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| **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*](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.* |
| 1. 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?

If yes:  Name of contact (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of contact (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | 🞏 Yes 🞏 No 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)* |
| 1. 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*](http://www.cdc.gov/bloodsafety/tools/investigation-toolkit.html)*)*  |
| 1. 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)* |
| 1. Did the patient share needles with another person? 🞏 Yes 🞏 No

If yes:  *(Follow health department protocol to evaluate for possible blood-borne transmission)*  |
| 1. 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*](https://www.cdc.gov/zika/public-health-partners/transmission-investigation-form.docx)) |