**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.

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

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| **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 (≥ 38oC, 100.4oF) 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 [ ]  UnknownIf 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?b. Admitted to ICU?c. Intubated? | [ ]  Yes [ ]  No [ ]  Unknown If yes, date: **MM/YY/DD**[ ]  Yes [ ]  No [ ]  Unknown[ ]  Yes [ ]  No [ ]  Unknown | **10. Is/Has patient receiving/received a diagnosis of:** |
| Pneumonia?ARDS?Renal failure? | [ ]  Yes [ ]  No [ ]  Unknown[ ]  Yes [ ]  No [ ]  Unknown[ ]  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:** | **14. Are/Were surgical masks being used by the patient during transport?** [ ]  Yes [ ]  No [ ]  Unknown |
| a. Negative pressure room?b. Private room? | [ ]  Yes [ ]  No [ ]  Unknown[ ]  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  |

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| **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 cultureIf 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** |  |  | [ ]  | [ ]   |
| 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**