Zika Virus Disease Case Investigation Form

Arboviral Diseases Branch
Version 3.1

Form Approved
OMB No. 0920-1011
Exp. Date 03/31/2017

FOR CDC USE ONLY	
CDC R-number_____	ZIKVID:_____
CDC staff initial:_____	Date form completed:_____/_____/_____
CDC investigating group:_____	

Reporting Jurisdiction	
Jurisdiction (state/territory):_____	Agency:_____
Contact Name:_____ Contact Position:_____ Alternate Contact Name:_____	Contact Phone:_____ Contact Email:_____ Alternate Contact Phone:_____

Demographic Information

State of residence:_____ State patient ID number:_____

Patient last name: _____ Patient first name: _____

Age: _____ ☐ Years ☐ Months ☐ Days Sex: ☐ Male ☐ Female

Travel History

Dates of travel: _____

Country(s) visited:_____

Vaccination History

Previously vaccinated for: ☐ Yellow Fever ☐ Japanese Encephalitis ☐ Tick-borne Encephalitis

Cases of Special Interest

Please indicate if patient meets any of the following criteria:

Local vector-borne transmission	☐ Yes ☐ No ☐ Suspect
Pregnant	☐ Yes ☐ No ☐ Unknown If yes: Current gestational week:_____ Gestational week at illness onset (if applicable): _____
Fetal loss	☐ Yes ☐ No If yes: Gestational week at time of fetal loss:_____
Microcephaly	☐ Yes ☐ No ☐ Suspect
Guillain-Barre syndrome/acute flaccid paralysis	☐ Yes ☐ No ☐ Suspect
Sexual transmission	☐ Yes ☐ No ☐ Suspect
Blood/blood product transfusion transmission	☐ Yes ☐ No ☐ Suspect
Organ/tissue transplant transmission	☐ Yes ☐ No ☐ Suspect
Breastfeeding transmission	☐ Yes ☐ No ☐ Suspect

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Illness Information			
Illness onset date: _____/_____/_____ ☐ Hospitalized ☐ Died			
Fever	☐ Yes ☐ No		
	If yes: ☐ Subjective fever ☐ Measured fever (Maximum measured temperature: _____)		
Rash	☐ Yes ☐ No		
	If yes:	Type: ☐ Maculopapular ☐ Petechial ☐ Purpuric ☐ Other Pruritic: ☐ Yes ☐ No Distribution:_____	
☐ Arthralgia	☐ Myalgia	☐ Oral ulcers	
☐ Conjunctivitis	☐ Vomiting	☐ Hematospermia (for males)	
☐ Headache	☐ Diarrhea	☐ Peripheral edema	

Specimen Information	
Specimen 1 collected: _____/_____/_____	Type: ☐ Serum ☐ CSF ☐ Amniotic fluid ☐ Tissue ☐ Saliva ☐ Urine ☐ Semen
Specimen 2 collected: _____/_____/_____	Type: ☐ Serum ☐ CSF ☐ Amniotic fluid ☐ Tissue ☐ Saliva ☐ Urine ☐ Semen
Specimen 3 collected: _____/_____/_____	Type: ☐ Serum ☐ CSF ☐ Amniotic fluid ☐ Tissue ☐ Saliva ☐ Urine ☐ Semen
Specimen 4 collected: _____/_____/_____	Type: ☐ Serum ☐ CSF ☐ Amniotic fluid ☐ Tissue ☐ Saliva ☐ Urine ☐ Semen
Specimen 5 collected: _____/_____/_____	Type: ☐ Serum ☐ CSF ☐ Amniotic fluid ☐ Tissue ☐ Saliva ☐ Urine ☐ Semen
Specimen 6 collected: _____/_____/_____	Type: ☐ Serum ☐ CSF ☐ Amniotic fluid ☐ Tissue ☐ Saliva ☐ Urine ☐ Semen
Specimen 7 collected: _____/_____/_____	Type: ☐ Serum ☐ CSF ☐ Amniotic fluid ☐ Tissue ☐ Saliva ☐ Urine ☐ Semen