

## Interim 2019 novel coronavirus (2019-nCoV) patient under investigation (PUI) form

Please notify the Kentucky Department for Public Health (KDPH) at 502-564-3418 about possible cases. If determined with KDPH to be a "patient under investigation," please send completed form by secure fax to 502-696-3803.

**Patient Name** \_\_\_\_\_ **Patient DOB** \_\_\_\_\_ **Patient Phone Number** \_\_\_\_\_  
**Patient Address** \_\_\_\_\_  
**Today's date** \_\_\_\_\_ **State patient ID** \_\_\_\_\_ **NNDSS local record ID/Case ID** \_\_\_\_\_ **State** \_\_\_\_\_ **County** \_\_\_\_\_  
**Interviewer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Physician's name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Pager or Email** \_\_\_\_\_  
**Sex**  M  F **Age** \_\_\_\_\_  yr  mo **Residency**  US resident  Non-US resident, country \_\_\_\_\_

*PUI Criteria*

**Date of symptom onset** \_\_\_\_\_  
**Does the patient have the following signs and symptoms (check all that apply)?**

Fever<sup>1</sup>  Cough  Sore throat  Shortness of breath

**In the 14 days before symptom onset, did the patient:**

Spend time in Wuhan City, China? <span style="float: right;"><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown</span>
Does the patient live in Wuhan City? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Date traveled <b>to</b> Wuhan City _____ Date traveled <b>from</b> Wuhan City _____ Date <b>arrived</b> in US _____
Have close contact <sup>2</sup> with a person who is under investigation for 2019-nCoV while that person was ill? <span style="float: right;"><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown</span>
Have close contact <sup>2</sup> with a laboratory-confirmed 2019-nCoV case while that case was ill? <span style="float: right;"><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown</span>

*Additional Patient Information*

**Is the patient a health care worker?**  Y  N  Unknown  
**Have history of being in a healthcare facility (as a patient, worker, or visitor) in Wuhan City, China?**  Y  N  Unknown  
**Is patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which nCoV is being evaluated?**  Y  N  Unknown

**Does the patient have these additional signs and symptoms (check all that apply)?**

Chills  Headache  Muscle aches  Vomiting  Abdominal pain  Diarrhea  Other, Specify \_\_\_\_\_

**Diagnosis (select all that apply):** Pneumonia (clinical or radiologic)  Y  N Acute respiratory distress syndrome  Y  N

**Comorbid conditions (check all that apply):**  None  Unknown  Pregnancy  Diabetes  Cardiac disease  Hypertension

Chronic pulmonary disease  Chronic kidney disease  Chronic liver disease  Immunocompromised  Other, specify \_\_\_\_\_

**Is/was the patient: Hospitalized?**  Y, admit date \_\_\_\_\_  N **Admitted to ICU?**  Y  N

**Intubated?**  Y  N **On ECMO?**  Y  N **Patient died?**  Y  N

**Does the patient have another diagnosis/etiology for their respiratory illness?**  Y, Specify \_\_\_\_\_  N  Unknown

**Respiratory diagnostic results**

Test	Pos	Neg	Pending	Not done
Influenza rapid Ag <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza PCR <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. metapneumovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parainfluenza (1-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adenovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test	Pos	Neg	Pending	Not done
Rhinovirus/enterovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronavirus (OC43, 229E, HKU1, NL63)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>M. pneumoniae</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>C. pneumoniae</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Specimens for 2019-nCoV testing**

Specimen type	Specimen ID	Date collected	Sent to CDC?
NP swab			<input type="checkbox"/>
OP swab			<input type="checkbox"/>
Sputum			<input type="checkbox"/>
BAL fluid			<input type="checkbox"/>
Tracheal aspirate			<input type="checkbox"/>

Specimen type	Specimen ID	Date collected	Sent to CDC?
Stool			<input type="checkbox"/>
Urine			<input type="checkbox"/>
Serum			<input type="checkbox"/>
Other, specify _____			<input type="checkbox"/>
Other, specify _____			<input type="checkbox"/>

<sup>1</sup> Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations

<sup>2</sup> 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. Data to inform the definition of close contact are limited. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact.