COUNTY OF LOS ANGELES DEPT: OF HEALTH SERVICES PUBLIC HEALTH Acute Communicable Disease Control 313 N. Figueroa St., Rm. 212 Los Angeles, CA 90012 213-240-7941 (bhone) 213-482-4856 (facsimile) www.ph.lacounty.gov/acd/

WEST NILE VIRUS CASE HISTORY REPORT

Also used for St. Louis Encephalitis

VCMR ID: _____

| Patient Name-Last | First | Middle Initial | Date of birth | Age | Sex | | |
|---|--|--|--|--------------|-------|--|--|
| Address- Number, Stree | Address- Number, Street, Apt # Homeless: Yes No City | | State | ZIP Code | | | |
| Telephone number | | | | | | | |
| Home () | Work (|) Cell()) | | | | | |
| Race: American India | n/Alaska Native 🔲 Asian 🔲 Black/African An | nerican Ethnicity (check one): | | | | | |
| | er Pacific Islander 🗌 White 🗌 Unk 🗌 Othe | | | | | | |
| Occupation (give exact job) and kind of business or industry in the 4 weeks before illness: | | | | | | | |
| PRESENT ILLNESS | 3 | | | | | | |
| Attending or consulting | | Telephone | Telephone number Fax number | | | | |
| | | () | | () | | | |
| Onset date | Facility/Hospital name | | Medical record no | D . | | | |
| | | Discharge date | | | 11-1- | | |
| ☐ Hospitalized OR ☐ ER/Outpatient only | Admit date | Discharge date | Admitted to ICU? Yes No Unk Admitted _/_/_ Discharged _/_/_ | | | | |
| Clinical syndrome (che | ck all that apply): | Outcome: | | | | | |
| | | | | | | | |
| Encephalitis | | Died: Date of death:/ | | | | | |
| Meningitis | | | | | | | |
| Acute Flaccid Paralys | is | If survived, discharged to: | | | | | |
| Ever only | | ☐ Home: home physical therapy ☐ Yes ☐ No ☐ Unk home occupational therapy ☐ Yes ☐ No ☐ Unk | | | | | |
| Asymptomatic | | □ Other: skilled nursing facility □ Yes □ No □ Unk | | | | | |
| | | rehabilitation center | | | | | |
| U Other: Speciry. | | How close to baseline as of interview date? | | | | | |
| | | | 50-75% | % | | | |
| Symptoms of illness (cl illness): | heck if occurred anytime during current | Laboratory Values: | | | | | |
| | | CSF results | CBC results | | | | |
| Fever (≥38° C,100° F) | Yes No Unk | Date:// | Date://_ | | | | |
| Headache | ☐ Yes ☐ No ☐ Unk | RBC: WBC: | WBC: %Diff: | | | | |
| Rash | Yes No Unk | %Diff: | Hematocrit (Hct) | | | | |
| Stiff neck | 🗋 Yes 📄 No 📄 Unk | Protein: | Platelets (Plt): | | | | |
| Muscle pain/weakness | 🗋 Yes 📄 No 📄 Unk | Glucose: | | | | | |
| Altered consciousness | 🗌 Yes 🗌 No 📄 Unk | Other lab results from curre | ent illness (MRI/CT, I | LFTs, etc.): | | | |
| Seizures | 🗌 Yes 🗌 No 🗌 Unk | | | | | | |
| Past Medical History: | | | | | | | |
| Hypertension: 🗌 Yes 🗌 No 🗌 Unk Diabetes: 🗌 Yes 🗌 No 🗌 Unk Type Cancer: 🗌 Yes 🗌 No 🗋 Unk | | | | | | | |
| On immunosuppressive medications: Yes No Unk Type Other: | | | | | | | |

WEST NILE VIRUS CASE HISTORY REPORT- acd-westnile (8/20)

CONFIDENTIAL - This material is subject to the Official Information Privilege Act

| Patient name (last, first) Date of Birth | | | | | | | |
|--|---------------------|---------------------------|--|--------------------|--|--|--|
| WNV DIAGNOSTIC TESTS | | | | | | | |
| Type of Test | Type of Specimen | Date Collected | Results | Name of Laboratory | | | |
| WNV IgM (EIA/IFA) | | | | | | | |
| PRNT | | | | | | | |
| Other (Specify) | | | | | | | |
| EPIDEMIOLOGIC RIS | SK FACTO | DRS | | | | | |
| Currently pregnant? | | | | | | | |
| Did the following events | occur during | g the 4 weeks prior to yo | ur illness: Start of Exposure Period/ | // | | | |
| Donated blood? | 🗌 Yes | s 🗌 No 🗍 Unk If Y | Yes, Date:// | | | | |
| Donated organ? | 🗌 Yes | s 🗌 No 🗍 Unk If Y | Yes, Date:// | | | | |
| Received blood transfusion | n? 🗌 Yes | s 🗌 No 🗌 Unk If Y | Yes, Date:// | | | | |
| Received organ transplant? | ? 🗌 Ye | s 🗌 No 🗌 Unk If ` | Yes, Date:// | | | | |
| BEHAVIOR | | | | | | | |
| Activities during the 4 we | eeks prior to | your illness: | | | | | |
| Did you have exposure to c | or bites from | mosquitoes? 🗌 Yes 🗌 | No 🗌 Unknown Dates/locations: | | | | |
| Did you do anything to protect yourself from mosquito bites? | | | | | | | |
| If Yes, did you use i | nsect repelle | nt? 🗌 Yes 🗌 No 🗌 Ur | hknown What did you use as a repellent | ? | | | |
| If No, why not? | | | | | | | |
| Did you travel outside of Ca | alifornia? |] Yes 🗌 No 🗌 Unknow | n Dates/locations: | | | | |
| Did you travel outside the L | U.S.? |] Yes 🗌 No 📋 Unknow | n Dates/locations: | | | | |
| Have you: | | | | | | | |
| Ever traveled outside the U | J.S? 🗆 |] Yes 🗌 No 🗍 Unk 🏾 [| Dates/Locations: | | | | |
| Ever received yellow fever vaccine? Yes No Unk Date of vaccination:// | | | | | | | |
| RESIDENCE | | | | | | | |
| Describe your main resid | lence during | the 4 weeks prior to you | ur illness: | | | | |
| Did you reside in a: 🗌 House 🔲 Townhouse 🔲 Condo/Apartment 🔲 Other (specify) | | | | | | | |
| Did your home residence have screens for windows or doors? 🗌 Yes 🗌 No 📄 Unknown | | | | | | | |
| If Yes, did any of them have holes or defects that would allow mosquitoes to enter? 🗌 Yes 🗌 No 📋 Unknown | | | | | | | |
| Did your home residence have air conditioning? 🗌 Yes 🗌 No 📋 Unknown | | | | | | | |
| If Yes, how often did you use it instead of leaving windows or doors open? 🗌 Always 🗌 Most of the time 🗌 Sometimes 🔲 Rarely 🗌 Never | | | | | | | |
| Did you have water that does not dry up for several days in and around your home residence (unmaintained pools and fountains or potted plants with | | | | | | | |
| saucers)? This is called standing water. | | | | | | | |
| If Yes, how often did you drain the standing water? 🔲 More than 4 times 🗌 3 to 4 times 🔲 1 to 2 times 🗍 0 times | | | | | | | |
| Did you have rain barrels? 🗌 Yes 🗋 No 📄 Unknown If Yes, check the measures you took to keep mosquitoes out of rain barrels. | | | | | | | |
| 🗌 Covered all openings 🔲 Emptied regularly 🔲 Used mosquito dunks 🔲 None | | | | | | | |
| Are you aware of standing water in your neighborhood (such as neighbors' pools, nearby ponds, or street gutters)? | | | | | | | |

If Yes, describe. ____

EPIDEMIOLOGIC RISK FACTORS (continued)

Activities during the 2 weeks prior to illness: Start of Exposure Period ___/_/

Please list 2 locations aside from your home residence that you spent the most time. (Specify address if possible)

| ab | | | | | |
|--|--|--|--|--|--|
| KNOWLEDGE | | | | | |
| Did you know about West Nile Virus prior to your illness? | | | | | |
| If Yes, where did you first hear about West Nile Virus? Check all that apply. | | | | | |
| 🗌 News articles (online or print) 🔲 Television 🗌 Radio 🗌 Social Media 🗌 Word of mouth 🔲 Other: Specify | | | | | |
| Where do you usually find information about health and diseases? Check all that apply. | | | | | |
| News articles (online or print) | | | | | |
| What is your education level? Below HS level GED/HS diploma Some college College and above | | | | | |

REMARKS

| Investigator Name: | Interview Date: | Telephone Number: |
|--------------------|-----------------|-------------------|
| | | () |