**Attachment 4: Zika Virus Disease Enhanced Surveillance – Postnatally acquired Zika virus disease among children aged <18 years**

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| **Demographic Information** | | |
| Case ID (ArboNET):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Control for Case ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State of residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Age: \_\_\_\_\_\_ 🞏 Years 🞏 Months 🞏 Days Sex: 🞏 Male 🞏 Female  Pregnant: 🞏 Yes 🞏 No 🞏 Unknown Est Date Delivery: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Last Menstrual Period: \_\_\_\_/\_\_\_\_/\_\_\_\_  Race (*Select all appropriate):*  🞏 American Indian or Alaska Native 🞏 Asian 🞏 Black or African American  🞏 Native Hawaiian or Other Pacific Islander 🞏 White 🞏 Other 🞏 Unknown  Ethnicity: 🞏 Hispanic or Latino 🞏 Not Hispanic or Latino 🞏 Unknown  Co-morbidities: 🞏 Yes 🞏 No 🞏 Unknown Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Imported From: 🞏 Not Imported 🞏 Acquired Out of State 🞏 Acquired Out of Country 🞏 Unknown  Country of Origin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State of Origin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other possible exposures: 🞏 Sexual 🞏 Breastfeeding 🞏 Blood products 🞏 Organs | | |
| **Clinical Information** | | |
| Illness onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | |
| Clinical syndrome: 🞏 Febrile illness 🞏 Encephalitis/meningoencephalitis 🞏 Meningitis 🞏 Acute flaccid paralysis  🞏 Guillain-Barré syndrome 🞏 Other neuroinvasive presentation 🞏 Other clinical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Case Status (ArboNET): 🞏 Confirmed 🞏 Probable | | |
| Fever | 🞏 Yes 🞏 No 🞏 Unk 🞏 Subjective 🞏 Measured (Max temperature: \_\_\_\_\_\_\_\_\_\_) | |
| Chills/Rigors | 🞏 Yes 🞏 No 🞏 Unk | |
| Rash | 🞏 Yes 🞏 No 🞏 Unk Type: 🞏 Maculopapular 🞏 Petechial 🞏 Purpuric  🞏 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pruritic: 🞏 Yes 🞏 No 🞏 Unk  Distribution:­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Headache | 🞏 Yes 🞏 No 🞏 Unk | |
| Retro-orbital pain | 🞏 Yes 🞏 No 🞏 Unk | |
| Conjunctivitis | 🞏 Yes 🞏 No 🞏 Unk | |
| Oral ulcers | 🞏 Yes 🞏 No 🞏 Unk | |
| Nausea/Vomiting | 🞏 Yes 🞏 No 🞏 Unk | |
| Diarrhea | 🞏 Yes 🞏 No 🞏 Unk | |
| Arthralgia | 🞏 Yes 🞏 No 🞏 Unk | |
| Arthritis | 🞏 Yes 🞏 No 🞏 Unk | |
| Myalgia | 🞏 Yes 🞏 No 🞏 Unk | |
| Paresis/Paralysis | 🞏 Yes 🞏 No 🞏 Unk | |
| Stiff Neck | 🞏 Yes 🞏 No 🞏 Unk | |
| Ataxia | 🞏 Yes 🞏 No 🞏 Unk | |
| Altered mental status | 🞏 Yes 🞏 No 🞏 Unk | |
| Seizures | 🞏 Yes 🞏 No 🞏 Unk | |
| **Clinical Information (continued)** | | |
| Sore throat | 🞏 Yes 🞏 No 🞏 Unk | |
| Cough | 🞏 Yes 🞏 No 🞏 Unk | |
| Lymphadenopathy | 🞏 Yes 🞏 No 🞏 Unk | |
| Paresthesia | 🞏 Yes 🞏 No 🞏 Unk | |
| Abdominal pain | 🞏 Yes 🞏 No 🞏 Unk | |
| Edema | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| CBC performed | 🞏 Yes 🞏 No 🞏 Unk Leukopenia 🞏 Yes *(<4,500)* Nadir:\_\_\_\_\_\_\_\_🞏 No 🞏 Unk  Thrombocytopenia 🞏 Yes *(<150,000)* Nadir:\_\_\_\_\_\_\_ 🞏 No 🞏 Unk | |
| LP performed | 🞏 Yes 🞏 No 🞏 Unk CSF Pleocytosis 🞏 Yes 🞏 No 🞏 Unk *(WBC count >=5)* | |
| Other | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Outcomes** | | |
| Emergency department | 🞏 Yes 🞏 No 🞏 Unk |  |
| Hospitalized | 🞏 Yes 🞏 No 🞏 Unk | Admission Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Discharge Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ OR  Days hospitalized:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Died | 🞏 Yes 🞏 No 🞏 Unk | Date of Death:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| **Zika Virus Test Results** | | **Dengue Virus Test Results** |
| Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine  Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC  Result: 🞏 Positive 🞏 Negative 🞏 Equivocal  Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial | | Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine  Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC  Result: 🞏 Positive 🞏 Negative 🞏 Equivocal  Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial |
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