

Undetermined Mode of Transmission: Zika Virus among Utah Community Members, 2016

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

Household Member Log

Household ID								
Home Address								
Street address: _____								
City: _____ State: _____ Zip: _____ County: _____								
(Best way to contact them in the future) Phone: _____ or e-mail: _____								
<i>List first and last name for each person who meets definition of a Household Resident and verify that they have been at this address for the last month.</i>								
Can you tell me the names of all the people who stayed in your house for at least two nights per week since mid-June (June 15) until now?								
No.	Name of Resident	Age (*Record in complete months if child <2 years)		Sex	Record of consent for INTERVIEW	Date interview conducted	Record of consent for SPECIMENS	Specimens collected
01		<input type="checkbox"/> years	<input type="checkbox"/> months	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Consent obtained <input type="checkbox"/> Consent refused <input type="checkbox"/> Parental consent provided <input type="checkbox"/> Parental consent refused <input type="checkbox"/> Person never reached		<input type="checkbox"/> Consent obtained <input type="checkbox"/> Consent refused <input type="checkbox"/> Parental consent provided <input type="checkbox"/> Parental consent refused <input type="checkbox"/> Person never reached	<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> None
02		<input type="checkbox"/> years	<input type="checkbox"/> months	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Consent obtained <input type="checkbox"/> Consent refused <input type="checkbox"/> Parental consent provided <input type="checkbox"/> Parental consent refused <input type="checkbox"/> Person never reached		<input type="checkbox"/> Consent obtained <input type="checkbox"/> Consent refused <input type="checkbox"/> Parental consent provided <input type="checkbox"/> Parental consent refused <input type="checkbox"/> Person never reached	<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> None
03		<input type="checkbox"/> years	<input type="checkbox"/> months	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Consent obtained <input type="checkbox"/> Consent refused <input type="checkbox"/> Parental consent provided <input type="checkbox"/> Parental consent refused <input type="checkbox"/> Person never reached		<input type="checkbox"/> Consent obtained <input type="checkbox"/> Consent refused <input type="checkbox"/> Parental consent provided <input type="checkbox"/> Parental consent refused <input type="checkbox"/> Person never reached	<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> None
04		<input type="checkbox"/> years	<input type="checkbox"/> months	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Consent obtained <input type="checkbox"/> Consent refused <input type="checkbox"/> Parental consent provided <input type="checkbox"/> Parental consent refused <input type="checkbox"/> Person never reached		<input type="checkbox"/> Consent obtained <input type="checkbox"/> Consent refused <input type="checkbox"/> Parental consent provided <input type="checkbox"/> Parental consent refused <input type="checkbox"/> Person never reached	<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> None

Community Evaluation Questionnaire

HH ID: _____

Interviewer Information

Interviewer Name (First, Last): _____

State/Local/Territorial Health Department: _____

Language survey was conducted in: _____

Informant Information Not applicable

If not the specific individual, who is providing information for this form?

HH ID Number: _____

Relationship to resident: _____

Reason individual unable to provide information him/herself:

Child Mentally handicapped Other: _____

Exposures

Now I would like to ask you about your time outdoors or potential exposure to mosquitoes.

○ Since June 15, 2016, how much time on average have you spent outdoors each day?

less than 1 hour 1-4 hours 5-10 hours more than 10 hours Don't know

How often did you wear mosquito repellent when you were outdoors for 15 minutes or more?

Always Most of the time Sometimes Never Don't know

Since June 15, 2016, did you get any mosquito bites?

Yes No Don't know

For windows and outside doors that you have left open this summer, how many of these have screens?

All Most Some None Don't know

We never leave any windows or doors open

Resident's Travel and Potential Flavivirus exposure

Now I would like to ask you about if you might have been exposed to Zika virus or related viruses before.

Did you travel outside the United States (or to a US territory: Puerto Rico, USVI, Am Samoa) in the last year (since July 2015)? Yes No

If yes: Name of country(s): _____

Dates of travel: Start date: ___/___/___ End date: ___/___/___

Name of country(s): _____

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Name of country(s): _____

Dates of travel: Start date: ___/___/___ End date: ___/___/___

Name of country(s): _____

Dates of travel: Start date: ___/___/___ End date: ___/___/___

Were you born or lived for several years outside the United States? Yes No

Unknown

If yes, where? _____

Medical Information

Since **June 15, 2016**, have you had any of these symptoms? We are talking about symptoms that would have been new for you, not long standing problems?

Fever Yes No If yes, first date with this ____/____/____

How many days did it last? _____

(Note, here we would count their report of subjective fever. Interviewer, please use calendar aid)

Rash Yes No If yes, first date with this ____/____/____

How many days did it last? _____

(here we are NOT asking about a rash that was just on one arm or one leg, like poison ivy)

Conjunctivitis (redness of the white part of the eyes)

Yes No If yes, first date with this ____/____/____

How many days did it last? _____

(here we are NOT asking about red, itchy eyes that you may know you get because of allergies)

Joint Pain Yes No If yes, first date with this ____/____/____

How many days did it last? _____

(here we are NOT asking about pain that was definitely from an injury)

For this illness, did you go to a clinic/hospital to be checked? Yes No

If yes, what did the doctor/nurse decide that you had? _____

((Use this additional space if more than one episode, or additional notes))

For females age ≥12 years and <45 years: Are you pregnant or think you might be pregnant?

Yes No Unknown

Information related to blood specimens and interpretation of results

If NO blood specimen is consented for. Thank you again for your willingness to provide the information. If we have any additional questions, is it okay to contact you again?

Yes No (If yes, verify contact details on household list)

If blood specimen is consented for, complete specimen collection form, and ask these additional questions:

We would like to ask you just a few more questions about your health so we can better understand your blood test results.

To the best of your knowledge, have you ever received these vaccines (these are vaccines that may be given to persons who travel out of the country)

Yellow fever vaccine No Unsure Yes, year of last dose _____

Japanese encephalitis vaccine No Unsure Yes, year of last dose _____

Tick-borne encephalitis vaccine No Unsure Yes, year of last dose _____

Has your doctor told you that you have any medical conditions that limit your ability to fight infections?

Yes No Unknown

Are you taking any medications that suppress your immune system?

Yes No Unknown

In the past 2 months, did you receive a blood transfusion or organ transplant?

Yes No Unknown

For this last question, we will ask you to read it and point to the answer.

In the last year, have you ever had unprotected sex with someone who had recently returned from a country where Zika has been spreading? (By recently returned, we mean your partner had returned sometime during the 2 months *before* the time you had unprotected sex)

Your Answer Yes

No

Unknown

Thank you very much for your willingness to answer these questions and provide a blood sample.

We will next contact you directly about your results of the blood test. It may take several weeks to get the final results.