NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division in the National Health Laboratory Service

VERSION2, 24 JUNE 2016
CENTRE FOR RESPIRATORY DISEASES AND MENINGITIS
OUTBREAK RESPONSE, DIVISION OF PUBLIC HEALTH SURVEILLANCE AND RESPONSE

Case Investigation form: Request for MERS-CoV Testing

Tel: +27 3866392/+ 27 3866410 | Fax: + 27 11 3868580 | **Hotline: 082 883 9920** | E-mail: sibongilew@nicd.ac.za/florettet@nicd.ac.za /orienkah@nicd.ac.za

Type of sample: Sputum ☐ Bronchoalveolar lavage ☐ Tracheal aspirate ☐ Nasopharyngeal aspirate ☐ Nasopharyngeal (NP)swab ☐

Oropharyngeal (OP) swab ☐ NP&OP swabs ☐ Serum ☐ Pleural fluid ☐ Other ☐ (specify)_____

PATIENT DETAILS		DOCTOR'S DETAILS	FOR LABORATORY USE ONLY
PATIENT HOSPITAL NO:		NAME :_____	
SURNAME:		SURNAME:_____	
FIRST NAME:		CONTACT NUMBER:_____	
AGE/DOB:	**GENDER:**	FACILITY NAME:_____	
CONTACT NUMBER :			
DATE COLLECTED: DD/MM/YYYY	**DATE OF ONSET:**DD/MM/YYYY		

Symptoms (tick all that apply) : Fever (≥38^{0}C) ☐ Cough ☐ Chills ☐ Sore throat ☐ Shortness of breath ☐ Vomiting ☐ Diarrhoea ☐ Other ☐

_____

In the 14 days before symptom onset did the patient (mark all that apply):

Have a close contact[1] with a **known** MERS case Yes ☐ No ☐

Have a close contact[1] with an ill traveller from Arabian Peninsula[2] or in countries where MERS-CoV is known to be circulating or where human infections have recently occurred Yes ☐ No ☐ if Yes, name country/countries _____

Visit or work in health care facility in Arabian Peninsula[2] or in countries where MERS-CoV is known to be circulating or where human infections have recently occurred Yes ☐ No ☐ if Yes name countries _____

Travel to/from the Arabian Peninsula or in countries where MERS-CoV is known to be circulating or where human infections have recently occurred

Yes ☐ No ☐ (if yes complete section below for countries visited)

Country visited	Date of departure (travel to area)	Date of return (travel from area)
1.	DD/MM/YYYY	DD/MM/YYYY
2		

Is the patient part of a severe respiratory illness cluster of unknown aetiology that occurred within a 14 day period? Yes ☐ No ☐

UNDERLYING FACTORS	TREATMENT/MANAGEMENT
Tuberculosis Y ☐ N ☐ Obesity Y ☐ N ☐ Asthma Y ☐ N ☐	Admitted to ICU Y ☐ N ☐ Ventilation Y ☐ N ☐
Diabetes Y ☐ N ☐ HIV Y ☐ N ☐ Pregnancy Y ☐ N ☐	Tamiflu/other antiviral drugs Y ☐ N ☐ Steroids Y ☐ N ☐
COPD Y ☐ N ☐ Unknown ☐ 0ther ☐ (specify)	Antibiotics Y ☐ No ☐ if Yes list_____

Did the patient have clinical or radiological evidence of pneumonia? Yes ☐ No ☐

Did the patient have clinical or radiological evidence of acute respiratory distress syndrome (ARDS) ? Yes ☐ No ☐

CXR Findings……..	White cell count total……..	Differential Neutrophils/Lymphocytes%

OUTCOME Alive ☐ Died ☐ Transferred ☐ Name of facility _____Other (specify)

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. Currently brief interactions (walking by a person, are considered low risk and do not constitute close contact). [2]Arabian Peninsula and neighbouring countries include: Iraq, Iran, Bahrain, Israel, the West Bank, Gaza; Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syria, The United Arab Emirates (UAE) and Yemen