Form Approved
OMB Control No. 0920-XXXX
Exp. date: XX/XX/XXXX

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

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
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
Specimen collected: _____/_____/_____	Specimen collected: _____/_____/_____

Specimen Type: ☐ Serum ☐ CSF ☐ Urine Test: ☐ IgM ☐ PRNT ☐ PCR/NAT ☐ IHC Result: ☐ Positive ☐ Negative ☐ Equivocal Performing Lab: ☐ CDC ☐ State PH ☐ Commercial	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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