# Middle East Respiratory Syndrome Coronavirus (MERS) Patient Under Investigation (PUI) Form

**Form Approved OMB 0920-0004, Exp Date 08/31/2014**

For PUI, complete and send this form to eocevent90@cdc.gov (subject line: MERS Form) or fax to 770-488-7107.
If you have questions contact the CDC Emergency Operations Center (EOC) at 770-488-7100.

| **STATE ID:** | **Today's Date:** MM/DD/YY | **County:** | **City:** | **State:** |
|---|---|---|---|---|
| **Interviewer's name:** | **Phone:** | | **Email:** | |
| **Physician's name:** | **Phone/Pager:** | | | |

**PUI Definition—Does the patient have:** (Please consult CDC website at http://www.cdc.gov/coronavirus/mers/case-def.html)

1. **Acute respiratory infection with fever (≥ 38°C, 100.4°F) and cough?** ☐ Yes ☐ No ☐ Unknown
2. **Clinical or radiographic evidence of pneumonia or acute respiratory distress syndrome (ARDS)?** ☐ Yes ☐ No ☐ Unknown
3. **Travel from the Arabian Peninsula or neighboring countries† 14 days before illness onset?** ☐ Yes ☐ No ☐ Unknown

If yes, which countries?_____ Date of travel to/from the Middle East: MM/DD/YY | MM/DD/YY

**Patient Demographic Information**

**1. Sex:** ☐M ☐F **2. Age:**_____ ☐yr ☐mo **3. Residency:** ☐US resident ☐non US resident, country:_____

**Clinical Presentation, History and Risk Factors**

**4. Date of symptom onset:** MM/DD/YY

**5. Symptoms** (Check all that apply)**:** ☐ Fever ☐ Dry cough ☐ Productive cough ☐ Chills ☐ Sore throat ☐ Headache ☐ Muscle aches ☐ Shortness of breath ☐ Vomiting ☐ Abdominal pain ☐ Diarrhea ☐ Other_____

**6. In the 14 days before symptom onset did the patient have close contact with a recent ill traveler from the Arabian Peninsula or neighboring countries†?** ☐ Yes ☐ No ☐ Unknown If yes, which countries?_____

**7. Is the patient** (Check all that apply)**:** ☐ Health care worker (HCW) ☐ US military ☐ Flight crew ☐ Other_____

**8. Concurrent risk factors** (Check all that apply)**:** ☐ Immunocompromised ☐Pregnant ☐Unknown ☐Other_____

**Clinical Outcomes**

**9. Is/Was the patient:**
a. Hospitalized? ☐ Yes ☐ No ☐ Unknown If yes, date: MM/YY/DD
b. Admitted to ICU? ☐ Yes ☐ No ☐ Unknown
c. Intubated? ☐ Yes ☐ No ☐ Unknown

**10. Is/Has patient receiving/received a diagnosis of:**
Pneumonia? ☐ Yes ☐ No ☐ Unknown
ARDS? ☐ Yes ☐ No ☐ Unknown
Renal failure? ☐ Yes ☐ No ☐ Unknown

**11. Does the patient have a non-MERS etiology for their respiratory illness but has not responded to appropriate therapy?** ☐ Yes ☐ No ☐ Unknown

**12. Has the patient died?** ☐ Yes ☐ No ☐ Unknown

**Infection Control**

**13. When hospitalized, is/was the patient in a:**
a. Negative pressure room? ☐ Yes ☐ No ☐ Unknown
b. Private room? ☐ Yes ☐ No ☐ Unknown

**14. Are/Were surgical masks being used by the patient during transport?** ☐ Yes ☐ No ☐ Unknown

**15. What personal protective equipment are/were being used by HCW when entering the patient's room** (Check all that apply)**:** ☐ Gloves ☐ Gowns ☐ Eye protection (goggles or face shield) ☐ N95/other form of respiratory protection (e.g., PAPR) ☐ Facemask ☐ Unknown

**Laboratory Testing**

| **Tests Performed** | **Results** | | | | **Tests Performed** | **Results** | | | |
|---|---|---|---|---|---|---|---|---|---|
| | **+** | **-** | **Pending (Pe)** | **Not done** | | **+** | **-** | **Pending (Pe)** | **Not done** |
| Influenza ☐A ☐B | | | ☐ | ☐ | Streptococcus pneumoniae | | | ☐ | ☐ |
| RSV | | | ☐ | ☐ | Legionella pneumophila | | | ☐ | ☐ |
| Human metapneumovirus | | | ☐ | ☐ | Blood culture If positive_____ | | | ☐ | ☐ |
| Parainfluenza 1-4 | | | ☐ | ☐ | | | | | |
| Adenovirus | | | ☐ | ☐ | Other:_____ | | | ☐ | ☐ |

**MERS Testing**

| **Specimen‡** | **ID #** | **Date collected** | **State** | | | **Sent to CDC?** | **Specimen‡** | **ID #** | **Date collected** | **State** | | | **Sent to CDC?** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | **+** | **-** | **Pe** | | | | | **+** | **-** | **Pe** | |
| NP/OP | | MM/DD/YY | | | ☐ | ☐ | PF | | MM/DD/YY | | | ☐ | ☐ |
| Sputum | | MM/DD/YY | | | ☐ | ☐ | Stool | | MM/DD/YY | | | ☐ | ☐ |

**†Countries considered in the Arabian Peninsula and neighboring include: Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates (UAE), and Yemen.**

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BAL | | MM/DD/YY | | | ☐ | ☐ | Serum | | MM/DD/YY | | | ☐ | ☐ |
| TA | | MM/DD/YY | | | ☐ | ☐ | | | MM/DD/YY | | | ☐ | ☐ |

**‡NP/OP, Nasopharyngeal/Oropharyngeal swab; BAL, Bronchoalveolar lavage; TA, Tracheal aspirate; PF, Pleural fluid**