



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:/...../.....

Fever°F Rash (Please describe) maculopapular puritic Other.....

Conjunctivitis Arthralgia Headache Myalgia Other*.....

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

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:.....

Laboratory: Test results pending: Yes No --- CDC NC SLPH Commercial 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 result)

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

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

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

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

Travel History:

Is there a travel history in the last 2 weeks before onset of illness? Yes No

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

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

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 abnormality noted on ultrasound? Yes No

Abnormality noted: microcephaly; Head circumference =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:

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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:

Notes:

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

