

Zika Virus Infection Case Investigation Form

Case Information (Use identifiers applicable to your systems)

State/Local ID: _____ State lab number: _____
 CDC R-number: _____ ArboNET ID: _____ ZIKV ID: _____

State: _____ County: _____ Date form completed: ____/____/____ (MM/DD/YYYY)

Interviewer Information

Interviewer name (First, Last): _____
 State/local health department: _____
 Primary phone number: (____) _____ Secondary phone number: (____) _____
 Email address: _____

Patient Demographics and Contact Information

Patient last name: _____ Patient first name: _____

Date of birth: ____/____/____ (MM/DD/YYYY) Sex: Male Female Pregnant: Yes No N/A

State of residence: _____ County of residence: _____

Phone number: (____) _____ E-mail address: _____

Clinical Information

Date of symptom onset ____/____/____ OR Person was asymptomatic
 Fever Yes No
 Rash Yes No If yes: Type: Maculopapular Petechial Purpuric Other
 Pruritic: Yes No Distribution: _____
 Arthralgia Yes No
 Conjunctivitis Yes No
 Other symptoms: _____

Hospitalized Yes No If yes, reason: _____ Dates/Status: _____

Exposure Information before Symptom Onset (or specimen collection if asymptomatic)

1. Did the patient travel to or live outside his/her city or county in the 14 days before symptom onset or specimen collection (if asymptomatic)*?

Yes No

If yes: Location(s) of travel (country, state, city, county, and/or territory):

_____ Travel start date: ____/____/____ Return date: ____/____/____
 _____ Travel start date: ____/____/____ Return date: ____/____/____
 _____ Travel start date: ____/____/____ Return date: ____/____/____

(Follow health department protocol to evaluate for possible travel-associated Zika virus infection; see <https://wwwnc.cdc.gov/travel/page/zika-travel-information> for areas with risk of Zika virus)

** Recent Zika virus infection is most reliably determined by a positive nucleic acid test (NAT). Because NAT may be positive for longer than 14 days after infection in some cases, and because IgM is generally detected for at least 3 months after infection, if travel to an area with risk of Zika occurred earlier than 14 days before specimen collection, jurisdictions may consider further evaluation for travel-associated exposures. Please contact CDC for further assistance.*

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2. Did the patient have sex (vaginal, oral, anal or sharing of sex toys, without a condom) with any person who returned from travel to a country or US state or territory with risk of Zika virus in the previous 6 months (if partner was male) or 2 months (if partner was female) or who had confirmed Zika virus infection? Yes No

If yes:

Name of contact (1) _____

Name of contact (2) _____

Phone _____

Phone _____

(If sexual transmission of Zika virus is suspected, please contact CDC's Arboviral Diseases Branch at ZIKA_ADB_EPI@cdc.gov for sexual transmission case follow up and form)

3. Did the patient receive a blood transfusion or organ or tissue transplant during the 28 days before symptom onset or specimen collection (if asymptomatic)? Yes No

If yes:

Date of transfusion/transplant (1) ___/___/___ Type of product: _____ Location: _____

Date of transfusion/transplant (2) ___/___/___ Type of product: _____ Location: _____

(CDC Blood Safety Investigation Toolkit may be used to collect detailed information for potential transfusion-associated infections: <http://www.cdc.gov/bloodsafety/tools/investigation-toolkit.html>)

4. Did the patient work in a laboratory that collects, processes, or tests blood or body fluids or in a research laboratory working on Zika virus in the 14 days before symptom onset or specimen collection (if asymptomatic)? Yes No

If yes: Laboratory name _____

(Follow health department protocol to evaluate for possible occupational exposure)

5. Did the patient share needles with another person? Yes No

If yes:

(Follow health department protocol to evaluate for possible blood-borne transmission)

6. If no travel-associated or other known exposures (e.g., sexual, transfusion/transplant, blood/body fluid) to Zika virus identified, investigate for possible local, mosquito-borne transmission.

(Possible Local Mosquito-Borne Transmission Zika Virus Case Investigation Form may be used to investigate potential areas of exposure: <https://www.cdc.gov/zika/public-health-partners/transmission-investigation-form.docx>)