

## 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](mailto: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.

Today's Date: \_\_\_\_\_ STATE ID: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

Interviewers: 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 contact<sup>1</sup> with a known MERS case?

Have close contact<sup>1</sup> with an ill traveler from the Arabian Peninsula/neighbor country? If Yes, countries: \_\_\_\_\_

Visit or work in a health care facility in the Arabian Peninsula/neighbor country? If Yes, countries: \_\_\_\_\_

Travel to/from the Arabian Peninsula/neighbor country? 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 Peninsula<sup>2</sup> 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 ( <u>not</u> MERS-CoV)				
Influenza Rapid Test					<i>Chlamydomyces 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 <sup>3</sup> OP <sup>3</sup> NP/OP <sup>3</sup> (circle one)						
Serum						
Other: _____						

**For CDC ONLY:**

MERS-CoV Serology Testing	Date Collected	Positive	Negative	Pending	Not Done

<sup>1</sup> Close 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.

<sup>2</sup> Countries 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.

<sup>3</sup> NP = nasopharyngeal, OP = oropharyngeal (throat swab)