

# Interim MERS Contact Investigation Form

Use this form to gather information about contacts.

PHIMS ID# \_\_\_\_\_ Case Name: \_\_\_\_\_

Case status (circle one): Confirmed Probable Patient Under Investigation Case symptom onset: \_\_\_ / \_\_\_ / \_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_

Y / N Did LHJ reach contact?

Y / N If contact resides out of county, was DOH notified?

What is the relationship of contact to case?

- |   |   |
|---|---|
| <input type="checkbox"/> Household member               | <input type="checkbox"/> Emergency Medical Service Provider |
| <input type="checkbox"/> Healthcare worker – hospital   | <input type="checkbox"/> Airplane travel                    |
| <input type="checkbox"/> Healthcare worker – outpatient | <input type="checkbox"/> Other _____                        |

Describe contact's exposure to case patient and location of exposure: \_\_\_\_\_

Date of first exposure to case: : \_\_\_ / \_\_\_ / \_\_\_ Date of last exposure to case: \_\_\_ / \_\_\_ / \_\_\_

Date 14 days since last exposure: \_\_\_ / \_\_\_ / \_\_\_

Close contact is defined as

- 1) any person who stayed at the same place (e.g. lived with, visited) as the patient while the patient was ill, and,
- 2) any person who provided care for the patient, including a healthcare worker or family member, or had similarly close physical contact.

Y / N Was there a **risk exposure (listed below)** with the case during the period the case patient was symptomatic? If yes, follow guidelines for **risk exposure** and monitor for symptoms of early illness for 14 days from the **last** exposure.

- |  |   |
|--|---|
| <input type="checkbox"/> Caring for or living with a person with MERS  | <input type="checkbox"/> Kissing or embracing                       |
| <input type="checkbox"/> High likelihood of direct contact with respiratory secretions and/or body fluids of a person with MERS (during encounters with the patient or through contact with materials contaminated by the patient) | <input type="checkbox"/> Sharing eating or drinking utensils        |
|  | <input type="checkbox"/> Close conversation ( $\leq 6$ feet)        |
|  | <input type="checkbox"/> Physical examination                       |
|  | <input type="checkbox"/> Direct physical contact between persons    |
|  | <input type="checkbox"/> Contact with stool from a person with MERS |

Risk exposure **does not** include actions such as walking by or sitting in a waiting room or office across from a case for a brief time.

For **healthcare worker with risk exposure**, was exposure to case patient:

Y / N Unprotected (i.e., not wearing respiratory protection, eye protection or using a respirator for **any** patient care)

Y / N Protected (i.e., eye protection, respiratory protection including use of respirator for **all** patient care)

Duration of exposure:

- < 1 Hour       Several hours       Entire day       > 1 day

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**Y / N** Is contact symptomatic with any of the following symptoms?

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Dry cough           | <input type="checkbox"/> Diarrhea       | <input type="checkbox"/> Chills      |
| <input type="checkbox"/> Productive cough    | <input type="checkbox"/> Vomiting       | <input type="checkbox"/> Fever       |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Abdominal pain | Highest temperature _____°F          |
| <input type="checkbox"/> Sore throat         | <input type="checkbox"/> Headache       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Runny nose          | <input type="checkbox"/> Muscle aches   |                                      |

If **YES**, date of first symptom onset: \_\_\_ / \_\_\_ / \_\_\_

**Action:**

If contact is **symptomatic**, contact is a patient under investigation (PUI). **Go to PUI case report form.**

If contact is **not symptomatic**, implement **symptom watch** for 14 days from last exposure.

**Y / N Symptom watch** If **YES**, start date: \_\_\_ / \_\_\_ / \_\_\_ stop date: \_\_\_ / \_\_\_ / \_\_\_

How will symptoms be monitored?

- Self-monitored                       Monitored by PH staff                       Monitored by IC/Employee Health

**Y / N** Case given infection control recommendations

- Mailed                       Verbally                       Date given: \_\_\_ / \_\_\_ / \_\_\_

**Y / N** Employee Health notified (if contact is healthcare worker)

Name of person notified: \_\_\_\_\_

Date of notification: \_\_\_ / \_\_\_ / \_\_\_

**Y / N** Are there others with similar exposures? If yes, collect name, address, phone number and start a new contact form for each.