

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 (ecoreport@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. This information can also be entered via online portal at: https://www.cdc.gov/MERS_PUI/Default.aspx

Today's Date: _____ STATE ID: _____ STATE: _____ COUNTY: _____

Interviewer's 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 (not 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: _____						

MERS-CoV Serology Testing

Date Collected	Positive	Negative	Pending	Not Done

¹Close 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.

²Countries 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.

³NP = nasopharyngeal, OP = oropharyngeal (throat swab)

Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0004).