



ZIKA CASE INVESTIGATION FORM

PATIENT INFORMATION

Form containing patient information fields: Name, Date of birth/age, Address, City/ST/Zip, Phone/Email, Occupation/school grade, Employer/school, Parent/guardian name, Gender, Ethnicity, Race, Interviewer, Date of interview.

CASE INFORMATION

Form containing case information fields: MEDSIS Case#, Classification, Initial report date, Reporter, Reporter organization, Reporter phone, Provider name, Provider organization, Provider phone, Onset date, Diagnosis date, County.

SYMPTOMS & OUTCOMES

Form containing symptoms and outcomes fields: Asymptomatic, Headache, Joint Pain, Joint Swelling, Muscle Weakness, Extreme Fatigue, Eye redness or swelling, Was Guillain-Barre Syndrome identified?, Other symptoms, Patient hospitalized?, Currently breastfeeding a child?, Fever, Max Temperature, Subjective fever, Muscle Pain, Rash, Nausea/Vomiting/Diarrhea, Admission date, Breastfed as a child?

MEDICAL HISTORY

Form containing medical history fields: Cancer, Diabetes, Heart Disease, Immunosuppressive Condition, Pulmonary Disease, Viral Hepatitis, Diabetes Type, Hypertension.

History of mosquito-borne illness? Yes No Unknown

If yes, which one? Dengue Yellow Fever Japanese encephalitis WNV SLE Flavivirus

Other past medical history chronic/infectious (including chronic or immunosuppressive conditions)

### VACCINATION HISTORY

Yellow Fever Yes No Unknown

Date: \_\_\_\_\_

Japanese Encephalitis Yes No Unknown

Date: \_\_\_\_\_

Tick-borne Encephalitis Yes No Unknown

Date: \_\_\_\_\_

### PREGNANCY INFORMATION (for females only)

Last normal menstrual period: \_\_\_\_\_

Currently pregnant? Yes No Unknown

Estimated delivery date: \_\_\_\_\_

If no or unknown, skip to vaccination history section.

If yes, how far along (in weeks)? \_\_\_\_\_

Was microcephaly detected on fetal ultrasound? Yes No Unknown

Were intracranial calcifications detected on fetal ultrasound? Yes No Unknown

Planned hospital delivery? Yes No Unk

Name of hospital: \_\_\_\_\_

Pregnancy outcome? Live birth Stillborn ( $\geq 20$ wk)

Actual delivery date: \_\_\_\_\_

Miscarriage ( $\leq 20$  weeks) Termination Unk

Name of baby: \_\_\_\_\_

### RISK FACTOR ASSESSMENT-

Sexual intercourse with anyone suspected to have Zika virus infection or a person who traveled to an area with Zika virus activity? Yes No Unknown

Does the patient have known mosquito exposure 2 weeks before symptom onset? Yes No Unknown

Date of exposure: \_\_\_\_\_

Exposure location: \_\_\_\_\_

Did the patient travel 2 weeks before symptom onset? (Mark the furthest destination point if there was more than one travel destination). Please complete these questions for asymptomatic individuals as well.

Yes-Outside of US Yes- Outside of Arizona Yes- Outside of county of residence

No travel history within the past 2 weeks Unknown

#### TRAVEL DESTINATION

Departure date

Return date

Country, city, and specific address or cross-streets of where patient stayed

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**BLOOD AND ORGAN DONATIONS**

Donate blood? Yes No Unknown

Date: \_\_\_\_\_

Donate organ tissue or transplant? Yes No Unknown

Date: \_\_\_\_\_

**WITHIN 30 DAYS PRIOR TO ONSET OF SYMPTOMS**

Did the patient receive blood or blood products? Yes No Unknown

Did the patient receive an organ or tissue transplant? Yes No Unknown

**ACQUIRED (if positive)**

Acquired in utero? Yes No Unknown

Acquired in a laboratory? Yes No Unknown

Acquired occupationally (non- lab)? Yes No Unknown

Length of illness (days): \_\_\_\_\_

Date of discharge, if hospitalized: \_\_\_\_\_

Outcome:  Died  Survived  Unknown

Outcome description, including sequelae: \_\_\_\_\_

**TREATMENT**

Treatment Descriptions	
Notes	