

Zika Case History Form

IMPORTANT NOTE: Healthcare providers fax to Contra Costa Public Health at (925) 313-6465.

Patient Demographics:

Last Name:		First Name:		Suffix:
DOB: ___/___/___	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Phone #:	
Address:		City:	Zip Code:	

Healthcare Provider Information:

Health Care Provider:		Facility:		
Address:		Suite:		
City:		State:	Zip Code:	
Telephone #:		Fax #:		
Laboratory Name:		City:		

Zika Virus Exposure Categories

(ONE or more of the exposures A, B, C, or D)

A) Traveled to OR resided in an area with local Zika virus transmission

Location:

Return/U.S. Entry Date: ___/___/___ (MM/DD/YYYY)

B) Sex (unprotected) with a partner who traveled to OR resided in an area with local Zika virus transmission

i) Last known date of unprotected sexual intercourse post-travel: _____

ii) Indicate partner travel history in section A (**Location AND dates must be provided**)

iii) Partner's Sex: Male Female

C) Receipt of blood or blood product within 30 days of symptom onset

Service Date: ___/___/___ (MM/DD/YYYY)

D) Organ transplant recipient within 30 days of symptom onset

Service Date: ___/___/___ (MM/DD/YYYY)

NEXT STEPS:

1) Collect paired specimen's (blood AND urine) ≤12 weeks after last exposure or symptom onset

2) Attach copy of completed form to lab slip for submittal to Contra Costa Public Health Laboratory

AND

Condition

(ONE or more of the conditions #1, #2 or #3)

1) Pregnant Woman

Est. Delivery Date: ___/___/___ (MM/DD/YYYY)

1a) Asymptomatic

1b) Symptomatic (complete #2)

OR

2) Symptomatic

Symptom Onset: ___/___/___ (MM/DD/YYYY)

2a) with ONE or more signs/symptoms:

Acute onset of fever (Temp: _____)

Maculopapular rash

Arthralgia

Conjunctivitis

Guillain-Barre syndrome

Other: _____

OR

3) Neonate/ Infant with Possible Congenital Zika Virus Infection

Encounter Date: ___/___/___ (MM/DD/YYYY)

3a) Microcephaly OR intracranial calcification

3b) Infants mother had a positive OR inconclusive Zika test

3c) Fetal loss in mother with compatible illness OR epidemiological risk factor

**** At least one exposure AND one condition **
required for testing**