State of California—Health and Human Services Agency

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Infectious Diseases Branch
Surveillance and Statistics Section
MS 7306, P.O. Box 997377
Sacramento, CA 95899-7377

Local ID Number: _____

ZIKA
CASE REPORT

PATIENT INFORMATION

Last Name	*First Name*	*Middle Name*	*Suffix*

Social Security Number (9 digits)	*DOB (mm/dd/yyyy)*	*Age*	☐ Years ☐ Months ☐ Days

Address Number & Street – Residence	*Apartment / Unit Number*

City / Town	*State*	*Zip Code*

Census Tract	*County of Residence*	*Country of Residence*

Country of Birth	*If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)*

Home Telephone	*Cellular Phone / Pager*	*Work / School Telephone*

E-mail Address	*Other Electronic Contact Information*

Work / School Location	*Work / School Contact*

Gender
☐ Female ☐ Trans female / transwoman ☐ Genderqueer or non-binary ☐ Unknown
☐ Male ☐ Trans male / transman ☐ Identity not listed ☐ Declined to answer

Pregnant? ☐ Yes ☐ No ☐ Unknown	*If Yes, Est. Delivery Date (mm/dd/yyyy)*

Medical Record Number	*Patient's Parent/Guardian Name*

Occupation Setting (see list on page 10)	*Other Describe/Specify*

Occupation (see list on page 10)	*Other Describe/Specify*

Primary Language
☐ English
☐ Spanish
☐ Other: _____

Ethnicity (check one)
☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino
☐ Unknown

Race(s)
(check all that apply, race descriptions on page 9)

The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

☐ American Indian or Alaska Native

☐ Asian *(check all that apply, see list on page 9)*
- ☐ Asian Indian
- ☐ Bangladeshi
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other: _____

☐ Black or African-American

☐ Native Hawaiian or Other Pacific Islander *(check all that apply, see list on page 9)*
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Fijian
- ☐ Tongan
- ☐ Guamanian
- ☐ Other: _____

☐ White

☐ Other: _____

☐ Unknown

ADDITIONAL PATIENT DEMOGRAPHICS

Sex Assigned at Birth
☐ Female ☐ Unknown
☐ Male ☐ Declined to answer

Sexual Orientation
☐ Heterosexual or straight ☐ Questioning, unsure, or patient doesn't know ☐ Declined to answer
☐ Gay, lesbian, or same-gender loving ☐ Orientation not listed ☐ Unknown
☐ Bisexual

CLINICAL INFORMATION

Physician Name - Last Name	*First Name*	*Telephone Number*

First three letters of patient's last name: | | | |

SIGNS AND SYMPTOMS

Symptomatic? ☐ Yes ☐ No ☐ Unknown	*Onset Date (mm/dd/yyyy)*	*Date First Sought Medical Care (mm/dd/yyyy)*

Signs / Symptoms	Yes	No	Unk	If Yes, Specify as Noted	Signs / Symptoms	Yes	No	Unk	If Yes, Specify as Noted
Fever				*Highest temperature (specify °F/°C)*	Diarrhea				*Details*
Rash				*Description of rash*	Chills				*Details*
Conjunctivitis				*Details*	Cough				*Details*
Joint pain				*Joint(s)*	Abdominal pain				*Details*
Muscle pain				*Details*	Fatigue				*Details*
Headache				*Details*	Bloody semen				*Details*
Nausea or vomiting				*Details*	Oral ulcers				*Details*

Other symptoms (specify)

GUILLAIN-BARRE SYNDROME

*Does patient have suspected **Guillain-Barre Syndrome** or **weakness**?* ☐ Yes ☐ No ☐ Unknown	*If Yes, please complete questions in this section.*

Signs / Symptoms	Yes	No	Unk	If Yes, Specify as Noted	
Weakness				*Is it symmetric?* ☐ Yes ☐ No ☐ Unknown	*Is it progressive?* ☐ Yes ☐ No ☐ Unknown
Paralysis				*Details*	
Diminished reflexes				*Details*	

Date of Lumbar Puncture (mm/dd/yyyy)	*CSF Protein (highest)*	*CSF White Blood Cell Count (highest)*
Date of Onset of Neurologic Symptoms (mm/dd/yyyy)		

Other Potential causes of Guillain-Barré Syndrome (check all that apply)	*Date of Symptom Onset / Vaccine (mm/dd/yyyy)*
☐ Vaccine: _____ ☐ Other febrile illness: _____ ☐ Diarrheal illness: _____ ☐ Other: _____	

NEWBORN PATIENT INFORMATION

Is patient a newborn? ☐ Yes ☐ No ☐ Unknown	*If Yes, please complete questions in this section.*
Transmission Mode ☐ Perinatal ☐ Transplacental	*Vital Status* ☐ Live birth ☐ Fetal loss ☐ Born alive and died ☐ Unknown *(If fetal loss, please attach any autopsy results and/or tissue studies)*

Signs / Symptoms	Yes	No	Unk	If Yes, Specify as Noted
Microcephaly				*Details*
Intracranial calcifications				*Details*
Newborn hearing screen abnormal				*Details*
Newborn eye exam abnormal				*Details*

(continued on page 3)

First three letters of patient's last name: | | | |

NEWBORN PATIENT INFORMATION (continued)

Brain Imaging Results	Eye Examination Findings

Gestational Age at Birth (weeks)	Dating by: ☐ Obstetrical estimate ☐ Last menstrual period ☐ Ultrasound ☐ Newborn examination

Head Circumference at Birth	Length at Birth	Birthweight
_____ cm _____ percentile	_____ cm _____ percentile	_____ grams _____ percentile

Maternal History	Did mother experience symptoms of Zika during pregnancy? ☐ Yes ☐ No ☐ Unknown		
	Was mother tested for Zika virus? ☐ Yes ☐ No ☐ Unknown	If Yes, enter test results	If Yes, did mother test positive for Zika virus? ☐ Yes ☐ No ☐ Unknown

PREGNANT PATIENT INFORMATION

Is patient pregnant? ☐ Yes ☐ No ☐ Unknown	If Yes, please complete questions in this section.	
Has a fetal ultrasound been performed? ☐ Yes ☐ No ☐ Unknown (If Yes, please attach all ultrasound reports)	Date of Ultrasound (mm/dd/yyyy)	Gestational Age at Ultrasound (weeks)
	Fetal Ultrasound Results ☐ Normal ☐ Intracranial calcifications ☐ Microcephaly ☐ Other findings: _____	

Name of Planned Delivery Hospital	Medical Record Number (if available)

If pregnancy ended in fetal loss, specify:
☐ Terminated ☐ Stillbirth ☐ Miscarriage ☐ Unknown

PAST MEDICAL HISTORY

Has the patient been previously diagnosed with dengue? ☐ Yes ☐ No ☐ Unknown	Date of Diagnosis (mm/dd/yyyy)
Has the patient been vaccinated for yellow fever? ☐ Yes ☐ No ☐ Unknown	Has the patient been vaccinated for Japanese encephalitis virus? ☐ Yes ☐ No ☐ Unknown

Has the patient had a pregnancy complicated by suspected Zika infection? ☐ Yes ☐ No ☐ Unknown Please attach related results including MRI/CT scan, autopsy results.	If Yes, specify complications (check all that apply)		
	☐ Fetal loss	☐ Microcephaly	☐ Positive test for Zika infection
	☐ Perinatal death	☐ Intracranial calcifications	☐ Fetus with central nervous system malformation (disorder)
	☐ Live birth	☐ Fetal growth abnormality	☐ Other (specify): _____

HOSPITALIZATION

Did patient visit emergency room for illness? ☐ Yes ☐ No ☐ Unknown	Was patient hospitalized? ☐ Yes ☐ No ☐ Unknown	If Yes, how many total hospital nights?

If there were any ER visits or hospital stays related to this illness, specify details below. Include hospital where delivery occurred for all infants and post-partum patients.

HOSPITALIZATION - DETAILS

Hospital Name 1	Street Address			Admission Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis

Hospital Name 2	Street Address			Admission Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis

OUTCOME

Outcome?	If Survived,	Date of Death (mm/dd/yyyy)
☐ Survived ☐ Died ☐ Unknown	Survived as of _____(mm/dd/yyyy)	

LABORATORY INFORMATION

LABORATORY RESULTS SUMMARY

Specimen Type 1

☐ Serum
☐ Urine
☐ CSF
☐ Umbilical cord blood
☐ Amniotic fluid
☐ Other:_____

Laboratory Type
☐ State PH lab ☐ Local PH lab ☐ Commercial lab ☐ CDC lab ☐ Blood bank lab ☐ Other (specify):_____

Type of Test
☐ PCR ☐ ELISA-IgM ☐ IFA-IgM ☐ NAT (blood bank) ☐ PRNT ☐ Other (specify):_____

Interpretation	Arbovirus Tested
☐ Positive ☐ Equivocal ☐ Negative ☐ Indeterminate	☐ Chikungunya ☐ Saint Louis encephalitis ☐ Zika ☐ Dengue ☐ West Nile

Collection Date (mm/dd/yyyy)	Results

Laboratory Name	Telephone Number

Specimen Type 2

☐ Serum
☐ Urine
☐ CSF
☐ Umbilical cord blood
☐ Amniotic fluid
☐ Other:_____

Laboratory Type
☐ State PH lab ☐ Local PH lab ☐ Commercial lab ☐ CDC lab ☐ Blood bank lab ☐ Other (specify):_____

Type of Test
☐ PCR ☐ ELISA-IgM ☐ IFA-IgM ☐ NAT (blood bank) ☐ PRNT ☐ Other (specify):_____

Interpretation	Arbovirus Tested
☐ Positive ☐ Equivocal ☐ Negative ☐ Indeterminate	☐ Chikungunya ☐ Saint Louis encephalitis ☐ Zika ☐ Dengue ☐ West Nile

Collection Date (mm/dd/yyyy)	Results

Laboratory Name	Telephone Number

Specimen Type 3

☐ Serum
☐ Urine
☐ CSF
☐ Umbilical cord blood
☐ Amniotic fluid
☐ Other:_____

Laboratory Type
☐ State PH lab ☐ Local PH lab ☐ Commercial lab ☐ CDC lab ☐ Blood bank lab ☐ Other (specify):_____

Type of Test
☐ PCR ☐ ELISA-IgM ☐ IFA-IgM ☐ NAT (blood bank) ☐ PRNT ☐ Other (specify):_____

Interpretation	Arbovirus Tested
☐ Positive ☐ Equivocal ☐ Negative ☐ Indeterminate	☐ Chikungunya ☐ Saint Louis encephalitis ☐ Zika ☐ Dengue ☐ West Nile

Collection Date (mm/dd/yyyy)	Results

Laboratory Name	Telephone Number

LABORATORY RESULTS SUMMARY - OTHER

Hematology	Date Collected (mm/dd/yyyy)	WBC	HCT	Hb	Platelets
☐ Yes ☐ No ☐ Unknown					

Other laboratory diagnostics performed (e.g., IHC, virus isolation)?	If Yes, describe
☐ Yes ☐ No ☐ Unknown	

First three letters of patient's last name: | | | |

EPIDEMIOLOGIC INFORMATION

ZIKA CONDITION CODE

Zika Condition Code

☐ Congenital Zika virus disease (symptomatic)

☐ Non-congenital Zika virus disease (symptomatic)

INCUBATION PERIOD: UP TO 14 DAYS BEFORE ILLNESS ONSET

BLOOD AND ORGAN DONATION (Please attach the Report of Zika Virus Positive Blood Donor form)

*Did patient **donate blood** during the incubation period?* ☐ Yes, Date: _____ ☐ No ☐ Unknown	*Did patient **donate an organ** during the incubation period?* ☐ Yes, Date: _____ ☐ No ☐ Unknown
*Did patient **receive a blood transfusion** during the incubation period?* ☐ Yes, Date: _____ ☐ No ☐ Unknown	*Did patient **receive an organ** transplant during the incubation period?* ☐ Yes, Date: _____ ☐ No ☐ Unknown

TRAVEL HISTORY

*Did patient travel **outside of county of residence** during the incubation period?* ☐ Yes ☐ No ☐ Unknown	*Has the patient traveled **outside of California** during the incubation period?* ☐ Yes ☐ No ☐ Unknown
*Has the patient traveled **outside the U.S.** during the incubation period?* ☐ Yes ☐ No ☐ Unknown	*If Yes for any of these questions, specify all locations and dates below.*

TRAVEL HISTORY – DETAILS

Travel Type	State	Country	Other location details (city, resort, etc.)	Date Travel Started *(mm/dd/yyyy)*	Date Travel Ended *(mm/dd/yyyy)*
☐ Domestic ☐ Unknown ☐ International					
☐ Domestic ☐ Unknown ☐ International					
☐ Domestic ☐ Unknown ☐ International					

EXPOSURES / RISK FACTORS – MOSQUITO BITE

Did patient recall any mosquito bites during the incubation period? ☐ Yes ☐ No ☐ Unknown	*If Yes, specify all locations and dates below.*

BITE HISTORY - DETAILS

Location (city, county, state, country)	Date Mosquito Bite (mm/dd/yyyy)

EXPOSURES / RISK FACTORS – SEXUAL HISTORY

Has the patient had any unprotected (condomless) oral, vaginal, or anal sex in the 6 months prior to Zika diagnosis? ☐ Yes ☐ No ☐ Unknown	*If No, skip to "Other Suspected Exposures"*
Does the patient have any of the following:	
One or more sex partner(s) who has tested positive for Zika virus? ☐ Yes ☐ No ☐ Unknown	*One or more sex partner(s) with symptoms of Zika virus without another reason for those symptoms?* ☐ Yes ☐ No ☐ Unknown
Suspected sexually-acquired Zika infection? ☐ Yes ☐ No ☐ Unknown	
If Yes to any of the above, please contact CDPH to complete the supplemental sexual history form.	

First three letters of patient's last name: | | | |

EXPOSURES / RISK FACTORS – OTHER SUSPECTED EXPOSURES

Are any other exposures suspected? ☐ Yes ☐ No ☐ Unknown	*If Yes, specify other exposure details*	
	Date of Other Exposure (mm/dd/yyyy)	*Other Exposure Location*
Suspected local acquisition of Zika infection (i.e., no travel to any area with known Zika transmission)? ☐ Yes ☐ No ☐ Unknown	*If Yes, specify suspected local acquisition details*	
	Date of Suspected Local Acquisition (mm/dd/yyyy)	*Suspected Local Acquisition Location*

NOTES / REMARKS

REPORTING AGENCY

Investigator Name	*Local Health Jurisdiction*	*Telephone Number*	*Date (mm/dd/yyyy)*

First Reported By

☐ Clinician ☐ Laboratory ☐ Other (specify):_____

DISEASE CASE CLASSIFICATION

Case Classification (see case definition on page 7)

☐ Confirmed ☐ Probable

STATE USE ONLY

Case Classification

☐ Confirmed ☐ Probable ☐ Not a case ☐ Need additional information

CASE DEFINITION

ZIKA VIRUS DISEASE (2024)

(adapted from the 2024 CSTE case definition: https://ndc.services.cdc.gov/case-definitions/zika-virus-disease/)

SUBTYPES

Congenital Zika Virus Disease
Non-congenital Zika Virus Disease

EPIDEMIOLOGIC LINKAGE

- Resided in or traveled to an area with a risk of Zika virus transmission in the 14 days before the onset of symptoms, in the 28 days before the onset of Guillain-Barré syndrome, or during pregnancy; **OR**
- Laboratory exposure to Zika virus before onset of symptoms or during pregnancy; **OR**
- Receipt of blood, blood products, organ transplant, or tissue transplant within 30 days of symptom onset or during pregnancy from a person who has either been diagnosed with Zika virus infection or returned from traveling to an area with risk of Zika virus transmission; **OR**
- Sexual contact, within 14 days of symptom onset or during pregnancy, with a person who in the last 90 days has either been diagnosed with Zika virus infection or has returned from traveling to an area with a risk of Zika virus transmission.

CRITERIA TO DISTINGUISH A NEW CASE FROM AN EXISTING CASE

A person not previously enumerated as a case that meets the confirmed or probable case classification.

Note: Infection with Zika virus is expected to provide lifelong immunity. However, in persons who are severely immunocompromised, viral persistence following infection may occur, which can lead to persistent disease. Immunocompromised individuals may also be vulnerable to reinfection with Zika virus.

CONGENITAL ZIKA VIRUS DISEASE

CLINICAL CRITERIA

To meet the clinical criteria for congenital Zika virus disease, the liveborn infant must not have an identified genetic or other cause for the findings, including a positive test for another likely etiology†, and should have one or more of the following brain or eye anomalies or neurological sequelae specific for congenital Zika virus disease and typically identifiable in the neonatal period:

- Microcephaly (occipital frontal circumference >2 standard deviations below the mean for age and sex) at birth or postnatal onset,
- cortical hypoplasia or abnormal gyral patterns (polymicrogyria, lissencephaly, heterotopia),
- increased volume of cerebrospinal fluid (CSF) (hydrocephalus ex vacuo, unspecified hydrocephalus, ventriculomegaly) due to loss of brain parenchyma,
- intracranial calcifications (most commonly between the cortex and subcortex),
- congenital contractures of major joints (arthrogryposis) associated with structural brain anomalies,
- congenital paralysis of the diaphragm associated with structural brain anomalies,
- corpus callosum agenesis/hypoplasia,
- cerebellar hypoplasia,
- scarring of the macula with coarse deposits of pigment in the retina (focal retinal pigmentary mottling), **OR**
- other structural eye anomalies (microphthalmia, cataracts, chorioretinal atrophy, optic nerve hypoplasia).

†**Other clinical considerations for congenital Zika virus disease**: Among congenital infections, cytomegalovirus infection has clinical findings most consistent with Zika virus infection and should be ruled out by diagnostic testing. While other infectious etiologies (e.g., rubella virus, varicella zoster virus, herpes simplex virus, lymphocytic choriomeningitis virus, Toxoplasma gondii, or Treponema pallidum) have clinical findings less consistent with congenital Zika virus disease, testing for these infections should be considered as part of the complete evaluation for congenital disease.

LABORATORY CRITERIA

Confirmatory laboratory evidence

- Detection of Zika virus, viral antigen, or viral RNA in infant CSF, blood, urine, or postmortem tissue‡; **OR**
- Detection of anti-Zika virus IgM antibodies in infant CSF or blood‡, with positive anti-Zika virus-specific neutralizing antibody titers.

Presumptive laboratory evidence

- Detection of Zika virus, viral antigen, or viral RNA in amniotic fluid, placenta, umbilical cord, or cord blood‡; **OR**
- Detection of anti-Zika virus IgM antibodies in infant CSF or blood, collected within 4 weeks after birth, with no neutralizing antibody testing performed.

Note: The categorical labels used here to stratify laboratory evidence are intended to support the standardization of case classifications for public health surveillance. The categorical labels should not be used to interpret the utility or validity of any laboratory test methodology.
‡To prevent misclassifying postnatal Zika virus infections as congenital cases, in Zika virus endemic areas specimens should be collected within 4 weeks after birth.

(continued on page 8)

CASE DEFINITION (continued)

CASE CLASSIFICATION

Probable

- Meets the clinical criteria for congenital Zika virus disease, **AND**
- Meets presumptive laboratory criteria for congenital Zika virus disease, **AND**
- Whose gestational parent meets:
  - epidemiologic linkage criteria, **OR**
  - confirmatory laboratory criteria for non-congenital Zika virus disease during this pregnancy.

Confirmed

- Meets the clinical criteria for congenital Zika virus disease, **AND**
- Meets confirmatory laboratory criteria for congenital Zika virus disease, **AND**
- Whose gestational parent meets:
  - epidemiologic linkage criteria, **OR**
  - confirmatory laboratory criteria for non-congenital Zika virus disease during this pregnancy.

NON-CONGENITAL ZIKA VIRUS DISEASE

CLINICAL CRITERIA

To meet the clinical criteria for non-congenital Zika virus disease, the person should have one or more of the following not explained by another etiology.

- Acute onset of one or more of the following symptoms: fever (measured or reported), generalized rash, arthralgia, or non-purulent conjunctivitis,
- Guillain-Barré syndrome,
- Loss of a fetus at greater or equal to 20 weeks gestation.

LABORATORY CRITERIA

Confirmatory laboratory evidence

- Detection of Zika virus, viral antigen, or viral RNA in a body fluid or tissue; **OR**
- Detection of anti-Zika virus IgMnm antibodies in blood or CSF, with positive Zika virus-specific neutralizing antibody titers and negative neutralizing antibody titers against dengue or other flaviviruses endemic to the region where exposure occurred

Presumptive laboratory evidence

- Detection of anti-Zika virus IgM antibodies in blood or CSF with a negative anti-dengue virus IgM antibody test in the same specimen with no neutralizing antibody testing performed; **OR**
- Four-fold or greater rise in anti-Zika virus-specific neutralizing antibody titers in paired blood specimens; **OR**
- In the setting of a Zika virus outbreak with minimal circulation of other endemic flaviviruses, detection of anti-Zika virus IgM antibodies in blood or CSF.

Note: If Zika and dengue virus IgM antibodies are detected and neutralizing antibodies are unable to differentiate flaviviruses, consider reporting as Flavivirus disease, not otherwise specified (See ArboNET Surveillance Guide).

CASE CLASSIFICATION

Probable

Meets the epidemiologic linkage criteria, and clinical and presumptive laboratory criteria for non-congenital Zika virus disease.

Confirmed

Meets the epidemiologic linkage criteria, and clinical and confirmatory laboratory criteria for non-congenital Zika virus disease.

COMMENT

Rule Out Dengue

The differential diagnosis of Zika virus infection varies based on place of residence, travel history, and exposures. Zika, dengue and chikungunya viruses are transmitted by the same mosquitoes and have similar clinical features. These three viruses can circulate in the same area and can cause occasional co-infections in the same patient. Zika virus is more likely to cause fever with maculopapular rash, arthralgia, or conjunctivitis, chikungunya virus infection is more likely to cause high fever, severe arthralgia, arthritis, rash, and lymphopenia, while dengue virus infection is more likely to cause neutropenia, thrombocytopenia, hemorrhage, shock, and death. Zika and dengue viruses are closely related flaviviruses and antibodies to one virus can cross-react to the other in serological testing. It is important to rule out dengue virus infection because proper clinical management of dengue can improve outcome.

First three letters of patient's last name: | | | |

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in **any** of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa.

ASIAN GROUPS

- Bangladeshi
- Bhutanese
- Burmese
- Cambodian
- Chinese
- Filipino
- Hmong
- Indian
- Indonesian
- Iwo Jiman
- Japanese
- Korean
- Laotian
- Madagascar
- Malaysian
- Maldivian
- Nepalese
- Okinawan
- Pakistani
- Singaporean
- Sri Lankan
- Taiwanese
- Thai
- Vietnamese

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER GROUPS

- Carolinian
- Chamorro
- Chuukese
- Fijian
- Guamanian
- Kiribati
- Kosraean
- Mariana Islander
- Marshallese
- Melanesian
- Micronesian
- Native Hawaiian
- New Hebrides
- Palauan
- Papua New Guinean
- Pohnpeian
- Polynesian
- Saipanese
- Samoan
- Solomon Islander
- Tahitian
- Tokelauan
- Tongan
- Yapese

First three letters of patient's last name: | | | |

OCCUPATION SETTING

- Childcare/Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

OCCUPATION

- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory/seasonal worker
- Agriculture - other/unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other/unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - waiter or waitress
- Food service - other/unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - registered nurse
- Medical - other/unknown
- Military - officer
- Military - recruit or trainee
- Protective service - police officer
- Protective service - other
- Professional, technical, or related profession
- Retired
- Sex worker
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high (secondary) school
- Student - college or university
- Student - other/unknown
- Teacher/employee - preschool or kindergarten
- Teacher/employee - elementary or middle school
- Teacher/employee - high (secondary) school
- Teacher/instructor/employee - college or university
- Teacher/instructor/employee - other/unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other/unknown
- Other
- Refused
- Unknown