

COVID-19 High Index of Suspicion (HIS) Notification form

Please note: This form is ONLY to be completed for individuals who are symptomatic.

Yes, the person being swabbed has symptoms

If you are swabbing an asymptomatic person (e.g. a border worker having a surveillance swab), you do NOT need to notify them to Public Health.

Complete this form for people with COVID-19 symptoms AND in the 14 days prior to illness onset meet any of the HIS criteria listed below: *(Tick all relevant criteria)*

- International travel (other than from Quarantine-Free Travel (QFT) zones)
- Direct contact with a person who has returned from overseas in the last 14 days (Other than QFT zones.)
Examples of this group are: airport staff, MIQF staff, household contacts of international airline staff
- Worked on an international aircraft or shipping vessel
- Cleaned at an international airport or maritime port in areas/conveniences visited by international arrivals
- Exited a Managed Isolation/Quarantine Facility (MIQF) – excluding recovered cases
- Worked in a cold store facility that receives imported chilled and frozen goods directly from an international air or maritime port
- Travelled from an area with an evolving COVID-19 community outbreak (including in New Zealand and in any country/area with which New Zealand has QFT)
- Any other criteria requested by the local Medical Officer of Health.

Note: If a person tells you they are a close contact or have been at a Location of Interest, please do a COVID-19 test and ask the person to phone Healthline on 0800 611 116. RPH does not need a HIS notification form in this case.

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|------------------------|-------|
| Notifier/Organisation: | Date: |
|------------------------|-------|

| CASE DETAILS | | | | |
|--|----------------------------------|---|---|---------------------------------|
| Name of case: | | | NHI: | |
| Current address: | | | | |
| Phone (mobile): | | Phone (other): | | |
| Email: | | | | |
| Date of birth: | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: | | |
| Caregiver's name if case is <16 years: | | | | |
| Ethnicity (tick all that apply): | | | | |
| <input type="checkbox"/> NZ European | <input type="checkbox"/> Māori | <input type="checkbox"/> Samoan | <input type="checkbox"/> Cook Islands Māori | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Niuean | <input type="checkbox"/> Chinese | <input type="checkbox"/> Indian | <input type="checkbox"/> Other: | |
| Current occupation and Employer: | | | | |
| <input type="checkbox"/> Vaccinated? If yes, type of vaccine and number of doses received: | | | | |
| If relevant, name and city of MIF, date they departed MIF, countries recently visited: | | | | |
| <input type="checkbox"/> Any high risk individuals in household? | | | | |
| <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Aged residential care worker <input type="checkbox"/> Immunosuppressed <input type="checkbox"/> Other: | | | | |
| <input type="checkbox"/> Symptomatic household members? Details: | | | | |

| CLINICAL SYMPTOMS | | Name/NHI: |
|--|--|-----------|
| Illness onset date: | | |
| Hospitalised? <input type="checkbox"/> Yes <input type="checkbox"/> No | Hospital name: | |
| Symptoms of acute respiratory infection/COVID-19: | Less typical symptoms: | |
| <input type="checkbox"/> New or worsening cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Coryza (runny nose, head cold) <input type="checkbox"/> Loss of sense of smell or taste | <input type="checkbox"/> Fever <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Headache <input type="checkbox"/> Myalgia <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Confusion/irritability | |
| <input type="checkbox"/> Other symptoms: | | |
| <input type="checkbox"/> Comorbidities (including pregnancy): | | |

| ACTIONS |
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| <p>3. Test for COVID-19 – include ‘Meets HIS criteria’ on laboratory request form.</p> <p>4. Notify Regional Public Health (RPH)</p> <p style="text-align: center;">Notify RPH within 24 hours by email: RPH.CaseManagement@huttvalleydhb.org.nz</p> <p>5. Provide advice regarding self-isolation.</p> <p>6. If you have serious concern that your patient has COVID-19, please do not hesitate to call RPH on: (04) 570 9002.</p> <p>Clinical advice is available from ID/ Microbiology or the national COVID-19 clinical advice line: 0800 177 622.</p> |

| HIS MANAGEMENT (Health practitioner taking swab to please advise person of the following) |
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| <input type="checkbox"/> Person advised test results will be available within 2 working days and health professional will be in contact with results. <i>Please note the health practitioner taking a swab is responsible for informing the patient of negative results. The Public Health Unit will inform the patient of positive results.</i> |
| <input type="checkbox"/> Person advised illness will be notified to Public Health Unit and they may receive a call from Public Health Staff |
| <input type="checkbox"/> Person advised of self-isolation requirements and resources provided as per MoH website. Self-isolation requirements: Following testing, symptomatic HIS individuals should <u>self-isolate</u> at home pending test results. <u>They should minimise contact with others in their household.</u> Their household members do not need to self-isolate pending the test result unless that household member is symptomatic. HIS individuals with a negative result should <u>stay at home</u> until they have been symptom free for 24 hours. They can discuss when they are fit to return to work with their General Practitioner or primary care provider, or if in a high risk occupation (e.g. Healthcare worker) with their occupational health department. There may be specific situations (ongoing or new high risk symptoms e.g. SOB, loss of taste or smell) where RPH will request a second COVID-19 test and require the person to continue to isolate. In this situation the person will be advised of this directly by RPH. |
| <input type="checkbox"/> Person has been informed of MSD financial support packages e.g. short term absence payment. See financial support tool on covid19.govt.nz |