



Region/Province/Municipality	Type: <input type="checkbox"/> Public Hospital <input type="checkbox"/> Private Hospital
Name of Disease Reporting Unit:	Patient No. _____

Date Admission:	<u>MM</u>	<u>DD</u>	<u>YY</u>	Name of the Investigator	
Date of Investigation:	<u>MM</u>	<u>DD</u>	<u>YY</u>	Email Address:	Contact Nos.:

I. PATIENT INFORMATION	
Last Name _____ First Name _____ Middle Name _____ Address: _____ Occupation: _____ Name of Workplace/School: _____	Date of Birth: ____/____/____ Age: _____ Sex: _____ <input type="checkbox"/> Days <input type="checkbox"/> Female <input type="checkbox"/> Months <input type="checkbox"/> Male <input type="checkbox"/> Years

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?	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
2. Has the mother travelled to a Zika fever endemic/epidemic area during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
3. Has the patient been in contact with a Zika fever case within the past 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
4. Has the patient received blood or blood products within the previous 30 days prior to symptom onset?	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	

Places Visited:	Any Fever? Y/N	Arrival MM / DD/ YYYY	Departure MM / DD/ YYYY	Received Treatment? Y/N	Specify:
1.	<input type="checkbox"/> <input type="checkbox"/>	____/____/____	____/____/____	<input type="checkbox"/> <input type="checkbox"/>	
2.	<input type="checkbox"/> <input type="checkbox"/>	____/____/____	____/____/____	<input type="checkbox"/> <input type="checkbox"/>	
3.	<input type="checkbox"/> <input type="checkbox"/>	____/____/____	____/____/____	<input type="checkbox"/> <input type="checkbox"/>	

III. CLINICAL DATA							
Clinical Features	Y	N	Date of Onset MM / DD/ YYYY	Clinical features	Y	N	Date of Onset MM / DD/ YYYY
Fever*	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	Tingling sensations in the legs*	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____
Skin Rash	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	Paralysis*	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____
Myalgia*	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____
Asthenia (generalized weakness)*	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	Back Pain	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____
Arthralgia*	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	Non-purulent Conjunctivitis	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____
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	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	Abdominal Pain	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____
Periarticular Edema	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	Diarrhea*	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____
Headache	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	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, Marshall 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 Island



Philippine Integrated Disease  
Surveillance and Response

Annex B. Case Investigation Form

## **Zika Virus Disease**

(ICD 10 Code: U06.9)

Version 2016

