Michigan Interim 2019 Novel Coronavirus (COVID-19)
Person Under Investigation (PUI)/Case Report Form Cover Sheet

As the COVID-19 situation in the State of Michigan rapidly evolves, MDHHS continues to adapt resource and capacity planning to support the varied needs of our partners in healthcare and local public health organizations. The Michigan COVID-19 Laboratory Emergency Response Network (MiCLERN) is used to coordinate scarce resources and increase laboratory capacity. The MiCLERN provider hotline (888-277-9894) was stood up to enable providers to gain access to testing resources. MDHHS recently ordered that all health professionals should conduct testing for the Novel Coronavirus in accordance with the COVID-19 prioritization criteria published by MDHHS.

A.) Change in Prioritization Criteria

Given the shortage of specimen collection and laboratory testing resources for COVID-19 in the nation and revised guidance from the U.S. Public Health Service, MDHHS is revising the prioritization criteria for the collection and testing of specimens for COVID-19 testing. At this time, Priority Groups One and Two in the PHS Guidance (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html) are eligible for testing by health care providers in Michigan:

1.) Ensuring optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system. This includes:

- Hospitalized Patients
- Healthcare facility workers with symptoms

2.) Ensuring that those at highest risk of complication of infection are rapidly identified and appropriately triaged. This includes:

- Patients in long-term care facilities with symptoms
- Patients over age 65 years with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

While not required, MDHHS does recommend that health care providers first attempt to rule out other potential etiologies through available testing means (e.g., rapid influenza tests or respiratory infectious disease panel [RIDP]) for these patients before testing for COVID-19. MiCLERN agents will document these efforts in the PUI issuance process. We believe that this model will help to preserve strained testing and resource capacity in the system and will meet the needs of both high disease-burdened areas and non-high-burdened areas of the State alike.

B.) Expansion of access to PUI authorization

To reduce the time burden on busy health care providers, MDHHS, in consultation with the Michigan Health and Hospital Association, is broadening access to PUI authorization for testing of inpatient specimens or symptomatic health care worker specimens. Hospitals may have their physicians consult with a member of their health system (most commonly Infection Prevention) to input the patient into the Michigan Disease Surveillance System (MDSS) to receive a PUI Number (the MDSS Investigation ID). The hospital, for inpatient specimens, may enter data into MDSS in place of calling the MiCLERN 24/7 hotline. If sending to the MDHHS BOL, the submitter must continue to put the PUI number on the MDHHS BOL laboratory requisition form for the sample to be tested.

If this process is not feasible for hospitals, they may continue to call MiCLERN at (888) 277-9894 for approval for testing.

At this time, MDHHS is asking that providers and/or Infection Prevention personnel continue to fax the Michigan Interim 2019 Novel Coronavirus (COVID-19) Person Under Investigation (PUI) Case Report Form and Cover Sheet the local health department of patient residence. However, MDHHS is revising PUI Case Report Guidance in the coming days to reduce the data collection burden.

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C.) Reminder about MDHHS Bureau of Laboratories (BOL) submissions

When submitting specimens to BOL for testing, submitters must include the PUI on all necessary BOL test requisitions documents and on the specimen container. BOL prioritizes specimen testing relative to those that present the greatest public health concern. BOL will not prioritize specimens that arrive without a corresponding PUI identifier.

Upon completion of the test, BOL will notify both the ordering physician and the patient's respective local health department of the results. Healthcare providers should not contact the MDHHS public information hotline or the MiCLERN Provider hotline for test results. Agents responding to calls on both hotlines do not have access to the test results. Healthcare providers should not refer patients to these hotlines or any state agencies to obtain their test results as MDHHS will not provide results directly to patients. These calls delay work being done to process specimens and frustrates patients.
MDHHS is making these changes to ensure that testing is available for decision making to protect the health care work force and those most vulnerable to severe outcomes of COVID-19. Thank you for all you do to serve the residents of Michigan at this difficult time.

For the latest information on Michigan's response to COVID-19, please visit www.michigan.gov/coronavirus. You may also email our Community Health Emergency Coordination Center at: checcdeptcoor@michigan.gov.19

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Patient Information:

First name:_____ Last name: _____

Date of birth:_____/_____/_____ Age: _____ Sex: ☐ Female ☐ Male

Patient residence street address:_____City: _____

County: _____ State: _____ Zip Code: _____

Patient phone number(s):_____/_____

Patient hospital ID (Medical Record) number: _____

Submitting Facility Information:

Reporting healthcare facility: _____

Reporting healthcare facility contact name and title: _____

Healthcare facility contact phone number: _____

Reason for testing:

1.) Ensures optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system

☐ Hospitalized patients

☐ Healthcare facility workers with symptoms

2.) Ensures those at highest risk of complication of infection are rapidly identified and appropriately triaged

☐ Patients in long-term care facilities with symptoms or any other congregate living arrangement (i.e., dormitories, jails/prisons, camps, group homes, institutional settings, skilled nursing facilities, etc.)

☐ Patients over age 65 years with symptoms

☐ Patients with underlying conditions with symptoms

☐ First responders with symptoms

Specimen Being Submitted to:

☐ MDHHS BOL- PUI (nCoV) ID#: MI-_____ (Required)
Assigned by case entry into MDSS by healthcare facility staff or via the MiCLERN provider hotline at (888) 277-9894

☐ Clinical or Commercial lab. PUI (nCoV) ID is not required

Version date: 03/29/2020

CDC 2019-nCoV ID: _____ Form Approved: OMB: 0920-1011 Exp. 4/23/2020

……PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC……

Patient first name _____ Patient last name _____ Date of birth (MM/DD/YYYY): ____/_____/_____

……PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC……

Human Infection with 2019 Novel Coronavirus
Person Under Investigation (PUI) and Case Report Form

Reporting jurisdiction: _____ Case state/local ID: _____
Reporting health department: _____ CDC 2019-nCoV ID: _____
Contact ID [a]: _____ NNDSS loc. rec. ID/Case ID [b]: _____

a. Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567 -01 and CA102034567 -02. [b]For NNDSS reporters, use GenV2 or NETSS patient identifier.

Interviewer information

Name of interviewer: Last _____ First_____

Affiliation/Organization: _____ Telephone _____ Email _____

Basic information

What is the current status of this person?
- ☐ PUI, testing pending*
- ☐ PUI, tested negative*
- ☐ Presumptive case (positive local test), confirmatory testing pending†
- ☐ Presumptive case (positive local test), confirmatory tested negative†
- ☐ Laboratory-confirmed case†

*Testing performed by state, local, or CDC lab.
†At this time, all confirmatory testing occurs at CDC

Report date of PUI to CDC (MM/DD/YYYY):
____/_____/_____

Report date of case to CDC (MM/DD/YYYY):
____/_____/_____

County of residence: _____
State of residence: _____

Ethnicity:
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/ Latino
- ☐ Not specified

Sex:
- ☐ Male
- ☐ Female
- ☐ Unknown
- ☐ Other

Race (check all that apply):
- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Other, specify: _____
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Unknown

Date of birth (MM/DD/YYYY): ____/_____/_____
Age: _____
Age units(yr/mo/day): _____

Date of first positive specimen collection (MM/DD/YYYY):
____/_____/_____
☐ Unknown ☐ N/A

Did the patient develop pneumonia?
☐ Yes ☐ Unknown ☐ No

Did the patient have acute respiratory distress syndrome?
☐ Yes ☐ Unknown ☐ No

Did the patient have another diagnosis/etiology for their illness?
☐ Yes ☐ Unknown ☐ No

Did the patient have an abnormal chest X-ray?
☐ Yes ☐ Unknown ☐ No

Was the patient hospitalized?
☐ Yes ☐ No ☐ Unknown

If yes, admission date 1
___/___/___ (MM/DD/YYYY)
If yes, discharge date 1
__/___/____ (MM/DD/YYYY)

Was the patient admitted to an intensive care unit (ICU)?
☐ Yes ☐ No ☐ Unknown

Did the patient receive mechanical ventilation (MV)/intubation?
☐ Yes ☐ No ☐ Unknown
If yes, total days with MV (days)
_____

Did the patient receive ECMO?
☐ Yes ☐ No ☐ Unknown

Did the patient die as a result of this illness?
☐ Yes ☐ No ☐ Unknown

Date of death (MM/DD/YYYY):
____/_____/_____
☐ Unknown date of death

Symptoms present during course of illness:
- ☐ Symptomatic
- ☐ Asymptomatic
- ☐ Unknown

If symptomatic, onset date (MM/DD/YYYY):
____/_____/_____
☐ Unknown

If symptomatic, date of symptom resolution (MM/DD/YYYY):
____/_____/_____
☐ Still symptomatic ☐ Unknown symptom status
☐ Symptoms resolved, unknown date

Is the patient a health care worker in the United States? ☐ Yes ☐ No ☐ Unknown
Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China? ☐ Yes ☐ No ☐ Unknown
In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):
- ☐ Travel to Wuhan
- ☐ Travel to Hubei
- ☐ Travel to mainland China
- ☐ Travel to other non-US country specify:_____
- ☐ Household contact with another lab-confirmed COVID-19 case-patient
- ☐ Community contact with another lab-confirmed COVID-19 case-patient
- ☐ Any healthcare contact with another lab-confirmed COVID-19 case-patient ☐ Patient ☐ Visitor ☐ HCW
- ☐ Animal exposure
- ☐ Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology
- ☐ Other, specify:_____
- ☐ Unknown

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

Under what process was the PUI or case first identified? (check all that apply): ☐ Clinical evaluation leading to PUI determination
☐ Contact tracing of case patient ☐ Routine surveillance ☐ EpiX notification of travelers; if checked, DGMQID_____
☐ Unknown ☐ Other, specify:_____

CDC 2019-nCoV ID: _____ Form Approved: OMB: 0920-1011 Exp. 4/23/2020

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Symptoms, clinical course, past medical history and social history

Collected from (check all that apply): ☐ Patient interview ☐ Medical record review

During this illness, did the patient experience any of the following symptoms?	Symptom Present?
Fever >100.4F (38C)[c]	☐Yes ☐No ☐Unk
Subjective fever (felt feverish)	☐Yes ☐No ☐Unk
Chills	☐Yes ☐No ☐Unk
Muscle aches (myalgia)	☐Yes ☐No ☐Unk
Runny nose (rhinorrhea)	☐Yes ☐No ☐Unk
Sore throat	☐Yes ☐No ☐Unk
Cough (new onset or worsening of chronic cough)	☐Yes ☐No ☐Unk
Shortness of breath (dyspnea)	☐Yes ☐No ☐Unk
Nausea or vomiting	☐Yes ☐No ☐Unk
Headache	☐Yes ☐No ☐Unk
Abdominal pain	☐Yes ☐No ☐Unk
Diarrhea (≥3 loose/looser than normal stools/24hr period)	☐Yes ☐No ☐Unk
Other, specify:_____	

Pre-existing medical conditions? ☐ Yes ☐ No ☐ Unknown

Chronic Lung Disease (asthma/emphysema/COPD)	☐Yes	☐No	☐Unknown	
Diabetes Mellitus	☐Yes	☐No	☐Unknown	
Cardiovascular disease	☐Yes	☐No	☐Unknown	
Chronic Renal disease	☐Yes	☐No	☐Unknown	
Chronic Liver disease	☐Yes	☐No	☐Unknown	
Immunocompromised Condition	☐Yes	☐No	☐Unknown	
Neurologic/neurodevelopmental/intellectual disability	☐Yes	☐No	☐Unknown	(If YES, specify) _____
Other chronic diseases	☐Yes	☐No	☐Unknown	(If YES, specify) _____
If female, currently pregnant	☐Yes	☐No	☐Unknown	
Current smoker	☐Yes	☐No	☐Unknown	
Former smoker	☐Yes	☐No	☐Unknown	

Respiratory Diagnostic Testing

Test	Pos	Neg	Pend.	Not done
Influenza rapid Ag ☐ A ☐ B	☐	☐	☐	☐
Influenza PCR ☐ A ☐ B	☐	☐	☐	☐
RSV	☐	☐	☐	☐
H. metapneumovirus	☐	☐	☐	☐
Parainfluenza (1-4)	☐	☐	☐	☐
Adenovirus	☐	☐	☐	☐
Rhinovirus/enterovirus	☐	☐	☐	☐
Coronavirus (OC43, 229E, HKU1, NL63)	☐	☐	☐	☐
M. pneumoniae	☐	☐	☐	☐
C. pneumoniae	☐	☐	☐	☐
Other, Specify:_____	☐	☐	☐	☐

Specimens for COVID-19 Testing

Specimen Type	Specimen ID	Date Collected	State Lab Tested	State Lab Result	Sent to CDC	CDC Lab Result
NP Swab			☐		☐	
OP Swab			☐		☐	
Sputum			☐		☐	
Other, Specify: _____			☐		☐	

Additional State/local Specimen IDs: _____ _____ _____ _____ _____