

## Meningococcal Case Supplemental Form

(ACDC USE ONLY)



**To be filled out in conjunction with the  
 Meningococcal Disease Case Report and Contact Roster**

**The Los Angeles County Department of Public Health (LAC DPH) is investigating cases of meningococcal infections. In order to understand why people are getting sick with this disease and how we can prevent its spread to others, I'd like to ask you some questions about you and your close friends' and family's habits, activities, and where you have visited or lived. This information will be kept private.**

Patient Name (Last, First):	Age:	Primary Phone Number:	VCMR ID:
-----------------------------	------	-----------------------	----------

Is the interview being conducted with a proxy?  Yes  No If yes, name and relationship to case: \_\_\_\_\_

Is there another person present during the interview?  Yes  No If yes, name and relationship to case: \_\_\_\_\_

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender female (male to female) <input type="checkbox"/> Transgender male (female to male) <input type="checkbox"/> Other _____	Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other _____	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
---	---	--

Occupation:	Place of Work:
-------------	----------------

What is the language you speak most often or are the most comfortable speaking?  English  Spanish  Other \_\_\_\_\_

Are you a student, educational instructor, or in any other way affiliated with a school setting?

Yes, Name of School \_\_\_\_\_  No

Serogroup:	Insurance type:	Three month period before case symptom onset: / / to / /
------------	-----------------	---

### PAST MEDICAL HISTORY

**Now, I will ask you some questions about your health. Let me assure you that this information will be kept private and will only be used to help us understand why people are getting sick with meningococcal disease.**

- 1) Do you have somewhere you go for routine medical care?  Yes  No  Unknown  
 If yes, what is the name and location? \_\_\_\_\_
- 2) Did you have a respiratory illness (eg. cold, cough, etc.) in the month before you got sick?  Yes  No  Unknown
- 3) Did your provider ever discuss the meningococcal vaccine with you prior to your illness?  Yes  No  Unknown
- 4) Before you got sick, had you ever received meningococcal vaccine?  Yes  No  Unknown  
 If yes, what year did you receive your last dose? \_\_\_\_\_ Where were you vaccinated? \_\_\_\_\_  
 If no, why not?  
 Didn't know about the vaccine  Don't have insurance/can't pay for it  
 Didn't think needed it/don't think at risk  Afraid of side effects  
 Don't know where to go  Don't think it's effective/don't believe in it
- 5) In the past 12 months, were you diagnosed with the following sexually transmitted diseases (STDs)?  
 Chlamydia  Yes  No  Unknown  
 Gonorrhea  Yes  No  Unknown  
 Syphilis  Yes  No  Unknown  
 Genital or anal warts/HPV  Yes  No  Unknown  
 Other  Yes  No  Unknown If Yes, Specify: \_\_\_\_\_

**PAST MEDICAL HISTORY (CONTINUED)**

6) Have you ever been diagnosed with the following conditions?

- Chronic renal disease  Yes  No  Unknown      Cirrhosis  Yes  No  Unknown  
 Diabetes  Yes  No  Unknown      Hepatitis: Type \_\_\_\_\_  Yes  No  Unknown  
 HIV  Yes  No  Unknown  
 Other immunocompromising conditions (e.g. cancer, lupus)  Yes  No  Unknown    If Yes, Specify: \_\_\_\_\_

If HIV-infected, where do you get your HIV care? [REFER TO DHSP IF NOT IN CARE] \_\_\_\_\_

7) If you've had an HIV test in the past, what was the date of your last test? \_\_\_\_\_

8) Are you currently taking the following medications?

- PrEP (pre-exposure prophylaxis/Truvada)?  Yes  No  Unknown  
 Soliris® (Eculizumab)?  Yes  No  Unknown

**ILL CONTACTS**

9) In the 3 months before you got sick so that would be from roughly \_\_\_\_\_ month – \_\_\_\_\_ month, do you remember spending time with a friend or relative or other individual with symptoms such as headaches, fever, problem in thinking, skin rash, nausea, vomiting?

- Yes  No  Unknown

If yes, provide details.

Name of individual	Describe relationship and exposure	Location/ Address where exposure occurred	Phone

10) In the 3 months before you got sick, do you know anyone who was hospitalized with symptoms such as headaches, fever, problem in thinking, skin rash, nausea, vomiting?  Yes  No  Unknown

If yes, provide details.

Name of individual	Describe relationship and exposure	Name/Location of hospital	Phone

**RESIDENCE/TRAVEL/SOCIAL ACTIVITIES**

Now I'd like to ask you some questions about your living situation, where you have traveled recently, and where you like to hang out. I will ask similar questions about your friends and family with whom you spend a lot of time. These questions refer to activities occurring in the 3 months prior to your illness, so that would roughly be from \_\_\_\_\_ month to \_\_\_\_\_ month. This will help us to know whether other people who have gotten sick have also spent time in these areas.

11) In the 3 months before you got sick,

- a) Have you slept in locations other than your primary residence at [FILL IN RESIDENCE]?  Yes  No

If yes, check all that apply. Specify location and length of stay for all selected.

Location	Name of Location/Address	Date(s) or Approximate Time
<input type="checkbox"/> Dormitory		
<input type="checkbox"/> Hotel/Hostel		
<input type="checkbox"/> Jail/Prison		
<input type="checkbox"/> Shelter		
<input type="checkbox"/> Homeless or transiently housed (eg. Living outdoors, sleeping in a car)		
<input type="checkbox"/> Other (describe)		

**RESIDENCE/TRAVEL/SOCIAL ACTIVITIES (CONTINUED)**

b) In the 3 months before you got sick, has your partner, if you have one, or close friends and family slept in locations other than a private home residence?  Yes  No  Unk

If yes, check all that apply. Specify location and length of stay for all selected.

Location	Relationship to Yourself	Name of Location/Address	Date(s) or Approximate Time
<input type="checkbox"/> Dormitory			
<input type="checkbox"/> Hotel/Hostel			
<input type="checkbox"/> Jail/Prison			
<input type="checkbox"/> Shelter			
<input type="checkbox"/> Homeless or transiently housed (eg. Living outdoors, sleeping in a car)			
<input type="checkbox"/> Other (describe)			

12) In the 3 months before you got sick,

a) Did you travel outside of the county, including any day trips?  Yes  No  Unknown **[Probe Las Vegas if they say no]**

If yes, to where?

City/State/Country	Approximate Dates	Address or Neighborhood Visited

b) Did any close friends and/or family travel outside of the county, including any day trips?  Yes  No  Unknown **[Probe Las Vegas if they say no]**

If yes, to where?

City/State/Country	Relationship to Yourself	Approximate Dates	Address or Neighborhood Visited

13) I see you live in **[FILL IN THE CITY OF RESIDENCE]**. In which other neighborhoods or cities did you spend your time besides **[FILL IN CITY]**?

14) In the past 3 months, did you share food, drinks, or eating utensils among your friends or relatives?  Yes  No  Unknown

If Yes, in what setting did you commonly share these items?

- Bar     Club     Restaurant     House party     Concert  
 Sporting event     Gym/Spa     Other: Specify \_\_\_\_\_

**RESIDENCE/TRAVEL/SOCIAL ACTIVITIES (CONTINUED)**

15) What 3 bars/restaurants/clubs or hang out places did you go to most often?

Name	Address/Location	Date(s) or Approximate Time

16) How often did you attend social events outside of your home during the day or night in a typical week? These can include activities such as visiting bars, nightclubs, eating out at restaurants, or socializing anywhere with friends.

- 0     1-2     3-5     More than 5     Unknown

Describe: \_\_\_\_\_

17) In the 3 months before you got sick, did you visit lesbian, gay, bisexual, transgender, and queer (LGBTQ) bars, clubs, or events?

- Yes     No     Unknown

If yes, please answer the following:

a) How often did you attend such events or visit these places in the last 3 months?

- Once a month     Once a week     More than once a week     Unknown

b) Name a few of the places or events that come to mind: \_\_\_\_\_

18) In the 3 months before you got sick, did any close friends or family visit LGBTQ bars, clubs, or events?

- Yes     No     Unknown

If yes, please answer the following:

a) Specify your relation to this person: \_\_\_\_\_

b) Estimate how often they attended such events or visited these places in the last 3 months?

- Once a month     Once a week     More than once a week     Unknown

c) Name a few of the places or events that you're aware of: \_\_\_\_\_

19) In the 3 months before you got sick, did you attend any festivals, concerts, or other large events? (E.g. Sports events, Burning Man, Stage Coach, County Fairs, White Party, PRIDE, etc.)

- Yes     No     Unknown

If yes, please tell me the most recent 3 events you attended?

Name	Address/Location	Date(s) or Approximate Time

**RESIDENCE/TRAVEL/SOCIAL ACTIVITIES (CONTINUED)**

20) In the 3 months before you got sick, did any family members or close friends attend any festivals, concerts, or other large events? (E.g. Sports events, Burning Man, Stage Coach, County Fairs, White Party, PRIDE, etc.)

Yes  No  Unknown

If yes, can you recall the names or locations of these events?

Name	Address/Location	Date(s) or Approximate Time

**SMOKING/DRUG USE**

Next, I will ask you questions about smoking and drug use, including illegal drugs. Again, this information will be kept private and will only be used to help us understand why people are getting sick with meningococcal disease. This information will not be used to harm you in any way and we appreciate your honesty with these questions.

21) Think back to the 3 months before you got sick so that would be from roughly \_\_\_\_\_ month – \_\_\_\_\_ month, did you use [Remind them if there was a large holiday in the timeframe of interest or to recall a special occasion they celebrated where they would've tried a new drug for the first time.] (select all that apply):

Drug/Stimulant	Did you use?	If yes, how often?	If yes, did you share with others?
Smoke marijuana (pot) or spice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Some days <input type="checkbox"/> Everyday	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Some days <input type="checkbox"/> Everyday	<input type="checkbox"/> Yes <input type="checkbox"/> No
E-cigarettes/Vapes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Some days <input type="checkbox"/> Everyday	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hookah pipes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Some days <input type="checkbox"/> Everyday	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ecstasy/MDMA/X/Molly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Some days <input type="checkbox"/> Everyday	<input type="checkbox"/> Yes <input type="checkbox"/> No
Methamphetamines/Speed/Ice/Crystal/Crank?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Some days <input type="checkbox"/> Everyday	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nitrates/Poppers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Some days <input type="checkbox"/> Everyday	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cocaine?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Some days <input type="checkbox"/> Everyday	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heroin?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Some days <input type="checkbox"/> Everyday	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other drugs that were not prescribed for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify names of drugs:	<input type="checkbox"/> Some days <input type="checkbox"/> Everyday	<input type="checkbox"/> Yes <input type="checkbox"/> No

---

---

**SEXUAL PRACTICES [ASK IF >16 YEARS OLD]**

Next, I will be asking you questions about your sexual practices. Again, this information will be kept private and will only be used to help us understand why there is an increase in cases of meningococcal disease. Most of these questions refer to activities occurring in the 3 months prior to your illness, but can refer to other time periods. We really appreciate the information that you are providing.

---

- 22) How do you identify in terms of gender? Do you consider yourself to be:  
 Heterosexual/straight    Homosexual/Gay    Bisexual    Other (specify): \_\_\_\_\_
- 23) Have you engaged in any intimate mouth to mouth kissing with anyone in the 3 months prior to getting sick?    Yes    No    Unk
- 24) During the past 12 months, have you had sex with....?  
 Males only    Females only    Both males and females    Not sexually active    Unknown
- 25) **[MALES ONLY]** Have you ever had any intimate or sexual contact with another male?    Yes    No    Unknown

**[QUESTIONS 26-30 REFER TO SEXUAL ACTIVITY IN PAST 3 MONTHS]**

- 26) In the 3 months before you got sick how many partners did you have sex with?   # of males \_\_\_\_\_ # of females \_\_\_\_\_

**IF NONE SKIP TO Q 34**

- 27) In the 3 months before you got sick, were any of your sexual or intimate partners anonymous?  
 Yes, how many? \_\_\_\_\_    No    Unknown
- 28) In the 3 months before you got sick, did you engage in group sex?    Yes    No    Unknown
- 29) In the 3 months before you got sick, did you exchange sex for money, drugs, or shelter?    Yes    No    Unknown
- 30) In the 3 months before you got sick, did you pay for sex?    Yes    No    Unknown

**[ASK IF MSM AND SEXUALLY ACTIVE IN PAST 3 MONTHS]**

- 31) In the 3 months before you got sick, Did you typically have insertive anal sex / top or receptive anal sex/bottom or both?  
 Top    Bottom    Both    Unknown
- 32) Did any of your sexual partners have any discharge (mucus) from the penis, any pain when urinating, or any itching at the tip of the penis in the month before you go sick?    Yes    No    Unknown

If yes, please specify symptoms by each partner: \_\_\_\_\_

- 33) Check all the forms of oral sexual contact that you have had in the past 3 months:
- |   |  |
|---|--|
| <input type="checkbox"/> Between your mouth and partner's penis | <input type="checkbox"/> Between your anus and partner's mouth |
| <input type="checkbox"/> Between your penis and partner's mouth | <input type="checkbox"/> Between your mouth and partner's anus |

**SEXUAL PRACTICES [ASK IF ≥16 YEARS OLD] (CONTINUED)**

34) I am going to ask about various methods to meet sexual partners. Please let me know which ones you used in the 3 months before you got sick.

	<u>Specify</u>
<input type="checkbox"/> Website such as <a href="http://www.adam4adam.com">www.adam4adam.com</a> , <a href="http://www.manhunt.com">www.manhunt.com</a> , etc.	
<input type="checkbox"/> An app such as Grindr, Scruff, Jackd, Hornet	
<input type="checkbox"/> Other type of Social Media like Instagram or Twitter	
<input type="checkbox"/> Bar, club, or party	
<input type="checkbox"/> Gym/fitness center	
<input type="checkbox"/> Bath house or sex club	
<input type="checkbox"/> Concert, EDM (electronic dance music) show, music festival	
<input type="checkbox"/> Through friends or private party at a home	
<input type="checkbox"/> PRIDE event	
<input type="checkbox"/> White Party	
<input type="checkbox"/> DragCon	
<input type="checkbox"/> Other: _____	

**END OF SURVEY**

Thank you for taking the time to speak with me today. Your participation helps us to stop others from becoming sick. As the situation develops, it is possible that I may need to contact you again for more information. We thank you for your ongoing support.

**REMARKS** Please use this space to expand on the questions above.

Interviewer Name (Print)	Interview Attempts Date/Time	Notes
	#1 / / _____:____ AM/PM	
	#2 / / _____:____ AM/PM	
	#3 / / _____:____ AM/PM	