**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](mailto: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 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** | | |  |  | |  | | |  | |
| 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**