

MDR Case Investigation
Public Health-Seattle and King County
HIV/AIDS Epidemiology

Office use: HARSNO _____ VARHS ID _____
 PCRS Date ___/___/___ DIS _____
 Completed by: _____ Date: ___/___/___

Medical Provider (name, address, phone, email):

Pt name or MRN or sndx :

Medical record #:

Date of birth (mm/dd/yyyy): _____/_____/_____

Place of birth: US Other, Specify _____

Current residence Seattle Non-Seattle King County Other

Gender: M F Other, specify _____

Race/ethnicity (check all that apply):
 White Black Latino Asian
 Native American/Alaska Native

HIV history:

HIV risk (check all that apply):
 MSM IDU
 Heterosexual (sex with MSM, IDU or known +)
 Unknown Other, specify: _____

Date of last HIV negative test (mm/dd/yyyy): _____/_____/_____ Unknown

Date HIV diagnosed (mm/dd/yyyy): _____/_____/_____ Unknown

Acute seroconversion syndrome (if yes, approximate date)
 Yes ___/___/___ No Unknown

Any other evidence of length of infection (PCR+, WB-, indeterminate WB? STARHS?)

Travel around time of HIV/MDR acquisition Yes No Unknown

If yes, unsafe sex or injection equipment sharing while traveling Yes No Unknown

If yes, where

CD4 closest to HIV diagnosis _____ Date: ___/___/_____

Viral load closest to HIV diagnosis _____ Date: ___/___/_____

CD4 closest to MDR diagnosis _____ Date: ___/___/_____

Viral load closest to MDR diagnosis _____ Date: ___/___/_____

Most recent CD4 _____ Date: ___/___/_____

Most recent viral load _____ Date: ___/___/_____

History of ARV use (check all that apply) PI NNRTI NRTI Other None

If any ARV, start date _____/_____/_____
 Other details of ARV use:

Source of HIV infection

Any knowledge of source of HIV Yes No Unknown

If so, details (date of transmission, ARV history/adherence of source partner)

MDR Details

Results (Specific mutations or drugs, circle all that apply)	RT			PI		Fusion Inhibitors	
	Mutations	Drugs		Mutations	Drugs	Mutations	Drugs
	M41L	NRTI:		D30N	APV		T20
	A62V	ABC		V32I	ATV		
	K65R	ddI		L33F	FPV/LXV	Entry Inhibitors	
	D67N	FTC		M46I/L	IDV	Mutations	Drugs
	K70R	d4T		G48V	LPV		maraviroc
	L74V	TDF/TFV		I50L	NFV		
	V75I	ddC		L76V	RTV	HIV Integrase Strand Transfer Inhibitors	
	F77L	ZDV/AZT		V82A/F/T/L	SQV	Mutations	Drugs
	L100I	3TC		I84V	LPV/r		raltegravir
	K103N			N88S			
	V106A/M	Combivir		L90M			
	V108I	Trizavir		Others:			
	Y115F	Truvada					
	F116Y						
	Q151M						
	Y181C/I						
	M184V/I						
	Y188L						
	G190S/A						
	L210W	NNRTI:					
	T215Y/F	DLV					
	K219Q/E	EFV					
	P225H	NVP					
P236L							
Others							

Date MDR HIV diagnosed (draw date) ___/___/_____
Lab of genotype or phenotype: _____
Date confirmatory genotype/phenotype ___/___/_____
Lab of confirmatory test: _____

Subclass: _____ <input type="checkbox"/> B Other: _____
Replicative capacity: _____ Percent: _____ Range: _____

HIV risks in year prior to MDR diagnosis

Number of sexual partners: _____			
Number of sexual partners with unprotected sex:	Positive: _____	Negative _____	Unk _____
Number of injection drug equipment sharing partners:	Positive: _____	Negative _____	Unk _____
Internet partners	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Sites? _____	
Bathhouse partners	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Sites? _____	
Sex party partners (Site = approximate location/neighborhood)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Sites? _____	
Other venues of meeting more than one sex partner	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Sites? _____	
Meth use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If yes, injected meth	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Erectile Dysfunction Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Amyl Nitrate (Poppers) use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Alcohol use (more than one beer/one glass wine daily)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Other substance use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Specify: _____	
STDs diagnosed in past 3 years	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Specify: _____	
Other co-morbidity in past 3 years	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Specify: _____	