bluetooth notification will be shared.

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If yes, when did the case turn on Bluetooth tracing in the app?

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COVID case timeline

Day of the week																		
Date																		
Days to/from symptoms or positive COVID test	-7	-6	-5	-4	-3	-2	-1	-0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
Source period	Source period: 7 days before symptoms started, or if asymptomatic, 7 days prior to the positive swab							Date symptoms started, or date case had positive COVID test <u>taken</u>										
Infectious period						Infectious period: <ul style="list-style-type: none"> • 2 days before symptom onset until the case is isolated, or • if asymptomatic, 2 days before the positive swab was <u>taken</u>, until the case is isolated 												
	Exposure events: places the case has been while infectious																	

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<p>Infectious Period Contact Locations:</p> <p>Record everywhere the case has been in:</p> <ul style="list-style-type: none"> • the 2 days before symptom onset until the case is isolated, or • if asymptomatic, the 2 days before the positive swab was taken, until the case is isolated <p>For each contact location create an exposure event in NCTS</p> <p>If the case has attended any high risk locations in this period, please escalate to team lead</p>	<p>Tools that can be used:</p> <ul style="list-style-type: none"> • Contact tracer app • Calendar/s • Message texts • Internet banking (date of purchase not date of processing) • Google locations • Social media: Facebook, Messenger, WhatsApp, Instagram, Snapchat etc. • Work swipe access records
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Name of Case:					
Location name	Date	Start time	End time	Address	Details

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Name of Case:					
Location name	Date	Start time	End time	Address	Details

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<p>Source Period Contact Locations: Record high risk locations from days -2 to -7 prior to onset of symptoms (or if asymptomatic, date that positive swab was <u>taken</u>).</p> <p>High risk locations include:</p> <ul style="list-style-type: none"> • Hospitals and other healthcare settings (dentists, primary care, pharmacies) • Aged residential care facilities • Correctional facilities • Institutions e.g. universities, university hostels, schools, early childhood education centres • Hostels (outside of university hostels) • Residential care facilities • Places of worship • Other people’s homes <p>You <u>do not</u> need to record any other locations</p>	<p>Tools that can be used:</p> <ul style="list-style-type: none"> • Contact tracer app • Calendar/s • Message texts • Internet banking (date of purchase not date of processing) • Google locations • Social media: Facebook, Messenger, WhatsApp, Instagram, Snapchat etc. • Work swipe access records
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Name of Case:					
High risk location name	Date	Start time	End time	Address	Details

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Name of Case:					
High risk location name	Date	Start time	End time	Address	Details

COVID Community Contact Tracing Case Number: *NHI:*

Case Interview Checklist

Before Interview

- Change the Owner to yourself
- Click on the Profile Name (hyperlink to the Profile record) to assess:
 - Age (<16yrs requires parent/guardian)
 - Ethnicity and gender (consider interpreter and/or cultural support)
- In Tests Results click on the hyperlink to view details;
 - Check NHI corresponds with case NHI
 - Confirm Test result reflects the Case Classification
- Click on the title of the Note/s, and then Files to assess any written details/instructions
- Review case information, e.g. history of illness, isolation details

Inform case and investigate

- If unable to contact, log any calls or texts using the Log a Call tab on Activity History
- Complete hard-copy interview form
- Complete the Inform Q&A to update the case information on the left
- On the left hand side review every field and edit the information
 - Ensure the case interview date and time is the actual date/time, not when the Inform Q&A is done
- The yellow sections in the hard copy interview form are not captured in NCTS and must be documented in the field **Additional Case information**
- Document if the case uses the COVID tracer app or Rippl, and do they have 'Bluetooth tracing' turned on, and **when** did they turn it on
- Emails should be saved in 'Files'
- Click on the tabs Person Details to review and update any contact Details for the case
- If you answered yes to any of the accessibility/assistive devices in the inform Q&A, this will be in the Medical Information section
- Discuss interview and exposure events with Team MO
- From contact locations create exposure events (where case infectious)
- Click on contextual tab 'Advance to follow up', complete Team managed by field in the case follow up record