Annex 2

**Epidemiological investigation of pneumonia with new coronavirus infection** (second edition)

In order to grasp the incidence of pneumonia cases of new coronavirus infection, exposure history, exposure history and other epidemiological-related information, do a good job of close contact with the detection of new coronavirus infection pneumonia cases spread and spread, specially formulated this program.

I. The purpose of the investigation

   (i) Investigating the incidence and attendance of cases, clinical characteristics and possible sources of infection;

   (ii) Close contacts in the detection and management of cases.

   The subject of the survey

   Suspected cases of pneumonia, confirmed cases and cluster outbreaks of the new coronavirus infection.

   Third, the content and methods of the investigation

   After receiving a report of pneumonia cases of a new type of
coronavirus infection, the county (district)-level disease control agency should complete the epidemiological investigation within 24 hours, and may conduct the investigation by consulting the data, asking about cases, insiders and attending a doctor. If the condition of the case permits, the investigation should first investigate the case himself, and then the doctor, family members and informed persons to investigate.

The investigation content is divided into the first part and the second part, including the basic situation, morbidity and diagnosis, clinical performance, laboratory examination, epidemiological history, close contact information and case diagnosis, treatment and transfer, suspected cases only need to fill in the first part, confirmed cases to fill in the first part and the second part. The Questionnaire on Cases of Pneumonia With New Coronary Virus Infection is shown in the attached table.

(1) Basic information: basic demographic information, such as: name, gender, age, address, ethnicity, contact information and so on.

(2) Morbidity and diagnosis and treatment: clinical manifestations, laboratory examinations, the passing of the disease and the change and return of the disease.

(iii) Possible sources of infection: To investigate the history of exposure within 14 days prior to the onset of the case, mainly to investigate the relevant travel or residence history of Wuhan prior to
(iv) Close contacts determine that: after the onset of the case activities and population contact scanage and screening, to identify close contacts. The criteria for defining and determining close contacts are implemented in accordance with the Programme for the Management of Suspected Exposers and Close Contacts of Pneumonia with New Coronary Virus Infections (2nd Edition).

Organization and implementation

In accordance with the principle of "territorial management", the medical and health administrative departments at the county (city, district) level where the medical institutions are visiting medical institutions shall conduct epidemiological investigations into cases of pneumonia with new coronary viral infections before the onset of the disease, the scope of activities after the onset of the disease, and the county (city, district) where the medical institutions are located. The investigation unit shall promptly set up an on-site investigation team, according to the investigation plan formulated, clarify the purpose of the investigation, determine the composition of the investigation
team and their respective responsibilities and division of labor. Investigators should take personal precautions during the investigation. Municipal, provincial and national centers for disease control will be rushed to the scene according to the needs of the outbreak treatment, and the early arrival of the investigation agencies to form a joint investigation team to carry out on-site epidemiological investigation.

Fifth, information reporting and analysis

After the county (district) level disease prevention and control institutions complete the case investigation or the cluster epidemic topic investigation, the case questionnaire or the topic investigation report shall be reported in a timely manner through the network reporting system within 2 hours, the specific reporting method and the web site shall be notified. At the same time, the epidemiological investigation and analysis report will be submitted to the health administrative departments and higher-level disease control institutions.

Attached: Questionnaire on cases of pneumonia with new coronary viral infection
Questionnaire on cases of pneumonia with new coronavirus infection (second edition)

Questionnaire Number: ID number:

Part 1: Preliminary investigation information

1. Name: If it is a child, the guardian's name

2. Gender: male and female (pregnant woman: yes and no)

3. Ethnic:

4. Date of birth: year, month (solar calendar) (if the date of birth is not known, real age: age or month)

5. Current address: Provincial, County (District) Township (Street) No.

6. Contact:

7. Whether a medical staff member: Yes, No

8. Within 14 days of onset of the disease, whether there is a history of Wuhan residence: yes, no, whether there is a history of Wuhan travel: yes, no

9. Within 14 days of the onset of the disease, whether there is a history of exposure to confirmed cases of pneumonia with the new coronavirus infection: yes, no

10. Are there cluster edison severity in the same family, work unit, child-care institution or school?

   Yes, No, I don't know.

11. Past medical history (available multiple):

   Lung disease (e.g. asthma, pulmonary heart disease, pulmonary fibrosis, silicosis, etc.)
   - Chronic kidney disease, chronic liver disease, etc.

   Immunodeficiency Diseases - Other

12. Date of onset: date of year

13. Symptoms and signs: fever: maximum temperature, fatigue, dry cough, coughing sputum, nasal plugs
Runny nose, chills, breathing, breathing, sore throat, headache, muscle soreness, joint soreness

Chest tightness, vomiting, diarrhea, diarrhea, other

14. Clinical Severity: Cases of pneumonia (general pneumonia, severe illness, critical) non-pneumonia cases

15. Hospitalization: Yes (Date of hospitalization: month of year) No

16. Whether to accept ICU treatment: yes, no

17. Collection of specimen types (optional): swabs, swabs, sputum, trachea secretions

   The trachea absorbent, the alveolar irrigation lotion, the blood sample, the feces, the other

18. Sample Date: Year Day

19. New Coronary Virus Test Results: Positive, Negative, Pending Testing

20. Diagnostic types case of pneumonia (suspected cases, confirmed cases) - Non-pneumonia cases

Part II: Investigation information of confirmed cases

(1) Information on diagnosis and treatment

1. Before going to a medical institution, do not take your own medicine: no, i don't know, yes, no, no, no, no, no, no, no, no, no, no, no, no, no

   If it's, anti-heat drugs, anti-viral drugs, antiviral drugs, other drugs.

2. Have you seen a medical institution before the diagnosis? The name of the medical institution is separate.

3. Date of diagnosis: Date of the year, name of the medical institution at the time of diagnosis:

4. Out of hospital: No. Yes (discharge date: month of year)

5. Transfer situation: healing, improvement, aggravation, death (time of death: year: month)

6. Blood routine check is abnormal: No . . . yes
If so, WBC x10⁹/L x10⁹/L; N; N;

7. Chest X-ray check for abnormality: No

8. Chest CT check is abnormal: No

9. In addition to the new coronavirus pathogenology and serological examination, have other pathogen tests been carried out?

No, yes, if yes, please fill in the form below

<table>
<thead>
<tr>
<th>Types of specimens</th>
<th>Acquisition time</th>
<th>Detection of pathogens **</th>
<th>Detection methods</th>
<th>Test results</th>
<th>Detection time</th>
<th>Detection unit</th>
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Note:


Detection method: 1. Nucleic acid detection 2. Serological testing 3. Other

Test results: 1. Positive 2. Negative 3. To be determined
(ii) Information on the source of infection

1. Are there any exposure to patients with fever and respiratory symptoms within 14 days of the onset of the disease?

   No, yes, if yes, please fill in the form below

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact</th>
<th>Gender</th>
<th>Relation</th>
<th>Last contact</th>
<th>Contact Frequency</th>
<th>Location of contact</th>
<th>How to contact</th>
<th>Precautions taken</th>
<th>Note (note stake time)</th>
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<tr>
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<td>Often General Occasion</td>
<td>Home Medical institutions: Workplac</td>
<td>The same meal, the same meal, the same house, the same bed, the same bed. Co-working study</td>
<td>Yes, yes. No</td>
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<td>Yes, yes. No</td>
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2. History of farmers' market activities in the 14 days prior to onset of illness

(1) Have you been to a farmers' market: Yes and No (please skip to 3. The living environment and exposure part of the case)

   If you have been there, you are a farmer's farmer: market practitioners, suppliers/ buyers, consumers

   Other (including food delivery, looking for people, passage, etc.)
(2) Whether the market sells wild animals: Yes (market name animal name) - No

(3) Contact with wild animals: Yes (animal name) No

(4) Whether an abnormal death of wild animals was found: Yes (animal name) No

(5) Whether other animals are sold in the practice market:
   Yes (market name animal name) No

(6) Contact with other animals sold: Yes (animal name) No

(7) Whether or not other animals are found to be abnormally dead: Yes (animal name) No

(8) Have you seen non-commodity animals in the market (e.g. rats, weasels, etc.):
   Yes (market name animal name) No

   Have you been exposed to the above animals: Yes (animal name) No

   Whether or not the above animals were found to have an abnormal death: Yes (animal name) No

For market practitioners or suppliers/buyers, please answer

(9) Your business-related market name and stalls:
   (1) Sales market:
      (2) Delivery Market: (3) Incoming Market:

(10) Related store business categories (can be selected multiple): aquatic products, specific varieties:

   Poultry, specific varieties: wild game, specific varieties:

   Fresh livestock, specific varieties: vegetables, fruits, other

(11) The specific types of work performed are (optional):

   Market Managers, Shop Owners, Shop Owners, Processing, Slaughtering, Sorting, Selling, Handling and Distribution, Cleaning, Supply/Incoming, Invoicing/Receiving, Other
For consumers or other personnel (including food delivery, looking for people, passage, etc.), please fill in the form below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Market Name</th>
<th>Contact with the types of goods</th>
<th>Animal Name</th>
<th>How to contact</th>
<th>Note</th>
</tr>
</thead>
<tbody>
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<td>Year of</td>
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<td>Aquatic, Poultry, Livestock,</td>
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<td>Wildlife, Other</td>
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3. The living environment and exposure of the case

(1) Whether or not to have a pet / animal in the home: yes (animal name) No

(2) Whether a neighbor has a pet / animal in the house: yes (animal name) no

(3) Have other animals been exposed to other animals (rats, weasels, etc.) in the 14 days prior to onset of the disease:

Yes (animal name) - No

Whether or not the above animals were found to be abnormally dead: Yes, animal name, no

(4) Is there a farmers market around the place of residence of the case (village / residential building):

Yes, about meters away from your home . . . No.

(5) Whether there are poultry or animals for sale at the farmers' market: yes, no, unknown

Survey: Investigator Signature:  Survey Time:   Year Month