**Middle East Respiratory Syndrome (MERS) Patient Under Investigation (PUI) Short Form**

*As soon as possible, notify and send completed form to: 1) your local/state health department, and 2) CDC: email (*[*eocreport@cdc.gov*](mailto:eocreport@cdc.gov)*, subject line: MERS Patient Form) or fax (770-488-7107). If you have questions, contact the CDC Emergency Operations Center (EOC) at 770-488-7100.*

# Today’s Date:

**STATE ID:**

**STATE:**

**COUNTY:**

**Interviewers: Name:**

**Phone:**

**Email:**

**Sex:** M F **Age**:

## yr mo **Residency:** US resident non-US resident, country:

**Date of symptom onset:**

**Symptoms (*mark all that apply*):** Fever Chills Cough Sore throat

## Shortness of breath Muscle aches Vomiting Diarrhea Other:

**In the 14 days before symptom onset did the patient (*mark all that apply*):**

## Have close contact1 with a known MERS case?

Have close contact1 with an ill traveler from the Arabian Peninsula/neighboring country2 or South Korea? If Yes, countries:

Visit or work in a health care facility in the Arabian Peninsula/neighboring country2 or South Korea? If Yes, countries:

Travel to/from the Arabian Peninsula/neighboring country2 or South Korea? If Yes, countries:

Date of travel **TO** this area:

Date of travel **FROM** this area:

**Is the patient a member of a severe respiratory illness cluster of unknown etiology?** Yes No Unknown

**Is the patient a health care worker (HCW)?** Yes No Unknown If Yes, did the patient work as a HCW in/near a country in the Arabian Peninsula2 or South Korea in the 14 days before symptom onset? Yes No Unknown If Yes, countries:

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**Does the patient have any comorbid conditions? (*mark all that apply*):** None Unknown Diabetes Cardiac disease Hypertension Asthma Chronic pulmonary disease Immunocompromised Other:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Unknown |
| **Was the patient:** Hospitalized? If Yes, *admission date*: \_ |  |  |  |
| Admitted to the Intensive Care Unit (ICU)? |  |  |  |
| Intubated? |  |  |  |
| **Did the patient die?** If Yes, *date of death*: |  |  |  |
| **Did the patient have clinical or radiologic evidence of pneumonia?** |  |  |  |
| **Did the patient have clinical or radiologic evidence of acute respiratory distress syndrome (ARDS)?** |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General non-MERS-CoV Pathogen Laboratory Testing (*mark all that apply*)** | | | | | | | | | |
| Pathogen | Pos | Neg | Pending | Not Done | Pathogen | Pos | Neg | Pending | Not Done |
| Influenza A PCR |  |  |  |  | Rhinovirus and/or Enterovirus |  |  |  |  |
| Influenza B PCR |  |  |  |  | Coronavirus (not MERS-CoV) |  |  |  |  |
| Influenza Rapid Test |  |  |  |  | *Chlamydophila pneumoniae* |  |  |  |  |
| RSV |  |  |  |  | *Mycoplasma pneumoniae* |  |  |  |  |
| Human metapneumovirus |  |  |  |  | *Legionella pneumophila* |  |  |  |  |
| Parainfluenzavirus |  |  |  |  | *Streptococcus pneumoniae* |  |  |  |  |
| Adenovirus |  |  |  |  | Other: \_ |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **MERS-CoV rRT-PCR Testing (*mark all that apply*)** | | | | | | |
| Specimen Type | Date Collected | Positive | Negative | Equivocal | Pending | Not Done |
| Sputum |  |  |  |  |  |  |
| Bronchoalvelolar lavage (BAL) |  |  |  |  |  |  |
| Tracheal Aspirate |  |  |  |  |  |  |
| NP3 OP3 NP/OP3 (*circle one*) |  |  |  |  |  |  |
| Serum |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***For CDC ONLY:*** | Date Collected | Positive | Negative | Pending | Not Done |
| **MERS-CoV Serology Testing** |  |  |  |  |  |

1. Close contact is defined as: a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment. Data to inform the definition of close contact are limited. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact.
2. Countries considered in the Arabian Peninsula and neighboring include: Bahrain; Iraq; Iran; Israel, the West Bank and Gaza; Jordan; Kuwait; Lebanon; Oman; Qatar; Saudi Arabia; Syria; the United Arab Emirates (UAE); and Yemen.
3. *NP = nasopharyngeal, OP = oropharyngeal (throat swab)* ***Version 6.1, June 10, 2015***