



Connecticut Department of Public Health

Middle East Respiratory Syndrome (MERS) Patient Under Investigation (PUI) Case Investigation Form

As soon as possible, notify the State of Connecticut Department of Public Health (DPH) at 860-509-7994 (weekdays) or at 860-509-8000 (evenings/weekends/holidays). Please fax the completed form to the DPH Epidemiology & Emerging Infections Program at: 860-509-7910

Physician name: _____ Phone: _____ Email: _____

Patient name: _____ Sex: M F DOB: _____ MR# _____

Address: _____ Phone: _____

Race/ethnicity _____ 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 while the case was ill?

Have close contact¹ with an ill traveler from the Arabian Peninsula/neighbor country²? If Yes, countries: _____

Was a patient, visited or worked in a health care facility in the Arabian Peninsula/neighbor country²? If Yes, countries: _____

Travel to/from the Arabian Peninsula or a neighbor 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: _____

Did the patient or a household member have any exposure to camels? Yes, describe _____ No Unknown

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, hospital: _____ 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					Chlamydia pneumoniae				
RSV					Mycoplasma pneumoniae				
Human metapneumovirus					Legionella pneumophila				
Parainfluenzavirus					Streptococcus pneumoniae				
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 (check one)							
Serum							
Other: _____							

¹ 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.

² Countries considered in and near the Arabian Peninsula 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.

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