# **Minimum data set form 1 – possible MERS-CoV Case**

UKHSA Colindale ID (For NIS use only): Click here to enter text.

## **Reporter’s details**

Reporter’s name and organisation: Click here to enter text.

UKHSA Centre: Choose an item.

Telephone and extension: Click here to enter text.

Email: Click here to enter text.

Date of interview with informant: Click here to enter a date.

## **Patient details**

First name: Click here to enter text. Surname: Click here to enter text.

DOB: Click here to enter a date. Age (if DOB not known): Click here to enter text.

Sex: Choose an item. NHS no (if known): Click here to enter text.

Postcode: Click here to enter text.

HPzone ID: Click here to enter text.

Co-morbidities (if any): Click here to enter text.

## **Presenting Illness**

Date of 1st onset of symptoms (or closest estimate): Click here to enter a date.

Fever (≥ 38̊C): Choose an item. Cough: Choose an item.

Sore throat: Choose an item. Shortness of breath: Choose an item.

Influenza-like illness (ILI): Choose an item.

Other symptoms: Click here to enter text.

Clinical evidence of pulmonary parenchymal disease

(eg, Pneumonia or ARDS1): Choose an item.

1. ARDS- Acute Respiratory Distress Syndrome

**Are MERS-CoV infection control measures in place?** Choose an item.

If the answer is ‘No’ or ‘Unknown’, contact NIS immediately for advice and advise clinician to refer to Infection Prevention and Control guidance2

* Is the patient isolated? Choose an item.

## **Clinical course / Complications**

Patient hospitalised: Choose an item. Other places Click here to enter text.

Hospital/s attended:

1st: Click here to enter text. From: Click here to enter a date. To: Click here to enter a date.

2nd: Click here to enter text. From: Click here to enter a date. To: Click here to enter a date.

3rd: Click here to enter text. From: Click here to enter a date. To: Click here to enter a date.

4th: Click here to enter text. From: Click here to enter a date. To: Click here to enter a date.

Chest X-Ray with radiological evidence of consolidation: Choose an item.

Mechanical ventilation: Choose an item. ARDS: Choose an item. ECMO3: Choose an item.

Patient admitted to Critical Care: Choose an item. Current status of patient: Choose an item.

## **Exposure log in the 14 days before onset of first symptoms**

History of travel in the 14 days before onset of symptoms: Choose an item.

Date of arrival in UK: Click here to enter a date.

**MERS- CoV affected country/ies visited in 14 days before onset of symptoms starting with most recent first:**

1. Choose an item. From: Click here to enter a date. To: Click here to enter a date.

2. Choose an item. From: Click here to enter a date. To: Click here to enter a date.

3. Choose an item. From: Click here to enter a date. To: Click here to enter a date.

4. Choose an item. From: Click here to enter a date. To: Click here to enter a date.

If travelled to Saudi Arabia, was the trip for a pilgrimage: Choose an item.

2 (<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/554055/MERS_IPC_guidance_Sept_2016.pdf>)

3 ECMO - Extracorporeal Membrane Oxygenation

History of hospital visit in Middle East in the 14 days before onset of symptoms: Choose an item.

If yes, type of hospital visit: Choose an item.

Contact with camels/ camel environment: Choose an item.

Consumption of camel products (eg, Milk, Meat): Choose an item.

Contact with a confirmed case of MERS-CoV

in the past14 days before onset of symptoms: Choose an item.

Is the possible case a Healthcare worker caring for

patients with severe respiratory infections in ICU? Choose an item.

Is this possible case part of a cluster of other possible cases? Choose an item.

If yes, setting of cluster: Click here to enter text.

Number of symptomatic cases in cluster: Click here to enter text.

## **Sampling**

Lab where samples are being sent for MERS testing4: Choose an item.

Name of any non-UKHSA lab undertaking MERS-CoV testing: Click here to enter text.

Respiratory Viral Screen: Choose an item.

Respiratory viruses detected: 1. Choose an item. 2. Choose an item. 3. Choose an item.

Others (please specify): Click here to enter text.

Has the patient been tested for Legionella infection? Choose an item.

* If yes, type of test: Choose an item.

4 - UKHSA Labs: BRM- Birmingham, MAN- Manchester