Appendix 4: MERS-CoV Case Investigation Form

Note: This is an example form incorporating most of the fields contained in the NetEpi (database) form that has been prepared for national reporting. Central disease control agencies in individual jurisdictions should be consulted regarding their specific data collection requirements.

1	Interview	Was the person interviewed? □ Yes □ No □ Not applicable - If Yes, date of interview: / / (dd/mm/yyyy) - If No, specify reason not interviewed (and if someone else was interviewed):
2	Case status	□ Confirmed □ Probable □ Suspected □ Excluded Notification date: / / Received date: / / Notifier:
3	Patient contact details	Family name: Given names: Residential address: Phone number (home): Phone number (work): Phone number (mobile):
4	Address type	□ Household □ Aged-care facility □ Educational Institution □ Assisted □ Military Barracks □ Prison □ Other □ Unknown If Other, please specify:
5	Gender	□ Male □ Female □ Unknown
6	Date of birth	Date of birth: / / (dd/mm/yyyy)
7	Country of birth	Country of birth: If not born in Australia, date of first arrival in Australia: / / (dd/mm/yyyy) *Note: if only year known, enter 01/01/[year]*
8	Indigenous Status	o Aboriginal origin o Torres Strait Islander origin o Both Aboriginal and Torres Strait Islander origin o Not Aboriginal and Torres Strait Islander origin o Not Stated / Unknown
9	Onset date of first symptoms	Did the person have symptoms? □ Yes □ No □ Unknown - If Yes, onset date: / / (dd/mm/yyyy) - Duration of symptoms: (days)

10	Symptoms and clinical notes	Acute respiratory distress syndrome	□ Yes	□ No	□ Unknown
		Arthralgia	□ Yes	□ No	□ Unknown
		Conjunctivitis	□ Yes	□ No	□ Unknown
		Cough	□ Yes	□ No	□ Unknown
		Diarrhoea	□ Yes	□ No	□ Unknown
		Fatigue	□ Yes	□ No	□ Unknown
		Fever	□ Yes	□ No	□ Unknown
		- Highest temperature:	(^{0}Celsius)		
		- Fever onset date: / /	(dd/mm/yyyy)		
		- Feverish by self-report?	□ Yes	□ No	□ Unknown
		Chills or rigors	□ Yes	□ No	□ Unknown
		Headache	□ Yes	□ No	□ Unknown
		Malaise	□ Yes	□ No	□ Unknown
		Myalgia	□ Yes	□ No	□ Unknown
		Nausea	□ Yes	□ No	□ Unknown
		Pneumonia	□ Yes	□ No	□ Unknown
		Pneumonitis	□ Yes	□ No	□ Unknown
		Rhinorrhoea	□ Yes	□ No	□ Unknown
		Shortness of breath	□ Yes	□ No	□ Unknown
		Sore throat	□ Yes	□ No	□ Unknown
		Vomiting	□ Yes	□ No	□ Unknown
		Other symptoms	□ Yes	□ No	□ Unknown
		- If Yes, specify symptoms:			
		Clinical notes:			
11	Hospitalisation and treatment details	Was the person hospitalised?	□ Yes	□ No	□ Unknown
		- Name of hospital:			
		- Hospital phone number:			
		- Date admitted: / /	(dd/mm/yyyy)		
		- Date discharged: / /	(dd/mm/yyyy)		
		Admitted to ICU/HDU?	□ Yes	□ No	□ Unknown
		- Number of days in ICU/HDU:	(days)		
		Oxygen therapy required?	□ Yes	□ No	□ Unknown
		Intubation required?	□ Yes	□ No	□ Unknown
		Mechanical ventilation required?	□ Yes	□ No	□ Unknown
		Hospital medical record/chart number:			

12	Admitting doctor details	Is admitting doctor same as treating doctor? □ Yes □ No □ Unknown - If Yes, enter details in the Treating Doctor section below. - If No, record Admitting Doctor's name: - Phone number / pager
13	Outcome of illness	What was the outcome of the case? □ Alive □ Died - If Died, date of death: / / (dd/mm/yyyy) - Cause of death due to MERS-CoV infection? □ Yes □ No □ Unknown - If death due to other cause, specify:
14	Occupation (during period of interest)	During the period of interest, did the person work in any of the following high risk occupations (settings)? □ Healthcare □ Aged-care facility □ Educational facility □ Assisted Living □ Military institution □ Correctional facility □ No high risk occupation □ Other □ Unknown - If Other, specify: - If No high risk occupation – Skip to next question Date last attended this work: / / (dd/mm/yyyy) Was the infection acquired in the workplace? □ Yes □ No □ Unknown Description of occupation: Employer/facility name Employer/facility street address Employer/facility suburb/ town Employer/facility state Employer/facility postcode Employer/facility phone number Employer/facility fax number Contact name Contact email address
15	Contact with a known or possible case (during period of interest)	Did the case have contact with a known or possible MERS-CoV case? □ Yes □ No □ Unknown - If Yes, specify: Date of last contact: / / (dd/mm/yyyy)
16	Treating Doctor details	**Enter the Treating Doctor's details.** Name: Practice name (if any): Street address: Suburb / town: State: Postcode: Phone number: Fax number: Email address: Case's medical record/chart number:

17	Pre-existing conditions and medical history	Cardiac disease (not simple hypertension) ☐ Yes ☐ No ☐ Unknown Chronic lung disease ☐ Yes ☐ No ☐ Unknown Diabetes ☐ Yes ☐ No ☐ Unknown Haemoglobinopathy ☐ Yes ☐ No ☐ Unknown Immunosuppressive condition ☐ Yes ☐ No ☐ Unknown Liver disease ☐ Yes ☐ No ☐ Unknown Metabolic disease ☐ Yes ☐ No ☐ Unknown Neurological disorder ☐ Yes ☐ No ☐ Unknown Obesity ☐ Yes ☐ No ☐ Unknown Renal disease ☐ Yes ☐ No ☐ Unknown - If Yes, are they on dialysis? ☐ Yes ☐ No ☐ Unknown Other medical condition? ☐ Yes ☐ No ☐ Unknown - If Yes, specify: Is the person currently pregnant or was she pregnant during the illness? ☐ Yes ☐ No ☐ Unknown If Yes, number of weeks gestation at onset of symptoms: (weeks) - Pre-existing medications and conditions notes: Are they a current smoker? ☐ Yes ☐ No ☐ Unknown If Yes, number of pack years: (pack/yrs.) - Do they drink alcohol? ☐ Yes ☐ No ☐ Unknown If Yes, average number of standard drinks per week: (SD/week)
18	Travel in the Middle East and contact with other cases * Check the current case definition for a list of affected countries.	During the period of interest, did the case travel to the Middle East? * ☐ Yes ☐ No ☐ Unknown *Note: Transiting through an international airport (<24 hours stay, remaining within the Airport) in the Middle East is not considered to be risk factor for infection.* **If NO → Proceed directly to Question 22: Human Exposures** Did they participate in any Pilgrimages or festivals whilst in the Middle East during the 14 days prior to onset? (e.g. the Hajj or Umrah) ☐ Yes ☐ No ☐ Unknown - If Yes, give details of what, when and where:
19	Locations visited during incubation period (during period of interest)	During the period of interest, did they visit any of the following venues or locations in the Middle East? ☐ Farm ☐ Swamp marsh ☐ Zoo/petting zoo ☐ Camping ☐ Abattoir ☐ Hunting ☐ Animal market ☐ Stockyards ☐ River/lake ☐ Agricultural show

20	Animal exposures (during period of interest)	*Consider any contact with live or dead animals that they have had including visiting places where animals are kept, even if they didn't have direct contact with them.* Did they have close contact with camels? □ Yes □ No □ Unknown - If Yes, specify: Did they have close contact with domestic (including household pets) or wild animals? □ Yes □ No □ Unknown - If Yes, were any of these animals sick or dead? □ Yes □ No □ Unknown o If Yes, specify: Were they aware of any other animal/excreta that are not usually present? (e.g. bats, rodents, stray cats/dog, foxes, reptiles, etc.) □ Yes □ No □ Unknown - If Yes, specify: Did they visit a market selling live animals? □ Yes □ No □ Unknown - If Yes, specify: Did they visit any other venue at which live animals were present (e.g. farm, race course, zoo or falconry events)? □ Yes □ No □ Unknown - If Yes, specify:
21	Food exposures (during period of interest)	During the period of interest, where did they normally get their food? (Specify kinds of food and locations) Did they get their food from any other locations, or did they eat any new types of food? □ Yes □ No □ Unknown - If Yes, describe: Have they eaten any foods or drunk any beverages that they think could have been unsafe or caused them to become ill? □ Yes □ No □ Unknown - If Yes, describe: Did they eat any of the following: Camel meat, camel milk or camel urine? □ Yes □ No □ Unknown Raw fruits or vegetables? □ Yes □ No □ Unknown Uncooked meat or eggs □ Yes □ No □ Unknown Raw/unpasteurised milk or milk products? □ Yes □ No □ Unknown Dried fruits or nuts □ Yes □ No □ Unknown Did they slaughter an animal or handle raw meat (e.g. in preparation for a meal or religious offering)? □ Yes □ No □ Unknown - If Yes, describe: Did they take any traditional medicines or use any home remedies? □ Yes □ No □ Unknown - If Yes, give details:

22	Human exposures *Contact with people who were ill during the period of interest* ***Note: not restricted to Middle East contacts***	During the period of interest, did they have contact with anyone who might have had a contagious illness while they were still sick? □ Yes □ No □ Unknown - If Yes, give details: Have they had contact with persons who are in close contact with animals because of their work? □ Yes □ No □ Unknown - If Yes, give details: Have they had contact with a person who had a respiratory illness/diarrhoea/vomiting? □ Yes □ No □ Unknown - If Yes, give details: Did they visit or care for any sick person? □ Yes □ No □ Unknown - If Yes, give details: - If Yes, did they have any contact with the sick person's bodily fluids, such as urine, blood, sputum or faeces? □ Yes □ No □ Unknown o If Yes, give details:
23	Healthcare and hospital presentation *These questions should be answered about healthcare and hospital presentation in the 14 days prior to onset* *Includes Australian and overseas presentations*	Did the case present to hospital? □ Yes □ No □ Unknown - If Yes, date of presentation to hospital: / / (dd/mm/yyyy) - Was the hospital presentation for MERS related symptoms? □ Yes □ No □ Unknown o If No, give details of what, when and where: Did the case visit any other healthcare facilities during the period of interest? □ Yes □ No □ Unknown - If Yes, give date of presentation: / / (dd/mm/yyyy) Was the healthcare visit for MERS-CoV symptoms? □ Yes □ No □ Unknown - If No, give details of what, when and where:
24	Case Found by	□ Clinical Presentation □ Contact tracing/epidemiological investigation □ Screening □ Clinical and epidemiology □ Other: Specify: