

Zika Case Supplemental Form



**To be filled out in conjunction with the
 CDPH Zika Case Report**

Patient Name (Last, First)	Date of Birth ____/____/____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	VCMR ID
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ADDITIONAL EPIDEMIOLOGIC RISK FACTORS (14 days before onset of illness)

TRAVEL HISTORY

Did you travel out of the country? Yes No Unk If Yes, complete table below.

Country of Travel	Dates Traveled		Areas or Neighborhood Visited
	From	To	
	____/____/____	____/____/____	
	____/____/____	____/____/____	

Reason for travel? (Check all that apply.) Business Vacation Visiting family Permanent residence Other: _____

Where did you stay during your travels? House Condo/Apartment Hotel Other (Specify) _____

Neighborhood? City/Urban Suburban Rural (countryside) Unk

Did the place have window screens? Yes No Unk

If Yes, Did the screens have holes or defects? Yes No Unk

Did the place you stayed have air conditioning? Yes No Unk

If Yes, How often did you use it instead of opening the windows? Always Most of the time Sometimes Rarely Never

Did this place have areas with stagnant water like ponds, bird baths, or pools? Yes No Unk If Yes, Specify. _____

MOSQUITO EXPOSURE AND PRECAUTIONS

Did you see mosquitoes...? Yes No Unk Were you bitten by mosquitoes? Yes No Unk

If Yes, Please describe when and where you saw or were bitten by mosquitoes. _____

Location: _____

Date of Exposure: ____/____/____

Estimate total hours spent outdoors: _____ per Day **OR** Week

Where did you spend most of your time outdoors? _____

Did this place have areas with stagnant water like ponds, bird baths, lakes or pools? Yes No Unk

If Yes, Specify. _____

Did you do anything to protect yourself from mosquito bites when you went outdoors for long periods of time (e.g. mosquito repellent, wear long sleeves or pants)? Yes No Unk

If Yes, Please describe. _____

Did you treat clothing and gear with permethrin or buy permethrin treated items? Yes No Unk

Where did you find information about how to protect yourself? Check all that apply.

Medical provider Social Media Television Word of mouth Internet News Other: Specify. _____

SEXUAL CONTACT

Did you have "unprotected" sexual contact with a person who lived or traveled to an area with Zika virus? Yes No Unk

If Yes, Specify where person traveled. _____ Dates of travel: ___/___/___ to ___/___/___

Was the person ill with Zika-like symptoms (fever, maculopapular rash, arthralgia, conjunctivitis)? Yes No Unk

If Yes, Specify onset of symptoms: ___/___/___

Was the person diagnosed with Zika Disease? Yes No Unk

How many sex partners did you have after your onset of illness? (Ask both questions regardless of the patient's gender.)

Number of male sex partners 0 1 2-5 >5 Unk

Number of female sex partners 0 1 2-5 >5 Unk

If any partners, Was the person ill with Zika-like symptoms (fever, maculopapular rash, arthralgia, conjunctivitis)? Yes No Unk

If Yes, Specify onset of symptoms: ___/___/___ (Use REMARKS section for details if more than 1 partner.)

Was the person diagnosed with Zika Disease? Yes No Unk

HOUSEHOLD CONTACT

Did any household members develop Zika-like symptoms (fever, maculopapular rash, arthralgia, conjunctivitis) after your onset of illness?

Yes No Unk

If Yes, Specify name(s). _____ Contact phone: () _____

Specify onset of symptoms: ___/___/___ Was the person diagnosed with Zika Disease? Yes No Unk

Did the person travel out of the country 14 days prior to onset? Yes No Unk

If Yes, Where and when? _____

Notify ACDC to assess whether Zika testing is appropriate.

REMARKS (Please explain any YES answers in Additional Epidemiologic Risk Factor section. Please sign your notes.)

INSTRUCTIONS FOR INVESTIGATOR

- Provide Preventive/Education per B-73.
- Emphasize the importance of the person to avoid mosquito bites for 1 week.
- Educate symptomatic males to consider using condoms or abstaining from sex for at least 6 months after onset of illness.
- Instruct case to notify ACDC/Investigator if any household members develop Zika-like symptoms in the next week.

Investigator's Name (print)	Date of Interview	Telephone Number ()
Agency Name		
