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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Region/Province/Municipality  Name of Disease Reporting Unit: | | | | | | | | | | Type: Public Hospital Private Hospital  Patient No. | | | | | | | | | |
| Date Admission: | *MM* | *DD* | *YY* | | Name of the Investigator | | | | | | | | | | | | | | |
| Date of Investigation: | *MM* | *DD* | *YY* | | Email Address: | | | | | | | | | Contact Nos.: | | | | | |
| **I. PATIENT INFORMATION** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | Date of Birth: */* */*  Age: Sex:   * Days Female * Months Male * Years | | | | | |
| Last Name First Name Middle Name  Address:  Occupation:  Name of Workplace/School: | | | | | | | | | | | | | |
| **II. EXPOSURE AND TRAVEL HISTORY** | | | | | | | | | | | | | | | | | | | |
|  | | | | Y | | N | | Date | | | Details | | | | | | | | |
| 1. Has the patient travelled to a Zika fever endemic/epidemic area\* within the past 2 weeks? | | | |  | |  | | */* */* | | |  | | | | | | | | |
| 2. Has the mother travelled to a Zika fever endemic/epidemic area during pregnancy? | | | |  | |  | | */* */* | | |  | | | | | | | | |
| 3. Has the patient been in contact with a Zika fever case within the past 2 weeks? | | | |  | |  | | */* */* | | |  | | | | | | | | |
| 4. Has the patient received blood or blood products within the previous 30 days prior to symptom onset? | | | |  | |  | | */* */* | | |  | | | | | | | | |
| Places Visited: | | | | | Any Fever?  Y/N | | | | Arrival  MM / DD/ YYYY | | | Departure  MM / DD/ YYYY | | | Received Treatment?  Y/N | | | Specify: | |
| 1. | | | | |  | |  | | */* */* | | | */* */* | | |  |  | |  | |
| 2. | | | | |  | |  | | */* */* | | | */* */* | | |  |  | |  | |
| 3. | | | | |  | |  | | */* */* | | | */* */* | | |  |  | |  | |
| **III. CLINICAL DATA** | | | | | | | | | | | | | | | | | | | |
| **Clinical Features** | | | | **Y** | | **N** | | **Date of Onset**  MM / DD/ YYYY | | | **Clinical features** | | | | | **Y** | **N** | | **Date of Onset**  MM / DD/ YYYY |
| Fever+ | | | |  | |  | | */* */* | | | Tingling sensations in the legs+ | | | | |  |  | | */* */* |
| Skin Rash | | | |  | |  | | */* */* | | | Paralysis+ | | | | |  |  | | */* */* |
| Myalgia+ | | | |  | |  | | */* */* | | | Seizures | | | | |  |  | | */* */* |
| Asthenia (generalized weakness)+ | | | |  | |  | | */* */* | | | Back Pain | | | | |  |  | | */* */* |
| Arthralgia+ | | | |  | |  | | */* */* | | | Non-purulent Conjunctivitis | | | | |  |  | | */* */* |
| Arthralgia (joint pain) – Circle/list joints involved:  Hand: R | L Wrist R | L Foot: R | L Ankle: R | L | | | | | | | | | | | Retro-orbital Pain | | | | |  |  | |  |
| Lower Limb Edema | | | |  | |  | | */* */* | | | Abdominal Pain | | | | |  |  | | */* */* |
| Periarticular Edema | | | |  | |  | | */* */* | | | Diarrhea+ | | | | |  |  | | */* */* |
| Headache | | | |  | |  | | */* */* | | | Others (specify) | | | | |  | | | |
| +***Check the patient for signs and symptoms of Acute Flaccid Paralysis and Guillain-Barré Syndrome*** | | | | | | | | | | | | | | | | | | | |

***\*Countries and Territories with reported confirmed autochthonous cases of Zika Virus Infection in the past nine months***

American Samoa, Aruba, Bardados, Bolivia, Bonaire, Brazil, Cape Verde, Colombia, Costa Rica, Curacao, Dominican Republic, Ecuador, El Salvador, Fiji, French Guiana, Guadaloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Maldives, Mashall Islands, Martinique, Mexico, New Caledonia (France), Nicaragua, Panama, Paraguay, Puerto Rico, Philippines, Saint Martin, Saint Vincent and the Grenadines, Samoa, Sint Maarten, Solomon Islands, Suriname, Thailand, Tonga, Trinidad and Tobago, Vanuatu, Venezuela ,US Virgin Islands

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IV. LABORATORY INFORMATION** | | | | | | | | | | | | | | |
| **Sample Type** | **Date Collected** | | | **Date sent to testing lab** | | | **Date received in Lab** | | **Test Done** | | | | **Results** | |
| Blood (Acute phase) | */* */* | | | */* */* | | | */* */* | |  | | | |  | |
| Blood (Convalescent phase) | */* */* | | | */* */* | | | */* */* | |  | | | |  | |
| CSF | */* */* | | | */* */* | | | */* */* | |  | | | |  | |
| Amniotic Fluid samples (For pregnant women with fetal microcephaly) | */* */* | | | */* */* | | | */* */* | |  | | | |  | |
| Cord Blood | */* */* | | | */* */* | | | */* */* | |  | | | |  | |
| Placenta | */* */* | | | */* */* | | | */* */* | |  | | | |  | |
| Urine | */* */* | | | */* */* | | | */* */* | |  | | | |  | |
| NPS/OPS |  | | |  | | |  | |  | | | |  | |
| **V. DIAGNOSTIC INFORMATION** | | | | | | | | | | | | | | |
| **Test** | **Date performed** | | | **Date received** | | | **Result** | | **Comment** | | | | | |
| 1. Neuro-imaging study: | */* */* | | | */* */* | | |  | |  | | | | | |
| 2. Others: | */* */* | | | */* */* | | |  | |  | | | | | |
| **VI. ADDITIONAL CLINICAL FEATURES:** | | | | | | | | | | | | | | |
|  | | **Y** | **N** | | **Remarks** |  | | | | **Y** | | **N** | | **Remarks** |
| **1. Pregnant** | |  |  | |  | **5. Neonate/Infant abnormalities (specify)** | | | | | | | | |
| a. Gravidity | |  | | | | a. Head circumference at birth (in centimeters) | | | |  | | | | |
| b. Parity | |  | | | |
| b. Head circumference at birth < third percentile | | | |  | |  | |  |
| **2. Fetal abnormalities (specify)** | | | | | |
| a. Fetal Death in Utero | |  |  | |  | c. Head circumference 24 hours after birth: (in centimeters, to one decimal point) | | | |  | | | | |
| b. Microcephaly | |  |  | |  |
| c. Others | |  | | | | d. Head circumference 24 hours after birth < third percentile | | | |  | |  | |  |
| **3. Recent Vaccination** | |  |  | |  |
| e. Result of neuroimaging study (brain echography; MRI; CT): (with/without findings) | | | |  | |  | |  |
| a. If Yes, <6 weeks | |  |  | |  |
| b. >6 weeks | |  |  | |  |
| f. Does the newborn present any other congenital abnormality? | | | |  | |  | |  |
| c. Type of Vaccine given | |  | | | |
| Date given: | | */* */* | | | | g. In the case of a stillbirth or live newborn that dies within the first hours after birth: Was an autopsy performed? | | | |  | |  | |  |
| d. Adverse Reaction | |  |  | |  |
| Date onset: | | */* */* | | | |
| **4. Anthropometric Measurement** | | | | | | **VII. FINAL CASE CLASSIFICATION**: | | | | | | | | |
| Length: | | | | | | **Suspected Case** | | **Confirmed Case** | | | | **Discarded Case** | | |
| Weight: | | | | | | * Imported | | * Imported | | | | * Yes | | |
| Chest Circumference: | | | | | | * Autochthonous | | * Autochthonous | | | | * No | | |
| Apgar Score: | | | | | | **VIII. OUTCOME** | | | | | | | | |
| Ballard Score: | | | | | | * Alive | | | | | * Died | | | |
| Age of Gestation (AOG): | | | | | | *Date Discharged:* */* */* | | | | | *Date Died:* */* */* | | | |