

Restricted

**PREVENTION AND CONTROL OF DISEASE ORDINANCE
(Cap. 599)**

Notification of Severe or Fatal Cases of 2019 Coronavirus Disease (COVID-19)

If patients fulfill the laboratory criteria AND clinical criteria as per the reporting criteria, please **report to the Central Notification Office (CENO) of the Centre for Health Protection** using the form by email (diseases@dh.gov.hk) or fax (2477 2770).

Particulars of Affected Person			
Name in English:	Name in Chinese:	Age/ Sex: /	If no HKID, identity document type and issuing jurisdiction (e.g. passport, Singapore): Identity document number:
Date of birth (dd/mm/yyyy)	HKID No.		
Reporting Hospital / A&E(if any):			Hospital / A&E No.:
Residential care home resident			Yes No Unknown

First Positive Specimen of Current Episode			
Nature of specimen	PCR	RAT	
Specimen collection date			
Clinical Information of Severe Infection (COVID-19 severe case is defined as presenting with severe pneumonia, sepsis, multiple organ failure, encephalopathy/encephalitis, myocarditis, shock or other severe complications of COVID-19 within 28 days of the first positive specimen collection date AND requiring intubation, extracorporeal membrane oxygenation or oxygen at ≥ 3 L/min)			
Clinical manifestation of severe infection at time of reporting	Severe pneumonia Sepsis Multiple organ failure Encephalopathy/encephalitis Myocarditis Shock Others (please specify): _____		
Ever require oxygen ≥ 3 L/min	Yes (3-6 L/min)	Yes (>6 L/min)	No
Ever require intubation	Yes	No	
Ever require ECMO	Yes	No	
Ever require ICU admission	Yes	No	

Date of Death and Cause of Death for Fatal Case

(COVID-19 death case is defined as a death in a person with positive SARS-CoV-2 result and died within 28 days of the first positive specimen collection day. The underlying cause of death may have been unrelated to COVID-19)

Date of death	
Cause of death	
Death related to COVID-19	Yes No / undetermined
Other Medical History	
No. of dose of COVID-19 vaccination received 14 days before onset of symptoms or death	0 1 2 3 4 >4 Unknown
Past history of COVID-19 infection at least 90 days before current episode	Yes Date(s) of previous infection if available: _____ No Unknown

Notified under the Prevention and Control of Disease Regulation by

Dr. _____ of _____ Hospital / Clinic / Private Practice
(Name in BLOCK Letters)

_____ Ward / Unit / Specialty on _____ (Date: dd/mm/yyyy)

Telephone No.: _____ Fax No.: _____ Email.: _____