**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 (**eocreport@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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
|  | 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)?** |  |  |  |

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| **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 |  |  |  |  | *Chlamydophila pneumoniae* |  |  |  |  |
| RSV  |  |  |  |  | *Mycoplasma pneumoniae* |  |  |  |  |
| Human metapneumovirus |  |  |  |  | *Legionella pneumophila* |  |  |  |  |
| Parainfluenzavirus |  |  |  |  | *Streptococcus pneumoniae* |  |  |  |  |
| Adenovirus  |  |  |  |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

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| **MERS-CoV rRT-PCR Testing (*mark all that apply*)** |
| Specimen Type | Date Collected | Positive | Negative | Equivocal | Pending | Not Done |
| Sputum |  |  |  |  |  |  |
| Bronchoalvelolar lavage (BAL) |  |  |  |  |  |  |
| Tracheal Aspirate  |  |  |  |  |  |  |
| NP3 OP3 NP/OP3 (*circle one*) |  |  |  |  |  |  |
| Serum |  |  |  |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |

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