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.

 Version 5.5, 7/3/13

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