



Zika Case Report Form

North Carolina Department of Health and Human Services
Division of Public Health, 1902 Mail Service Center • Raleigh, NC 27699-1902

Please complete form and fax to the local health department in your county.

State Case No.:

Date of Report:

Demographics

Patient name (Last, First): Patient DOB:

Sex: Male Female

Race: American Indian/Alaska Native Unknown

Ethnicity: Hispanic or Latino
 Not Hispanic or Latino

Asian
 Native Hawaiian/Other Pacific Islander
 Black or African American

Resident of North Carolina? Yes No

White
 Other:

Pregnancy status: Yes No

Current gestational age (weeks):

Patient Address:

City:..... County:..... State:.....

Phone number:

Clinical: Onset of illness:/...../..... Date of first consultation:/...../.....

Person is asymptomatic (Pregnant female with history of travel to affected area. Blood draw to occur between 2-12 weeks upon return to U.S.)

Fever Y.....°F N U

Rash Y N U

(Please describe) maculopapular Petechial Purpuric other

Conjunctivitis Y N U

Puritic: Y N U

Arthralgia Y N U

Distribution of rash:.....

Myalgia Y N U

Headache Y N U

Vomiting Y N U

Diarrhea Y N U

Oral Ulcers Y N U

Peripheral edema Y N U

Other*.....

*Note – Atypical disease manifestations may include Guillain-Barre syndrome.

For Male patients only:

Dysuria Y N U

Hemospermia (Blood in ejaculate/semen) Y N U

Emergency Department Visit: Yes No ED Name:..... Date

Hospitalized: Yes No Hospital:..... Admit Date:

Discharge Date:

Patient died of this illness: Yes No Date of Death:.....

Immunization Status:

Has this person every received vaccination for:

Yellow Fever

Y N U

Japanese Encephalitis

Y N U

Laboratory:

Test results pending: Yes No --- CDC NC SLPH Commerical lab --- Date submitted:.....

Zika:/...../.....
(Collection date) (Laboratory) (Specimen type) culture pos PCR pos IgM..... IgG.....
(EIA or IFA result) (EIA or IFA results)

Chikungunya:/...../.....
(Collection date) (Laboratory) (Specimen type) culture pos PCR pos IgM..... IgG.....
(EIA or IFA result) (EIA or IFA result)

Dengue:/...../.....
(Collection date) (Laboratory) (Specimen type) culture pos PCR pos IgM..... IgG.....
(EIA or IFA result) (EIA or IFA result)

...../...../.....
(Other) Collection date) (Laboratory) (Specimen type) culture pos PCR pos IgM..... IgG.....
(EIA or IFA result) (EIA or IFA result)

...../...../.....
(Other) Collection date) (Laboratory) (Specimen type)
(Results)

...../...../.....
(Other) Collection date) (Laboratory) (Specimen type)
(Results)

Exposure History:

Is there a travel history:

In the last 2 weeks before onset of illness for symptomatic persons? Yes No Unk N/A

In the last 2 - 12 weeks for asymptomatic pregnant woman? Yes No Unk N/A

Places visited:
(Country/State/City) (example: Mexico, Jalisco, Peurto Vallarta)

Dates of travel:/...../..... to/...../.....

Is there an exposure history:

1. Is this person **pregnant and presenting with signs and symptoms consistent with Zika virus disease** who have had condomless sex (i.e., vaginal intercourse, anal intercourse, or fellatio) during the current pregnancy with a male partner who has traveled to an area of ongoing Zika virus transmission and who has had symptoms of Zika virus disease during travel or within 2 weeks of return.
 Yes No Unk N/A

2. Is this person **pregnant and without symptoms (asymptomatic) consistent with Zika virus disease** who have had condomless sex (i.e., vaginal intercourse, anal intercourse, or fellatio) during the current pregnancy with a male partner who has traveled to an area of ongoing Zika virus transmission and who has had symptoms of Zika virus disease during travel or within 2 weeks of return.
 Yes No Unk N/A

3. Is this **person presenting with signs and symptoms consistent with Zika virus disease** who have had condomless sex (i.e., vaginal intercourse, anal intercourse, or fellatio) during the current pregnancy with a male partner who has traveled to an area of ongoing Zika virus transmission and who has had symptoms of Zika virus disease during travel or within 2 weeks of return.
 Yes No Unk N/A

Maternal Health (Please complete if case being reported is pregnant)

Exposure during which trimester: 1st 2nd 3rd

Gestational week (current): _____ Estimated date of delivery: ___/___/___

Current gestation: Single Twins Triplets+

Was woman symptomatic for disease? Yes No

Was there a fetal an ultrasound performed? Yes No Date of ultrasound:

Was there a fetal abnormality noted on ultrasound? Yes No

Abnormality noted: microcephaly; biparietal diameter =cm

Head Circumference _____ cm in

Percentile: _____

intracranial calcifications

other (describe):.....
.....

Was there an amniocentesis performed? Yes No

Results: Normal Other:

Was there intrauterine fetal demise? Yes No

Was the pregnancy terminated? Yes No

If yes, gestational age ___ weeks and date ___/___/___

Notes:

.....
.....
.....

Infant (Please complete if case being reported is infant) Gestational age at time of exposure:

Gestational age at delivery:weeks Apgar score: 1 min _____ / 5 min _____

Birth weight: kg lbs/oz Birth length: cm in

Birth head circumference: cm in Percentile:

Was the mother symptomatic for Zika virus during pregnancy? Yes No

Did the mother test positive for Zika virus during pregnancy? Yes No

Give Details if Known:

Was there a fetal abnormality noted on ultrasound prior to birth? Yes No

Gestational age at time of ultrasound:

Abnormality noted: microcephaly

Head circumference = cm in

Percentile: _____

intracranial calcifications

other (describe)

Infant notes (Other exam abnormalities or studies):

.....
.....
.....

Reporting Physician/Agency

Submitter name: Title: Phone number:

Reporting Practice: Physician:

Address:

Phone number: Fax number:

For DPH/local health department only:

Date submitted to Public Health:

Name of Communicable Disease Branch Staff approving testing:

Notes:

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.....
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NC DPH Date reported in Arbonet:/...../.....

Rev April 13, 2016



Zika Virus Information to Discuss with Persons being Evaluated for Zika Virus Infection

The following information should be discussed with persons who have been approved for Zika virus testing. Given the uncertainty concerning Zika virus transmission, issuance of formal control measures is not recommended.

Mosquito avoidance:

The mosquitoes responsible for most Zika virus transmission are not believed to be widespread in North Carolina. However, we still advise you to use personal protective measures to avoid exposure to mosquitoes. These measures include:

- Avoiding outdoor exposure when mosquitos are most active. The mosquitos that transmit Zika virus are aggressive daytime biters, so always use personal preventive measures to prevent bites at all times of day.
- Using personal preventive measures, such as wearing insect repellent and covering up.
(More information at <http://www.cdc.gov/features/stopmosquitoes/>).
- Reducing breeding sites for mosquitoes in your yard. Get rid of outside containers that can hold water. For items where water cannot be drained, check your local hardware store for products to kill mosquito larvae and follow label directions.
(More information at http://epi.publichealth.nc.gov/cd/arbo/mosquito_fs.pdf.)

Additional prevention measures:

- There have been isolated reports of sexual transmission from men with Zika virus. Until more information is available, CDC and North Carolina Public Health recommend the following:
 - Men who reside in or have traveled to an area of active Zika virus transmission who have a pregnant partner should abstain from sexual activity or consistently and correctly use condoms during sex (i.e., vaginal intercourse, anal intercourse, or fellatio) for the duration of the pregnancy.
 - Men who reside in or have traveled to an area of active Zika virus transmission and have nonpregnant sex partners might consider abstaining from sexual activity or using condoms consistently and correctly during sex until more is known about persistence of virus in semen and factors associated with sexual transmission.
- There have also been rare reports of Zika virus being spread through blood transfusion. To prevent this, we recommend that you refrain from donating or selling any blood products until symptoms have resolved and until 28 days after travel to an area with ongoing transmission.
- Finally, remember that aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs), like ibuprofen and naproxen, should be avoided until dengue can be ruled out to reduce the risk of bleeding.