

## IDPH Interim 2019 novel coronavirus (COVID-19) patient under investigation (PUI) form

*As soon as possible, notify and send completed form to your local/state health department.*

**Today's date** \_\_\_\_\_ **State patient ID** \_\_\_\_\_ **INEDSS/Case ID** \_\_\_\_\_ **State** \_\_\_\_\_ **County** \_\_\_\_\_  
**Patient first name** \_\_\_\_\_ **Patient last name** \_\_\_\_\_  
**Patient date of birth** \_\_\_\_\_ **Patient Phone:** \_\_\_\_\_  
**Patient Address:** \_\_\_\_\_ **Patient City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**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** \_\_\_\_\_ **Date symptoms ended** \_\_\_\_\_

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

Fever<sup>1</sup> (≥100.4F/38C) Measured: \_\_\_\_\_°F or  Subjective  Cough  Sore throat  Shortness of breath

**Was the patient on any fever-reducing medication or have other reason fever might not develop?**  Y  N  Unknown

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

Chills  Headache  Muscle aches  Nausea/Vomiting  Abdominal pain  Diarrhea  Runny Nose

Other, Specify \_\_\_\_\_

Is the patient a health care worker in the United States?  Y  N  Unknown  
 Does the patient have a history of being in a healthcare facility (as a patient, worker, or visitor) in China?  Y  N  Unknown

**In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):**

<input type="checkbox"/> Travel to Wuhan	<input type="checkbox"/> Community contact with another lab-confirmed COVID-19 case-patient	<input type="checkbox"/> Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology
<input type="checkbox"/> Travel to Hubei	<input type="checkbox"/> Any healthcare contact with another lab-confirmed COVID-19 case	<input type="checkbox"/> Other, specify _____
<input type="checkbox"/> Travel to mainland China	<input type="checkbox"/> Patient <input type="checkbox"/> Visitor <input type="checkbox"/> HCW	<input type="checkbox"/> Unknown
<input type="checkbox"/> Travel to other non-US country specify _____	<input type="checkbox"/> Household contact with another lab-confirmed COVID-19 case-patient	
<input type="checkbox"/> Household contact with another lab-confirmed COVID-19 case-patient	<input type="checkbox"/> Animal Exposure	

**Was the patient within six feet of a COVID-19 case for at least 10 minutes (close contact<sup>2</sup>)?**  Y  N  Unknown

If yes, Date of last exposure: \_\_\_\_\_ Exposure location: \_\_\_\_\_

**If the patient had contact with another COVID-19 case, was this person a U.S. case?**

Yes, nCoV ID of source case: \_\_\_\_\_  No  Unknown  N/A

**Additional Patient Information**

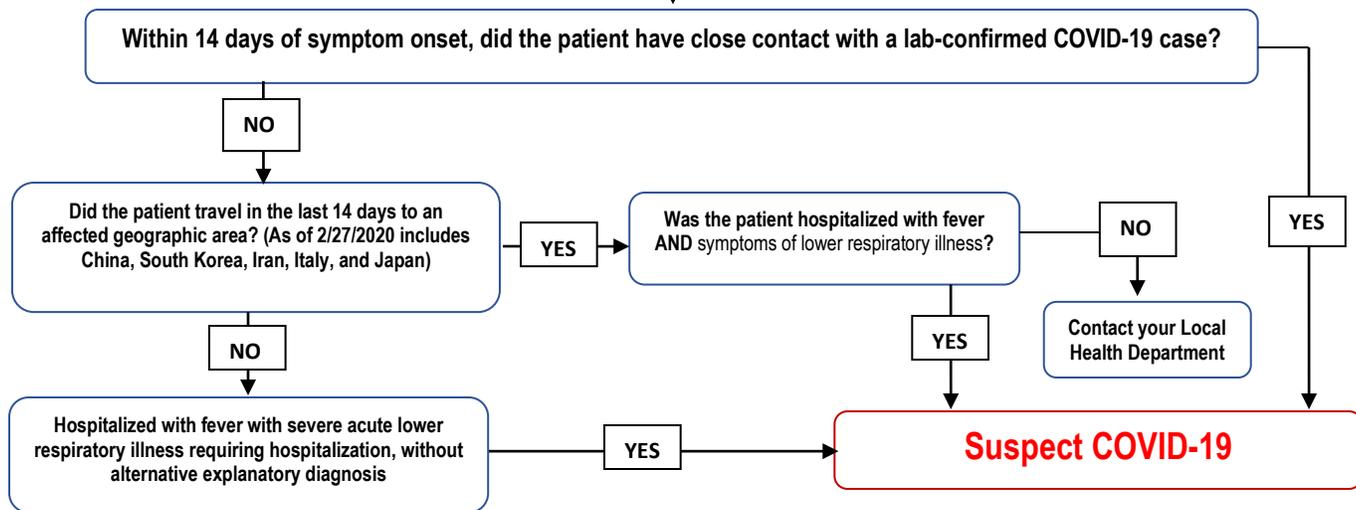
**Diagnosis (select all that apply):** Pneumonia (clinical or radiologic)  Y  N Acute respiratory distress syndrome  Y  N  
**Comorbid conditions (check all that apply):**  None  Unknown  Pregnancy  Diabetes  Cardiac disease  Hypertension  
 Chronic pulmonary/lung disease  Chronic kidney disease  Chronic liver disease  Immunocompromised  
 Current smoker  Former smoker  Other, specify: \_\_\_\_\_  
**Is/was the patient: Hospitalized?**  Y, Admit date \_\_\_\_\_ Discharge date: \_\_\_\_\_  N **Admitted to ICU?**  Y  N  
**Abnormal Chest X-ray?**  Y  N  Unknown  
**Mechanical ventilation/Intubated?**  Y  N **Number of Days** \_\_\_\_\_ **On ECMO?**  Y  N  
**Patient died?**  Y  N **Date of Death** \_\_\_\_\_  
**Does the patient have another diagnosis/etiology for their respiratory illness?**  Y, Specify \_\_\_\_\_  N  Unknown  
**If yes, please complete Table 1 Respiratory Testing Results on this form (over).**

<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.

**Evaluating persons with fever and acute respiratory illness** (updated 2/27/20)

**Patient has *or reports* fever OR symptoms of lower respiratory illness (i.e. cough, difficulty breathing)**



CDC Travel Page: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

**If COVID-19 is suspected, IMMEDIATELY:**

- Ensure that the patient is masked and isolated** in a private room with the door closed (place in airborne isolation room if available) **AND**
- Ensure that healthcare personnel entering the room use contact, droplet, AND airborne precautions, INCLUDING eye protection** (e.g., goggles or face shield).
  - Please note: Airborne precautions include use of NIOSH-approved fit-tested N95 mask or higher.
- Notify your healthcare facility's infection control personnel.**
- Perform any clinically indicated respiratory and other diagnostic tests. Indicate results in Table 1. Below**

**Table 1. 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"/>

- Call your local health department** (<https://www2.illinois.gov/services/IDPH/local-health-search>) **with the PUI information to discuss the case and determine whether to test for COVID-19.** (If unavailable, call Illinois Department of Public Health at 217-782-2016 (after hours: 800-782-7860)).
- If instructed by your local health department, collect samples for COVID-19 testing.** Guidance regarding specimen collection is available here: <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>.

**Specimens for COVID-19 testing**

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

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

- Collect specimens, immediately store** at 2-8°C, transport on cold packs.
- Include a completed Communicable Disease Lab Testing Requisition form** for each specimen submitted: <http://www.dph.illinois.gov/sites/default/files/forms/formsohp-labscd-test-requisition.pdf>.
- Do not discharge or release the patient without prior approval from Public Health.** Continue infection control precautions as described above.
- Rooms may be disinfected with EPA-registered product effective against human coronavirus; follow manufacturer's instructions for product use. Follow infection control precautions for cleaning an airborne isolation room. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm#tab1>