

REPORTING OF SUSPECT OR CONFIRMED COVID-19 Case

INCSPOTREP

Email to: JFCNP JMed (JFCNJMEDCOMMONMAILBOX@jfcnp.nato.int)

WHEN: DDHHMM"Z"MMVYYY (Identify if UPDATE to original INCSPOTREP)

WHO: ACO (Military/Civilian/Contractor) member (without name), Nationality, Division/*Directorate* / Mission; AMIS Card #; Dependents if in direct contact

WHERE: Country / Region / City -

WHAT: Contact Person, Suspected, Confirmed or Recovered (see below for definitions) of COVID-19

- Update if previously reported.

OPERATION:

CASUALTIES:

DAMAGES:

SOURCE: HQ, Agency, etc.; POC for further details. Phone / email both office and home

JOCWATCH

ENTRY:

REMARKS:

- Disposition: (self-isolated at residence or hospitalized)
 - Residence of member or Family
 - Health care contact: Y / N; Date
 - Interview by Occupational Medicine Specialist: Y / N; Date
 - Medical status: critical / stable
 - Corrective measures: What action taken
 - Contact with ACO personnel: Y / N
 - Informed and sent home: Additional INCSPOTREP?
 - JFCNP / commands / missions specific locations visited in the last 7 days: Bldg #, Office / Room #, Gym, Mess etc.
 - Date of isolation:
 - Date of return to duty:
 - Other relevant information:

DEFINITIONS AND TERMS

CONFIRMED CASE: A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

CONTACT PERSONS: A person not currently presenting symptoms, who has, or may have been in contact with **suspect or confirmed** COVID-19 case or has travelled to a country or region with sustained community transmission. **A contact is when an individual has been within 1 meter for over 15 minutes in last 2 days or living in the same household per World Health Organization guidelines.**

SUSPECT CASE:

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath), AND with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in a country/area or territory reporting local transmission (see situation report) of COVID-19 disease during the 14 days prior to symptom onset;

OR

B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to onset of symptoms;

OR

C. A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath) AND with no other etiology that fully explains the clinical presentation.

SELF (DOMESTIC) ISOLATION: Remaining in one's domicile and restricting activities outside the home. Personnel should not go to work, school or public areas. Personnel should avoid using public transportation, ride sharing or taxis. Personnel should separate themselves from other people in the home. As much as possible, isolating personnel should stay in a room separate from other people in the home and if possible utilize a separate bathroom.

QUARANTINE: Remaining in dedicated area or facility (medical or non-medical) and restricted activities outside the area or facility. Personnel is separated from work, school or any other public areas. Personnel is separated from other people in order to prevent current or potential disease outbreak. The rooms in the quarantine facility can be shared with other persons in quarantine or they might be separated, depending on situation.

SUSTAINED COMMUNITY TRANSMISSION: Geographic regions where an infectious disease is rapidly expanding and the nation has established entry/exit **and/or movement restrictions.**

RECOVERED: Previously suspect or confirmed COVID-19 case; which are now back to full duty as deemed by medical professional.