

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, 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? If Yes, countries: _____

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

☐ Travel to/from the Arabian Peninsula/neighboring country²? 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 in the 14 days before symptom onset? ☐ Yes ☐ No ☐ Unknown If Yes, countries: _____

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)?			

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 (<u>not</u> MERS-CoV)				
Influenza Rapid Test					<i>Chlamydomydia pneumoniae</i>				
RSV					<i>Mycoplasma pneumoniae</i>				
Human metapneumovirus					<i>Legionella pneumophila</i>				
Parainfluenzavirus					<i>Streptococcus pneumoniae</i>				
Adenovirus					Other: _____				

MERS-CoV rRT-PCR Testing (mark all that apply)

Specimen Type	Date Collected	Positive	Negative	Equivocal	Pending	Not Done
Sputum						
Bronchoalveolar lavage (BAL)						
Tracheal Aspirate						
NP ³ OP ³ NP/OP ³ (circle one)						
Serum						
Other: _____						

For CDC ONLY:

MERS-CoV Serology Testing	Date Collected	Positive	Negative	Pending	Not Done

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)