



# Zika Case Report Form

North Carolina Department of Health and Human Services  
Division of Public Health, 1902 Mail Service Center • Raleigh, NC 27699-1902

Please complete form and fax to the local health department in your county.

State Case No.: .....

Date of Report: .....

## Demographics

Patient name (Last, First): ..... Patient DOB: .....

Sex:  Male  Female

Race:  American Indian/Alaska Native  Unknown

Ethnicity:  Hispanic or Latino  
 Not Hispanic or Latino

Asian  
 Native Hawaiian/Other Pacific Islander  
 Black or African American

Resident of North Carolina?  Yes  No

White  
 Other: .....

Pregnancy status:  Yes  No

Current gestational age (weeks): .....

Patient Address: .....

City:..... County:..... State:.....

Phone number: .....

**Clinical:** Onset of illness: ...../...../..... Date of first consultation: ...../...../.....

Person is asymptomatic (Pregnant female with history of travel to affected area. Blood draw to occur between 2-12 weeks upon return to U.S.)

**Fever**  Y.....°F  N  U

**Rash**  Y  N  U

(Please describe)  maculopapular  puritic  
 Other.....

**Conjunctivitis**  Y  N  U

**Arthralgia**  Y  N  U

**Headache**  Y  N  U

**Myalgia**  Y  N  U

Other\*.....

\*Note – Atypical disease manifestations may include Guillain-Barre syndrome.

### For Male patients only:

**Dysuria**  Y  N  U

**Hematospermia** (Blood in ejaculate/semen)  Y  N  U

Emergency Department Visit:  Yes  No ED Name:..... Date .....

Hospitalized:  Yes  No Hospital:..... Admit Date: .....

Discharge Date: .....

Patient died of this illness:  Yes  No Date of Death:.....

## Immunization Status:

Has this person ever received vaccination for:

**Yellow Fever**  Y  N  U

**Japanese Encephalitis**  Y  N  U

**Laboratory:** Test results pending:  Yes  No ---  CDC  NC SLPH  Commerical lab --- Date submitted:.....

Zika: ...../...../.....  culture pos  PCR pos  IgM.....  IgG.....  
(Specimen collection date) (Laboratory) (EIA or IFA result) (EIA or IFA results)

Chikungunya: ...../...../.....  culture pos  PCR pos  IgM.....  IgG.....  
(Specimen collection date) (Laboratory) (EIA or IFA result) (EIA or IFA results)

Dengue: ...../...../.....  culture pos  PCR pos  IgM.....  IgG.....  
(Specimen collection date) (Laboratory) (EIA or IFA result) (EIA or IFA results)

...../...../.....  culture pos  PCR pos  IgM.....  IgG.....  
(Other) (Specimen collection date) (Laboratory) (EIA or IFA result) (EIA or IFA results)

...../...../..... .....  
(Other) (Specimen collection date) (Laboratory) (Results)

...../...../..... .....  
(Other) (Specimen collection date) (Laboratory) (Results)

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**Travel History:**

Is there a travel history:

In the last 2 weeks before onset of illness for symptomatic persons?  Yes  No  N/A

In the last 2 - 12 weeks for asymptomatic pregnant woman?  Yes  No  N/A

Places visited: .....  
( Country/State/City) (example: Mexico, Jalisco, Peurto Vallarta)

Dates of travel: ...../...../..... to ...../...../.....

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**Maternal Health** (Please complete if case being reported is pregnant)

Exposure during which trimester:  1st  2nd  3rd

Was woman symptomatic for disease?  Yes  No

Was there a fetal an ultrasound performed?  Yes  No

Was there a fetal abnormality noted on ultrasound?  Yes  No Date of ultrasound: .....

Abnormality noted:  microcephaly; biparietal diameter = .....cm  
 intracranial calcifications  
 other (describe) .....

Was there an amniocentesis performed?  Yes  No

Was there an abnormal amniocentesis?  Yes  No

Abnormality noted: .....

Notes:

.....  
.....  
.....

**Infant** (Please complete if case being reported is infant) Gestational age at time of exposure: .....

Was the mother symptomatic for Zika virus during pregnancy?  Yes  No

Did the mother test positive for Zika virus during pregnancy?  Yes  No

Give Details if Known: .....

Was there a fetal abnormality noted on ultrasound prior to birth?  Yes  No

Gestational age at time of ultrasound: .....

Abnormality noted:  microcephaly; Head circumference = .....cm  
 intracranial calcifications  
 other (describe)

Was there an amniocentesis performed prior to birth?  Yes  No

Was there an abnormal amniocentesis prior to birth?  Yes  No

Abnormality noted: .....

Notes:

.....  
.....  
.....

**Reporting Physician/Agency**

Submitter name: ..... Title: ..... Phone number: .....

Reporting Practice: ..... Physician: .....

Address: .....

Phone number: ..... Fax number: .....

**For DPH/local health department only:**

Date submitted to Public Health: .....

Name of Communicable Disease Branch Staff approving testing: .....

Notes:

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.....  
.....

NC DPH Date reported in Arbonet: ...../...../.....

## **Zika Virus**

### **Information to Discuss with Persons being Evaluated for Zika Virus Infection**

The following information should be discussed with persons who have been approved for Zika virus testing. Given the uncertainty concerning Zika virus transmission, issuance of formal control measures is not recommended.

#### **Mosquito avoidance:**

The mosquitoes responsible for most Zika virus transmission are not believed to be widespread in North Carolina. However, we still advise you to use personal protective measures to avoid exposure to mosquitoes. These measures include:

- Avoiding outdoor exposure when mosquitos are most active. The mosquitos that transmit Zika virus are aggressive daytime biters, so always use personal preventive measures to prevent bites at all times of day.
- Using personal preventive measures, such as wearing insect repellent and covering up.  
(More information at <http://www.cdc.gov/features/stopmosquitoes/>).
- Reducing breeding sites for mosquitoes in your yard. Get rid of outside containers that can hold water. For items where water cannot be drained, check your local hardware store for products to kill mosquito larvae and follow label directions.  
(More information at [http://epi.publichealth.nc.gov/cd/arbo/mosquito\\_fs.pdf](http://epi.publichealth.nc.gov/cd/arbo/mosquito_fs.pdf).)

#### **Additional prevention measures:**

- There have been isolated reports of sexual transmission from men with Zika virus. Until more information is available, CDC and North Carolina Public Health recommend the following:
  - Men who reside in or have traveled to an area of active Zika virus transmission who have a pregnant partner should abstain from sexual activity or consistently and correctly use condoms during sex (i.e., vaginal intercourse, anal intercourse, or fellatio) for the duration of the pregnancy.
  - Men who reside in or have traveled to an area of active Zika virus transmission and have nonpregnant sex partners might consider abstaining from sexual activity or using condoms consistently and correctly during sex until more is known about persistence of virus in semen and factors associated with sexual transmission.
- There have also been rare reports of Zika virus being spread through blood transfusion. To prevent this, we recommend that you refrain from donating or selling any blood products until symptoms have resolved and until 28 days after travel to an area with ongoing transmission.
- Finally, remember that aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs), like ibuprofen and naproxen, should be avoided until dengue can be ruled out to reduce the risk of bleeding.