

# MIDDLE EAST RESPIRATORY (MERS) PATIENT UNDER INVESTIGATION (PUI) FORM

As soon as possible, notify and send completed form to: 1) your local/state health department, and 2) CDC: email ([ecoreport@cdc.gov](mailto:ecoreport@cdc.gov), subject line: MERS Patient Form). For questions, contact the CDC Emergency Operations Center (EOC) at 770-488-7100.

OMB approved  
(No. 0920-0004)  
for use until 4/30/2026

<b>Today's Date:</b>	<b>Information Collected by</b> <input type="checkbox"/> CDC <input type="checkbox"/> STLT	<b>Lead Staff Name:</b>
<b>STATE ID:</b>	<b>PUI ID:</b>	<b>CONSULT ID:</b>

## CONSULT INFORMATION

<b>Reporting jurisdiction</b> <input type="checkbox"/> State HD <input type="checkbox"/> Local HD <input type="checkbox"/> Clinical/Other Local Partner <input type="checkbox"/> Academic Partner <input type="checkbox"/> Other	<b>Name of Reporting Jurisdiction</b>	
	<b>Point of Contact Name</b>	
	<b>Phone Number</b>	<b>Email:</b>
	<b>Are there other jurisdictions involved?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

## DEMOGRAPHIC INFORMATION (GRAY NOT SENT TO CDC)

<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<b>Date of Birth (mm/dd/yyyy):</b> _____	<b>What is your Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Age:</b> _____ <input type="checkbox"/> yr <input type="checkbox"/> mo <input type="checkbox"/> Unknown		
<b>Residency?</b> <input type="checkbox"/> US resident <input type="checkbox"/> non-US resident, country: _____ <input type="checkbox"/> Unknown		
<b>Address:</b>	<b>City:</b>	<b>County:</b>
		<b>State:</b>
		<b>Phone:</b>
<b>Is the individual a healthcare worker?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

## SYMPTOMS

<b>Date of symptom onset:</b>	<b>Symptoms (mark all that apply):</b>
	<input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Body Aches <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Other: _____
<b>Date of first healthcare visit for symptoms:</b>	
<b>Healthcare location:</b> <input type="checkbox"/> Outpatient clinic <input type="checkbox"/> Urgent care <input type="checkbox"/> Emergency Department <input type="checkbox"/> Other: _____	

## EXPOSURE HISTORY

Yes	No	Unk	<i>In the 14 days before symptom onset did the patient:</i>
			Travel to/from the Arabian Peninsula <sup>1</sup> ? <b>If yes, dates of travel, To:</b> _____ <b>From:</b> _____ <b>Purpose for travel (select all that apply)</b> <input type="checkbox"/> Leisure <input type="checkbox"/> Religious <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/> Unknown <b>Countries/Jurisdictions:</b> <input type="checkbox"/> Bahrain <input type="checkbox"/> Iran <input type="checkbox"/> Iraq <input type="checkbox"/> Israel <input type="checkbox"/> Jordan <input type="checkbox"/> Kuwait <input type="checkbox"/> Lebanon <input type="checkbox"/> Oman <input type="checkbox"/> Qatar <input type="checkbox"/> KSA <input type="checkbox"/> Syrian Arab Republic <input type="checkbox"/> UAE <input type="checkbox"/> Yemen <input type="checkbox"/> West Bank/Gaza
			Have direct contact with camels <sup>2</sup> in Arabian Peninsula or North, West, or East Africa <sup>3</sup> ? <b>If yes, where:</b> _____
			Part of a cluster of patients with severe acute respiratory illness (ARI) of unknown etiology?
			<b>Have a high-risk occupational exposure to MERS-CoV, such as laboratory or research personnel?</b>
			Visit or work in a health care facility in the Arabian Peninsula/neighboring country <sup>1</sup> ? <b>If yes, which country:</b> _____ <b>Dates:</b> _____ <b>Was the patient a:</b> <input type="checkbox"/> Healthcare Worker <input type="checkbox"/> Patient <input type="checkbox"/> Visitor <input type="checkbox"/> Other <input type="checkbox"/> Unk
			Have close contact <sup>4</sup> with a <b>confirmed</b> MERS case?
			Have close contact with a person who developed fever and ARI within 14 days of residing in or travel to countries in/near the Arabian Peninsula?
<b>Exposure Notes:</b>			

## Non-MERS-CoV LABORATORY TESTING RESULTS

Pathogen	Date Collected	Positive	Negative	Pending	Not Done
SARS-CoV-2 (SCV2) PCR					
SARS-CoV-2 (SCV2) Rapid Test					
Influenza PCR <input type="checkbox"/> A or <input type="checkbox"/> B					
Influenza Rapid Test					
Influenza (Unknown Type)					
RSV					
Human Metapneumovirus					
Parainfluenza virus					
Adenovirus					
Coronavirus ( <u>not</u> MERS-CoV/SCV2)					
Rhinovirus/Enterovirus					
<i>Legionella pneumophila</i>					
<i>Streptococcus pneumoniae</i>					
<i>Chlamydia pneumoniae</i>					
<i>Mycoplasma pneumoniae</i>					
Other:					

CLINICAL INFORMATION				
Yes	No	Unk	Clinical Severity	Underlying Conditions
			Pneumonia? Acute Respiratory Distress Syndrome (ARDS)?	Note: Patient should have clinical or radiologic evidence of these
			Was the patient hospitalized?	Admission Date:
			Admitted to the ICU?	Date:
			Intubated?	Date:
			Deceased?	Date:
Clinical Summary:			Asthma Chronic pulmonary disease (e.g., COPD, emphysema) Chronic Cardiovascular Disease (CAD, heart failure, ) Chronic liver disease (e.g., cirrhosis) Chronic kidney disease <input type="checkbox"/> Requiring Dialysis Diabetes Immunocompromised Pregnant Other: _____ None Unknown	

MERS-COV TESTING DETERMINATION (RECOMMENDATION TO TEST)				
Yes	No	Unk		Testing Determination Notes:
			Does this individual meet MERS PUI criteria for testing (per epi and clinical criteria)?	
			Is there a more likely alternative diagnosis than MERS?	
			Is MERS testing being performed? <i>(If no, skip the MERS-CoV Testing section below)</i>	

MERS-COV TESTING							
Who is performing the MERS testing?						Testing Lab Name:	
<input type="checkbox"/> CDC, Patient ID _____ <input type="checkbox"/> LRN, Patient ID _____ <input type="checkbox"/> Other, Patient ID _____						Lab POC Name:	
Specimen Type	Date Collected	SPHL Specimen ID	Positive	Negative	Equivocal	Pending	Not Done
Np <sup>3</sup>							
Op <sup>3</sup>							
NP/OP <sup>3</sup>							
Sputum							
Bronchoalveolar lavage (BAL)							
Tracheal Aspirate (TA)							
Other:							
What is the alternative/final diagnosis?							

EPI SUMMARY	GENERAL NOTES

<sup>1</sup> Countries considered in or near the Arabian Peninsula include: Bahrain; Iraq; Iran; Israel, the West Bank and Gaza; Jordan; Kuwait; Lebanon; Oman; Qatar; Kingdom of Saudi Arabia (KSA); Syria; the United Arab Emirates (UAE); and Yemen.

<sup>2</sup> Direct physical contact could include touching, riding, hugging, kissing, grooming, or exposure to respiratory secretions but does not include consumption of cooked camel meat.

<sup>3</sup> Because the risk for MERS-CoV transmission from camels in North, West, and East Africa is not yet fully understood, consider MERS evaluation for travelers coming from these regions who develop severe respiratory illness within 14 days of direct physical camel contact.

<sup>4</sup> Close contact is defined as a) being within approximately 6 feet (2 meters), or within the room or care area, of a confirmed MERS patient for a prolonged period of time (such as caring for, living with, visiting, or sharing a healthcare waiting area or room with, a confirmed MERS patient) while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); or b) having direct contact with infectious secretions of a confirmed MERS patient (e.g., being coughed on) while not wearing recommended personal protective equipment