NEDSS ID #_____ State EPI ID # (epidemiology ID)_____

DHMH MERS-CoV Case Report Form
(FAX to OIDEOR at 410-669-4215)

Date form completed ___/___/_____ County: _____

Name of person completing form: Last Name: _____ First Name: _____

Phone: (___)_____ - _____ Fax Number: (___) _____ - _____ Email: _____

Name of respondent (if not patient): Last Name: _____ First Name: _____

Patient Demographic Data: **Outbreak# _____** *(if given)*

Last name: _____ First name: _____

Address: _____ County: _____

Patient's phone number: (___) _____ - _____ Date of Birth: _____/ _____ / _____

Race: □ American Indian / Alaska Native □ White Ethnicity: □ Hispanic □ Non-Hispanic

□ Asian □ Black Sex: □ Male □ Female

□ Native Hawaiian/Other Pacific Islander

Clinical Data:

Signs and symptoms: (check all that apply) **Date of symptom onset:** _____ / _____ / _____

□ Fever >37.8C (100 F) _____ T max □ Cough □ Diarrhea

□ Feverish but temperature not taken □ Sore throat □ Vomiting

□ Shortness of breath □ Rhinorrhea □ Conjunctivitis

□ Other, specify _____

Is the patient pregnant?	□Yes □No □DK
Was the patient vaccinated against influenza in the past year? *(If yes,)* date of vaccination _____ / _____ / _____ Type of vaccine: □ Inactivated □ Live attenuated □ Unknown	□Yes □No □DK
Did the patient receive antiviral medications? *(If yes,)* date medication started _____ / _____ / _____ **_____day(s)** Name of medication: ☐ Oseltamivir ☐ Zanamivir ☐ Rimantidine ☐ Amantadine	□Yes □No □DK
Did the patient visit a primary care provider or ER? *(If yes,)* date of visit _____ / _____ / _____	□Yes □No □DK
Was the patient hospitalized overnight? Hospital name: _____ *(If yes,)* date of admission _____ / _____ / _____ date of discharge _____ / _____ / _____	□Yes □No □DK
Was the patient admitted to the intensive care unit?	□Yes □No □DK
Did the patient require mechanical ventilation?	□Yes □No □DK
Was there radiographic evidence of pneumonia or ARDS?	□Yes □No □DK
Did the patient die? *(If yes,)* date of death _____ / _____ / _____	□Yes □No □DK

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Epidemiologic data:

During the 14 days before onset of illness, did the patient travel to the Arabian Peninsula[1]? **Location: _____** **Dates of travel: _____** **Flight # and Carrier: _____** **Other conveyance (e.g. train, bus, etc.) # and Carrier:_____**	☐Yes ☐No ☐DK
During the 14 days before onset of illness, was the patient close contact[2] with a symptomatic traveler who developed fever and acute respiratory illness (not necessarily pneumonia) within 14 days after traveling from countries in or near the Arabian Peninsula[1]?	☐Yes ☐No ☐DK
During the 14 days before onset of illness, was the patient within 3 feet of any animals? *(If yes,)* what species? ☐ cats ☐ dogs ☐ pigs ☐ birds ☐ Other_____	
Is the patient a member of a cluster of patients with severe acute respiratory illness (e.g. fever and pneumonia requiring hospitalization) of unknown etiology in which MERS-CoV is being evaluated, in consultation with state and local health departments?	☐Yes ☐No ☐DK
What is the patient's occupation? ☐ Health care worker, Name of facility: _____ ☐ Daycare provider, Name of facility: _____ ☐ Teacher/works in a school, Name of school: _____ ☐ Student, Name of school: _____ ☐ Detainee/inmate or corrections officer, Name of facility: _____ ☐ Other: *(specify)* _____	
Disposition: **Was the patient advised of the appropriate precautions?** *(If yes,)* how? ☐ telephone ☐ in person ☐ in writing ☐ Other_____	

Laboratory data:

Test 1 Date collected (mm/dd/yyyy): ____/____/_____ Name of Lab:_____

Test Type		Results	Influenza Type/Subtype
☐ RT-PCR/PCR☐ ☐ Rapid test ☐ DFA/IFA	☐ HI ☐ Immunohistochemistry ☐ Viral culture	☐☐ positive ☐☐ negative ☐☐ indeterminate	☐ ☐ flu A/B (not distinguished) ☐ ☐ flu A ☐ ☐ flu B ☐ ☐ flu A novel H1N1

Test 2 Date collected (mm/dd/yyyy): ____/____/_____ Name of Lab:_____

Test Type		Results	Influenza Type/Subtype
☐ RT-PCR/PCR☐ ☐ Rapid test ☐ DFA/IFA	☐ HI ☐ Immunohistochemistry ☐ Viral culture	☐☐ positive ☐☐ negative ☐☐ indeterminate	☐ ☐ flu A/B (not distinguished) ☐ ☐ flu A ☐ ☐ flu B ☐ ☐ flu A novel H1N1

Footnotes

1. Countries considered in or near the Arabian Peninsula: Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates (UAE), and Yemen.
2. Close contact is defined as a) any person who provided care for the patient, including a healthcare worker or family member, or had similarly close physical contact; or b) any person who stayed at the same place (e.g. lived with, visited) as the patient while the patient was ill.
3. Confirmatory laboratory testing requires a positive PCR on at least two specific genomic targets or a single positive target with sequencing on a second.
4. Examples of laboratory results that may be considered inconclusive include a positive test on a single PCR target, a positive test with an assay that has limited performance data available, or a negative test on an inadequate specimen.