

West Nile Virus (WNV) Infection Case Report SUPPLEMENTAL INVESTIGATION FORM

Date Form Completed: ___/___/___

Beginning in 2008, the Centers for Disease Control and Prevention (CDC) will collect surveillance data on selected underlying medical conditions and therapies that have previously been identified as risk factors for severe illness, hospitalization, and/or death among persons with WNV disease. Initial reports of WNV infections should be sent to the California Department of Public Health immediately after they have been confirmed. However, this supplemental investigation form is not time-sensitive and can be submitted at any time after a case has been reported.

Questions to Assess Underlying Medical Conditions and Medication Use

Patient Name (Last, First): _____ DOB: ___/___/___

Clinical syndrome: Neuroinvasive disease West Nile fever Other clinical Asymptomatic infection

1. Before your West Nile virus infection, did a health care provider ever tell you that you had any of the following medical conditions?

- Diabetes Yes No Unknown
- High blood pressure (hypertension) Yes No Unknown
- Heart attack (myocardial infarction) Yes No Unknown
- Angina or coronary artery disease Yes No Unknown
- Congestive heart failure (CHF) Yes No Unknown
- Stroke Yes No Unknown
- Chronic obstructive pulmonary disease (COPD) .. Yes No Unknown
- Chronic liver disease Yes No Unknown
- Kidney failure or chronic kidney disease Yes No Unknown
- Alcoholism Yes No Unknown
- Bone marrow transplant Yes No Unknown
- Solid organ transplant Yes No Unknown

If yes: What organ was transplanted?: _____

What year was the transplant?: _____

Cancer Yes No Unknown

If yes: What type(s)?: _____

What year were you diagnosed?: _____

Are you currently being treated for cancer?: Yes No Unknown

2. Before your West Nile infection, did a health care provider ever tell you that you had a medical condition that limited your ability to fight an infection?

Yes No Unknown

If yes: What condition(s)?: _____

3. At the time you were diagnosed with West Nile virus infection, were you taking any of the following types of prescription medications or treatments?

- Chemotherapy Yes No Unknown
- Other treatments for cancer Yes No Unknown
- Hemodialysis Yes No Unknown
- Other treatments for kidney disease Yes No Unknown
- Oral or injected steroids (not inhaled or topical) ... Yes No Unknown
- Insulin or other medications to treat diabetes Yes No Unknown
- Medications to treat high blood pressure Yes No Unknown
- Medications to treat coronary artery disease Yes No Unknown
- Medications to treat congestive heart failure Yes No Unknown
- Medications that suppress the immune system Yes No Unknown

4. Which of the following sources provided the information above? (check all that apply)

Patient Yes No Family member/friend Yes No

Provider Yes No Medical record Yes No

FAX this form: (510) 620-5896 or MAIL to: CDPH–West Nile Virus, 850 Marina Bay Parkway, Richmond CA 94804