

TN Department of Health Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Screening Form

Date of First Symptom Onset	MM	DD	YY	Medical Record # or Other Patient Identifier	
Date of Birth	MM	DD	YY	Patient Name	

1. EPIDEMIOLOGIC CRITERIA

1a. Travel Exposures	Condition Met <input type="checkbox"/>
<ul style="list-style-type: none"> <input type="checkbox"/> <i>In the 14 days prior to symptom onset, did patient live in or travel to <u>Korea</u> or the <u>Arabian Peninsula</u> or neighboring country? Countries in the Arabian Peninsula and neighboring countries: <i>Bahrain; Iraq; Iran, Israel, the West Bank, and Gaza; Jordan; Kuwait; Lebanon; Oman; Palestinian territories; Qatar; Saudi Arabia; Syria, the United Arab Emirates (UAE); and Yemen.</i></i> <input type="checkbox"/> <i>In the 14 days prior to symptom onset, did the patient have close contact with a symptomatic traveler who developed fever and acute respiratory illness (not necessarily pneumonia) within 14 days after traveling from <u>Korea</u> or countries in or near the <u>Arabian Peninsula</u> (listed above)? "Close contact" is caring for or living with a person with a flu-like illness/within 6 feet/direct contact with infectious secretions.</i> 	

Country/Area/City visited within 14 days of illness onset:		Start	MM	DD	YY	End	MM	DD	YY
Country/Area/City visited within 14 days of illness onset:		Start	MM	DD	YY	End	MM	DD	YY

1b. Close Contact with confirmed/probable MERS/Coronavirus Case	Condition Met <input type="checkbox"/>
<ul style="list-style-type: none"> <input type="checkbox"/> <i>In the 14 days prior to symptom onset, did the patient have close contact with a confirmed or probable MERS/Coronavirus case while the affected person was ill? "Close contact" is caring for or living with a person with a flu-like illness, being with 6 feet or having direct contact with infectious secretions</i> 	

2. CLINICAL CRITERIA

2a. Fever	Condition Met <input type="checkbox"/>
<p>During this illness, has patient had a temperature of >100°F?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 	

2b. Respiratory Illness or Abnormal CXR or Chest CT or ARDS	Condition Met <input type="checkbox"/>
<p><i>(Check all that apply)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Symptoms of Respiratory Illness (e.g., cough, shortness of breath) <input type="checkbox"/> Abnormal Chest Radiograph (CXR)/ or Chest CT scan or Pneumonia <input type="checkbox"/> ARDS (Acute Respiratory Distress Syndrome) or other severe respiratory illness 	

If patient met one of the epidemiologic criteria (1a. Travel or 1b. Close Contact with MERS case) AND one of the clinical criteria (Fever (2a) or Respiratory Illness or Chest X-Ray/CT scan or ARDS (2b)), then IMMEDIATELY NOTIFY your infection control AND PUBLIC HEALTH, 24/7. The Tennessee Department of Health (TDH) central office phone number is (615)-741-7247.

To improve the ability of TDH to detect any unusual cause of severe acute respiratory infection (SARI, defined as fever and cough requiring hospitalization) in TN, please notify public health of:

- 1. Clusters of SARI** [fever and cough requiring hospitalization, cause unknown]. "Cluster" is defined as 2 or more patients with onset of disease within a 2-week period among people linked by a specific setting (e.g., hospital, workplace, household, classroom, extended family, camp, barrack, dormitory)
- 2. Healthcare workers** who have cared for patients with SARI, particularly patients requiring ICU care.

TDH staff will assess and provide guidance on further evaluation, such as testing.