# APPENDIX 1 (as supplied by the authors)

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### QUESTIONNAIRE

### **Project Title:**

Transmission and Case Definition of a COVID-19 outbreak amongst healthcare workers at a curling bonspiel in Western Canada

## Consent:

Have you reviewed the consent form and do you agree to participate in the study? Y / N

### **Participant Survey Questions:**

#### Demographics

Age:	
Gender:	
City:	
Employment:	Physician - Resident / Retired
	Other Health Care Worker - Nurse / Dentist
	Other

### **Did you attend?** Y / N

Wednesday evening reception			
Thursday AM Breakfast at hotel			
Thursday AM Curling			
Thursday Lunch at Rink			
Thursday PM Curling			
Thursday Bowling			
Thursday Dinner - with whom			
Friday AM Breakfast at hotel			
Friday AM Curling			
Friday Lunch at Rink			
Friday PM Curling			
Friday Dinner - with whom			
Saturday AM Breakfast at hotel			
Saturday AM Curling			
Saturday Lunch at Rink			
Saturday PM Curling			
Saturday Banquet			
Sunday AM Breakfast at hotel			

# Had you travelled outside Canada in the month before the Bonspiel (Feb 12-Mar 11)?

If yes, where and when?

# Did you develop symptoms? Y / N

# Date of onset of first symptoms?

Symptoms (Y / N)

Symptoms (1 / N)					
Fever					
Tmax (maximum temperature)					
Duration of fever in days					
Headache					
Itchy or watery eyes					
Sinus pain					
Nasal congestion					
Rhinorrhea (runny nose)					
Anosmia (loss of smell)					
Dysguesia (altered taste)					
Ageusia (loss of taste)					
Sore throat					
Cough					
Productive cough					
Dyspnea (Shortness of Breath)					
Nausea					
Anorexia (loss of appetite)					
Dyspepsia					
Abdominal pain					
Diarrhea					
Weight loss					
Myalgia (muscle aches)					
Other symptoms (describe)					

Did you seek medical attention for your symptoms? Family MD / Walk-in Clinic / ER

Where you hospitalized? Y / N (dates)

**Did you take any treatments?** Acetaminophen / NSAIDS / decongestants / cough suppressants / other (specify)

#### Which symptoms came on first?

#### Describe the severity of symptoms (mild, moderate, severe) and progression of symptoms.

#### Date of complete symptom resolution?

Date of isolation:

Did you see patients or have meetings before isolation?

Did anyone in your home (not at the bonspiel) develop symptoms?

Was anyone you were in close contact with diagnosed with COVID-19?

Testing

First Test	irst Test		
Date taken:			
Туре:	Nasal or Nasopharyngeal or Throat		
Result:	Positive or Negative		
Date reported:			
Second Test			
Date taken:			
Туре:	Nasal or Nasopharyngeal or Throat		
Result:	Positive or Negative		
Date reported:			
Third Test			
Date taken:			
Туре:	Nasal or Nasopharyngeal or Throat		
Result:	Positive or Negative		
Date reported:			
Fourth Test			
Date taken:			
Туре:	Nasal or Nasopharyngeal or Throat		
Result:	Positive or Negative		
Date reported:			
Fifth Test			
Date taken:			
Туре:	Nasal or Nasopharyngeal or Throat		
Result:	Positive or Negative		
Date reported:			

#### **Duration of isolation:**

Return to work date:

Any other comments:

**Supplementary Table 1.** Comparison of Public Health Agency of Canada (PHAC) and the World Health Organization (WHO) case definitions of suspect and probable COVID-19 cases. Adapted from references (11) and (12).

Definition	Public Health Agency of Canada (PHAC)	World Health Organization (WHO)
Suspect Case	<ul> <li>TWO OR MORE of:</li> <li>Fever (signs of fever)</li> <li>Cough (new or exacerbated chronic)</li> <li>Sore throat</li> <li>Runny nose</li> <li>Headache</li> </ul>	Acute onset of fever AND cough OR acute onset of ANY THREE OR MORE of: Fever Cough General weakness/fatigue Headache Myalgia Sore throat Coryza Dyspnea Anorexia/nausea/vomiting Diarrhea Altered mental status
Probable Case	<ul> <li>Fever (over 38°C) <u>OR</u> new onset of (or exacerbation of chronic) cough <u>AND</u> who meets exposure criteria in whom a laboratory diagnosis is inconclusive</li> <li><u>OR</u></li> <li>Fever (over 38°C) <u>OR</u> new onset of (or exacerbation of chronic) cough <u>AND</u> close contact with a confirmed case of COVID-19, or lived in or worked in a closed facility known to be experiencing an outbreak of COVID-19, who has not had a laboratory test</li> </ul>	<ul> <li>A) patient who meets clinical criteria above <u>AND</u> is a contact of a probable or confirmed case, or linked to a cluster with at least one confirmed case</li> <li>B) suspect case with chest imaging showing findings suggestive of COVID-19 disease</li> <li>C) person with recent onset of <u>anosmia</u> (loss of smell) or <u>ageusia</u> (loss of taste) in the absence of any other identified cause</li> <li>D) death, not otherwise explained, in an adult with respiratory distress preceding death <u>AND</u> was a contact of a probable or confirmed case or linked to a cluster with at least one confirmed case</li> </ul>

*Supplementary Table 2.* Comparison of PHAC and WHO case definitions, and SARS-CoV-2 serology results, amongst 16 symptomatic individuals in which RT-PCR was negative or not done.

Case	PHAC	WHO	Serology	Symptoms
1	Probable	Probable	Positive	fever, cough, headache, myalgia, dyspnea, fatigue, anorexia, chills, weight loss
2	Probable	Probable	Positive	fever, headache, fatigue, myalgia, dyspnea, anorexia <u>, anosmia,</u> dysgeusia, dizziness/vertigo, sinus pain
3	Probable	Probable	Positive	cough, sore throat, coryza, headache, fatigue, myalgia, <u>anosmia,</u> dysgeusia, itchy/watery eyes
4	Probable	Probable	Positive	cough, coryza, headache, fatigue, nausea, <u>anosmia,</u> dysgeusia, diarrhea, hives, itchy/watery eyes, sinus pain, weight loss
5	Probable	Probable	Positive	cough, coryza, sore throat, headache, fatigue, dyspnea, <u>anosmia,</u> dysgeusia, sinus pain
6	Probable	Probable	Negative	cough, sore throat, headache, myalgia, anorexia, <u>anosmia,</u> dysgeusia, night sweats, chills
7	Probable	Probable	Negative	cough (productive), sore throat, coryza, fatigue, myalgia, dyspnea, diarrhea, nausea, itchy/watery eyes
8	Probable	Probable	Negative	cough (productive), sore throat, coryza, dyspnea, anorexia, diarrhea, weight loss, chills
9	Probable	Probable	Not done	cough, sore throat, coryza, anosmia, dysgeusia, itchy/watery eyes, sneezing/itchy nose
10	Suspect	Probable	Negative	coryza, headache, fatigue, myalgia, diarrhea, sinus pain
11	Suspect	Probable	Negative	sore throat, coryza, fatigue, anorexia, <u>anosmia,</u> dysgeusia
12	Non-case	Probable	Positive	coryza, fatigue, <u>anosmia</u>
13	Non-case	Probable	Not done	headache, fatigue, anorexia/nausea
14	Probable	Non-case	Positive	cough, coryza
15	Non-case	Non-case	Negative	myalgia, anorexia/nausea, night sweats
16	Non-case	Non-case	Negative	согуза

**Symptoms** = Both on PHAC and WHO list (red), only on WHO list (blue) with <u>anosmia</u> automatically becoming WHO probable case, and other symptoms not on PHAC or WHO list (black)