### Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Infection

#### REPORT SOURCE

- **LHJ Use ID**
  - □ Report to DOH Date / / 
  - LHJ Classification
    - □ Probable
    - □ Confirmed
  - □ Patient Under Investigation (Suspect)
    - By: □ Lab □ Clinical □ Epi Link: __________________
  - □ Outbreak-related

#### CLINICAL INFORMATION

- **Onset date:** / / 
- **Diagnosis date:** / / 
- **Illness duration:** days

#### Signs and Symptoms

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<th>DK</th>
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- **Fever**
- **Chills**
- **Dry Cough**
- **Productive cough**
- **Shortness of breath**
- **Runny nose**
- **Sore throat**
- **Diarrhea**
- **Vomiting**
- **Abdominal pain**
- **Headache**
- **Muscle aches**
- **Other:** ____________________________

#### Predisposing Conditions

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- **Any current conditions such as:**
  - □ Smoker
  - □ Cancer in past year
  - □ Chemotherapy
  - □ Immunocompromised
  - □ Hemoglobinopathy
  - □ Organ transplant
  - □ Steroid therapy
  - □ Chronic heart disease
  - □ Asthma
  - □ Chronic lung disease
  - □ Hemodialysis
  - □ Chronic kidney disease
  - □ Diabetes
  - □ Chronic liver disease
  - □ Other: ____________________________
  - □ Obesity Ht:___(in) Wt:____(lbs)
  - □ Pregnant if yes, weeks: __________ outcome: __________

#### Clinical Findings

- **Pneumonia clinically diagnosed**
- □ □ □ □
- **Pneumonia on x-ray, CT, or MRI**
- □ □ □ □
- **Acute respiratory distress syndrome (ARDS)**
- □ □ □ □
- **Kidney failure**
- □ □ □ □
- **Admitted to intensive care unit**
- □ □ □ □
- **Mechanical ventilation**
- □ □ □ □
- **Treated with antiviral medications**
  - □ □ □ □
  - Type 1, dose: ______________________
  - Dates started: / / _ stopped: / / 
  - Type 2, dose: ______________________
  - Dates started: / / _ stopped: / / 

#### Hospitalization

- **Hospitalized at least overnight for this illness**
  - □ □ □ □
  - **Admit date:** / / 
  - **Discharge date:** / / 

#### Laboratory

- **P = Positive**
- **O = Other**
- **N = Negative**
- **NT = Not Tested**
- **I = Indeterminate**

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- **MERS CoV PCR**
  - □ □ □ □
  - **Specimen type:** __________________
  - **Influenza PCR**
  - □ □ □ □
  - **Test type:** Lab:
  - □ □ □ □
  - **Specimen type:** __________________
  - **Bacterial cultures**
  - □ □ □ □
  - **Result:** __________________
  - **Specimen type:** __________________
  - **Date:** / / 

#### DOH 420-110 (Rev. 6/08/15)

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Case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked /Not answered.
### INFECTION TIMELINE

**Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods**

<table>
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<th>Days from onset:</th>
<th>-14</th>
<th>-1</th>
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**Calendar dates:**

### EXPOSURE

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- **Travel to an area with confirmed MERS** (Arabian Peninsula or neighboring countries or Republic of Korea)
  - Countries: ____________________________
  - Out of: □ County □ State □ Country
  - Dates/Locations: ________________________

- Others in household; if yes, total incl. case: ____

- Contact with symptomatic traveler returning from Arabian Peninsula or neighboring country
  - Countries of travel: _______________________

- Contact with pneumonia or influenza-like illness

### PUBLIC HEALTH ISSUES

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- Nosocomial infection suspected
- Work/volunteer in healthcare setting during contagious period
  - Facility name: __________________________
- Close contact works in healthcare setting
- Surgical masks used by patient during transport
- Healthcare staff used personal protective equip.
  - Gloves □ Gowns □ Eye protection
  - N95 or higher □ Facemask □ Unknown

If hospitalized:
- □ □ □ □ Negative pressure room
- □ □ □ □ Private room

### PUBLIC HEALTH ACTIONS

- Outbreak investigation
- Home isolation instructions given Date: ___/___/_____
- Contact quarantine instructions given
  - Number recommended for quarantine: _____________
- Healthcare facility notified

### NOTES

#### OPTIONAL TRAVEL WORKSHEET

<table>
<thead>
<tr>
<th>Dates</th>
<th>Departure/arrival cities</th>
<th>Mode of travel (air, bus, etc.)</th>
<th>Number (e.g., flight)</th>
<th>Ill contacts</th>
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#### OPTIONAL HOUSEHOLD WORKSHEET

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<tr>
<th>#</th>
<th>Name</th>
<th>Relationship*</th>
<th>Age (yrs)</th>
<th>Ill (Y/N)</th>
<th>T&gt;100F</th>
<th>Cough</th>
<th>Sore throat</th>
<th>Diarrhea</th>
<th>Onset</th>
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*1=spouse, 2=mother, 3=father, 4=son, 5=sister, 6=daughter, 7=brother, 8=cousin, 9=aunt, 10=uncle, 11=grandmother, 12=grandfather, 13=no relation, 19=other

Investigator ________________________ Phone/email: ________________________

Investigation complete date ___/___/___

Local health jurisdiction ________________________ Record complete date ___/___/___

MERS-CoV: case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered