**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)*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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?**  **Was the patient vaccinated against influenza in the past year?**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | *(If yes,*) date of vaccination \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | | | | | | | | Type of vaccine: |  | Inactivated |  | Live attenuated |  | Unknown |   **Did the patient receive antiviral medications?**   |  |  | | --- | --- | | *(If yes,*) date medication started \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_day(s)** | | | Name of medication: | 🞎 Oseltamivir 🞎 Zanamivir 🞎 Rimantidine 🞎 Amantadine |   **Did the patient visit a primary care provider or ER?**    *(If yes,*) date of visit \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  **Was the patient hospitalized overnight?** Hospital name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    *(If yes,*) date of admission \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_ date of discharge \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_  **Was the patient admitted to the intensive care unit?**  **Did the patient require mechanical ventilation?**  **Was there radiographic evidence of pneumonia or ARDS?**    **Did the patient die?**  *(If yes,)* date of death \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ | | | | Yes No DK  Yes No DK  Yes No DK  Yes No DK  Yes No DK  Yes No DK  Yes No DK  Yes No DK  Yes No DK | |
| **Epidemiologic data:** | | | |  | |
| **During the 14 days before onset of illness, did the patient travel to the Arabian Peninsula1?**  **Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Dates of travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Flight # and Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Other conveyance (e.g. train, bus, etc.) # and Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **During the 14 days before onset of illness, was the patient close contact2 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 Peninsula1?**    **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?**  **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Yes No DK  Yes No DK  Yes No DK | |

**Laboratory data:**

**Test 1** Date collected (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ Name of Lab:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Test Type | Results | Influenza Type/Subtype |
| 🞎 RT-PCR/PCR⁭ 🞎 HI  🞎 Rapid test 🞎 Immunohistochemistry  🞎 DFA/IFA 🞎 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
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**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.