

Supplement 1

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Initial Contact Report Form - 2a
v9- COVID-19

For reference only				
Confirmed case number (issued by National i.e. NISHPZone)		Local ID of contact (local HPZone ID for contact)		FF100 id number (automatically generated on FF100 web tool)
Name of confirmed case (lab confirmed case that this person is a contact of)				
*Mandatory fields in pink with bold text and an asterisk				
1. Reporter Details				
*Name of the reporter (person completing the form)				
*Date Reported				
Position				
Organisation				
Phone and extension				
Mobile				
Email				
Fax				
*Date of interview with informant				
2. Informant Details				
Informant (Please mark x)	Contact		Other	
If Other:				
Contact details including telephone number				
Relationship with contact				
3. Details of the Contact				
NHS number				
*Forename				
*Surname				
Sex	Male	Female	Not Specified	
Date of Birth			Age	
Local ID Number (HPZone number)				
Street Address			Home Telephone	
Town			Work Telephone	
County			Mobile	
Post Code			Email address	
Preferred mode of contact				
Country of Residence			Nationality	
Country of Birth				
*Responsible PHE Centre				
Local Authority				
Name of school if appropriate				
*Location of contact with confirmed case	Household	Health care setting	School	Aircraft
	Other, please specify			
*Date of last contact with confirmed case (i.e. date of exposure (protected or unprotected) if still in contact please put today's date). This date MUST be included for the daily follow up				
Is the case part of an institutional outbreak?	Yes	No	Unknown	
	If yes, please specify:			

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Occupation				
*Healthcare Worker (HCW) working with confirmed case	Yes	No		
	If Yes HCW, please complete Sections 4,5 and 6			
If Not HCW, please complete Sections 4,5 and 7				
4. Symptoms in this contact				
*Has the contact been ill within the 14 days after exposure to the confirmed case?	Yes	No		
*Is the contact currently ill?	Yes	No		
If contact has not been ill please go to Section 5.				
Date of first symptom onset		Unknown (x)		
Maximum temperature				
Respiratory symptoms				
Fever or history of Fever ($\geq 38^{\circ}\text{C}$)	Yes	If yes, first onset date	No	Unknown
Runny nose	Yes	If yes, first onset date	No	Unknown
Sneezing	Yes	If yes, first onset date	No	Unknown
Cough	Yes	If yes, first onset date	No	Unknown
	If yes, dry or productive?		Dry	Productive
Shortness of breath	Yes	If yes, first onset date	No	Unknown
Sore throat	Yes	If yes, first onset date	No	Unknown
Other symptoms				
Diarrhoea	Yes	No	Unknown	
Nausea	Yes	No	Unknown	
Vomiting	Yes	No	Unknown	
Fatigue	Yes	No	Unknown	
Muscle ache	Yes	No	Unknown	
Joint ache	Yes	No	Unknown	
Loss of appetite	Yes	No	Unknown	
Headache	Yes	No	Unknown	
Seizures	Yes	No	Unknown	
Altered Consciousness	Yes	No	Unknown	
Nose bleed	Yes	No	Unknown	
Rash	Yes	No	Unknown	
Other	Yes	No	Please specify	

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5. Medical History

Does the contact have any underlying medical conditions? Complete where appropriate

This information is collected to understand whether specific groups are at greater risk of infection with this virus, to inform future health advice and precautions.

	Yes	No	Unknown	Details	
Chronic heart disease					
Diabetes					
HIV/other immunodeficiency					
Chronic kidney disease					
Chronic liver disease					
Chronic respiratory disease, excluding asthma requiring medication					
Asthma requiring medication					
Malignancy					
Organ or bone marrow recipient					
Seizure disorder					
Chronic neurological disease					
Currently pregnant	Yes	No	Unknown		
	If yes, trimester	First	Second		Third
	If yes, estimated delivery date				
Height in cm					
Weight in kg					
Other, please specify					

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6. Exposure in a healthcare setting					
Was any contact with the confirmed case unprotected (without full PPE)?	Yes	No			
	First date of unprotected contact				
Last date of unprotected contact					
Was any contact with the confirmed case protected (full PPE)?	Yes	No			
	First date of protected contact				
Last date of protected contact					
Job title					
Place of work					
Direct patient contact? (eg Hands-on clinical contact)	Yes	No			
What type of protective equipment was used during contact with confirmed case and how often?					
Surgical mask	Yes	No	Don't know		
	If yes, how often	Always (100% of time)	Often (>50% of time)	Infrequent (<50% of time)	Never
High filtration mask (FFP3)	Yes	No	Don't know		
	If yes, how often	Always (100% of time)	Often (>50% of time)	Infrequent (<50% of time)	Never
Eye protection	Yes	No	Don't know		
	If yes, how often	Always (100% of time)	Often (>50% of time)	Infrequent (<50% of time)	Never
Gloves	Yes	No	Don't know		
	If yes, how often	Always (100% of time)	Often (>50% of time)	Infrequent (<50% of time)	Never
Gown	Yes	No	Don't know		
	If yes, how often	Always (100% of time)	Often (>50% of time)	Infrequent (<50% of time)	Never
Was the contact present while any aerosol generating procedures took place?	Yes	No			
If yes, what procedure were they present at? List and date if more than one	Procedure 1			Date	
	Procedure 2			Date	
	Procedure 3			Date	
Was the contact wearing any type of mask at this/these procedure?		Surgical	FFP3	None	
	Procedure 1				
	Procedure 2				
	Procedure 3				
Date of illness onset for confirmed case (if known)					

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<p>If date of onset in confirmed case is known: Please mark with x below all days of contact with the confirmed case since onset of illness in the confirmed case. E.g. 0 means contact on the day of onset of illness. +1 means contact the day after onset of illness If date of onset in confirmed case is not known please skip to next question</p>					
Day	0	1	2	3	4
Date (autocompletes from question above)					
Enter x for contact occurred on this day					
Day	5	6	7	8	9
Date					
Enter x for contact occurred on this day					
Day	10	11	12	13	14
Date					
Enter x for contact occurred on this day					
If date of onset in confirmed case is not known, please give the total number of days you were in contact with the confirmed case while they were symptomatic					
Monitoring state of contact following initial assessment	Active		Passive		

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7. Exposure Information - Non Healthcare Workers					
Has the contact been in continuous contact with the confirmed case? E.g. same household	Yes	No	Unknown		
	If no, date of first contact with case				
Last date of contact with confirmed case			Contact has not ended (x)		
Date of illness onset for confirmed case (if known)					
<p>If date of onset in confirmed case is known: Please mark with x below all days of contact with the confirmed case since onset of illness in the confirmed case. E.g. 0 means contact on the day of onset of illness. +1 means contact the day after onset of illness If date of onset in confirmed case is not known please skip to next question</p>					
Day	0	1	2	3	4
Date (autocompletes from question above)					
Enter x for contact occurred on this day					
Day	5	6	7	8	9
Date					
Enter x for contact occurred on this day					
Day	10	11	12	13	14
Date					
Enter x for contact occurred on this day					
If date of onset in confirmed case is not known, please give the total number of days you were in contact with the confirmed case while they were symptomatic					
Monitoring state of contact following initial assessment	Active		Passive		
8. Outcome/ Current Status of Contact					
Please complete only if has been ill since exposure or is currently ill.					
Status	Recovered	If recovered. Date symptoms resolved (able to resume normal activities)	ill	Dead	If dead, date of death
Was the contact hospitalised?	Yes	No	Don't know		
If hospitalisation occurred:	Is the contact still hospitalised?	Yes	No	Don't know	
	If yes, date of admission				
	Date of discharge (leave blank if patient is still hospitalised)				
Case classification of contact if appropriate (see below for definitions)	Confirmed	Presumptive positive	Possible	Discarded	N/A
	PHE National Reference Laboratory (RVU) Colindale positive confirmation of infection with novel-CoV	PHE novel-CoV Testing Laboratory positive of infection with novel-CoV	Acute respiratory infection or more severe illness as per possible case algorithm	Any possible case with a negative novel CoV laboratory result	Not applicable

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9. Virological Tests (if appropriate)

Specimen Date	Laboratory Test Date	Specimen Type ³	Lab Name ⁴	Local Lab Number	Virus	Type of Test ⁵	Result

[3] Specimen Types: BAL, Blood-Plasma, Blood-Serum, Faeces, Nose/Throat swab, NPA, Sputum, Tissue, Oral fluid, Finger prick, Urine, Endotracheal aspirate

[4] Lab Names: Belfast, Birmingham, Bristol, Cambridge, Cardiff, Dublin, Glasgow, Leeds, Leicester, Liverpool, London-Barts, London-Kings, London-St Thomas's, London-UCLH, Manchester, Newcastle, Nottingham, PHE-RVU, Porton, Southampton, Other (please specify)

[5] Test Types: RT-PCR, Sequencing, Pyrosequencing, Antigenic-typing, Phenotypic antiviral susceptibility testing, HA/MN

10. Serology

Has baseline serology been taken on contact?	Yes	No	Not sure
If yes, date serology taken?			
Laboratory Name			
Date serology sent to a PHE lab			

Communications to PHE should only be sent between PHE email addresses, directed to respiratory.lead@phe.gov.uk

PHE strives to comply with all data protection legislation and confidentiality best practice in accordance with the Data Protection Act (2018) and the General Data Protection Regulation (GDPR). All data will be handled securely. At local level data shared electronically will be from secure nhs.net to nhs.net email accounts. Communications to PHE (between HPTs and authorised PHE National Infection service staff) will be between secure phe.gov.uk accounts. Data is held by PHE NIS in a secure web system hosted on encrypted NHS N3 network and access to this database is restricted to authorised scientific and medical staff.

Data collection is undertaken with permissions granted under Regulation 3 of The Health Service (Control of Patient Information) Regulations 2002, and without explicit patient permission under Section 251 of the NHS Act 2006 (<http://www.legislation.gov.uk/uksi/2002/1438/regulation/3/made>).