

ZIKA CASE INVESTIGATION FORM

(Do not use for Congenital Zika cases)



NCIMS ID:	Date of notification: ___/___/___	Date of interview: ___/___/___
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DEMOGRAPHIC DETAILS

First Name:	Surname:	DOB:
Address:	Suburb:	Postcode:
Phone (home):	Phone (mobile):	Email:
Indigenous status: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither	Country of birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other:	Language: <input type="checkbox"/> English <input type="checkbox"/> Other:
Interpreter required for case interview: <input type="checkbox"/> Yes <input type="checkbox"/> No Job Number:		

LABORATORY EVIDENCE *

1. Isolation of Zika virus by culture 'Zika virus culture'	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specimen type: <input type="checkbox"/> Serum <input type="checkbox"/> Other:	Collection date: ___/___/___
2. Detection of Zika virus by nucleic acid testing (PCR) 'Zika virus PCR'	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specimen type: <input type="checkbox"/> Serum <input type="checkbox"/> Other:	Collection date: ___/___/___
3. Detection of Zika antibody in serum ** 'Zika virus IgM/IgG antibody IA'	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sample 1: Collection date: ___/___/___ <input type="checkbox"/> IgM detected Titre: _____ <input type="checkbox"/> IgG detected Titre: _____	Sample 2: Collection date: ___/___/___ <input type="checkbox"/> IgM detected Titre: _____ <input type="checkbox"/> IgG detected. Titre: _____
4. Detection of Zika IgM antibody in cerebrospinal fluid 'Zika virus IgM antibody IA'	<input type="checkbox"/> Yes <input type="checkbox"/> No	Results: <input type="checkbox"/> Zika IgM detected.	Assessment: <input type="checkbox"/> No significant changes <input type="checkbox"/> IgG seroconversion <input type="checkbox"/> Significant rise in Ab <input type="checkbox"/> x4 or greater rise in IgG
5. Specimen(s) sent to arbovirus reference lab (ICPMR or QHFSS) for parallel testing or confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date sent: ___/___/___			

Note: * Confirmation of the result by an arbovirus reference laboratory is recommended.

** If ZIKV-specific IgG was initially negative and subsequent testing greater than 4 weeks after exposure fails to demonstrate seroconversion the case should be excluded. Refer to the Confirmed or Probable case definitions (see page 3).

CLINICAL EVIDENCE

6. Did the person have symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Symptom onset date: ___/___/___	Duration of symptoms: _____ (days)
Arthralgia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meningoencephalitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conjunctivitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Myalgia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin rash	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Fever onset date	___/___/___	- Rash onset date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Highest temperature	_____ °C	- Rash details:	
Guillain-Barre syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PREGNANCY / INFANT BIRTH DETAILS

7. Is the person currently pregnant or was she pregnant during the illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If Yes – Currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
OR Pregnant during illness but not currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gestational age:	_____ weeks
Expected delivery date:	___/___/___
Delivery date:	___/___/___
Gestational age of baby at delivery:	_____ weeks
Baby alive?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

ISOLATION / CONTROL MEASURES

8. Was the person advised to restrict movement? (i.e. defer travel to Zika-receptive areas of Queensland while viraemic)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
- Isolation notes:	

EVENT OUTCOME

9. Was the person hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
10. Outcome:	<input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown	Date of death: / / (if applicable)
11. Place of disease acquisition	<input type="checkbox"/> Outside of Australia <input type="checkbox"/> In Australia, outside of NSW* <input type="checkbox"/> In NSW* <input type="checkbox"/> Unknown	
12. Country of disease acquisition	(Regions can also be selected, e.g. South-East Asia)	

** Note: If a case is believed to have been acquired in NSW or elsewhere in Australia, contact CD OnCall immediately.*

TRAVEL AND RISK INFORMATION

13. During the exposure period (3-14 days prior to onset of symptoms) did the case travel *:		
Overseas travel	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, overseas travel details: Countries/cities/towns visited, arrival/departure dates Place _____ Dates: __/__/__ to __/__/__ Place _____ Dates: __/__/__ to __/__/__ Place _____ Dates: __/__/__ to __/__/__ Place _____ Dates: __/__/__ to __/__/__
To Queensland **	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interstate (other than QLD) **	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In NSW, outside local area	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Note: * Use travel information to complete the most likely Place of Acquisition field in NCIMS (Clinical); enter travel details in Risk History.*

*** If Travel to Queensland or northern Australia, complete Q.20 under Additional Travel Information (Page 3) and notify NSW CD OnCall.*

14. During the exposure period, did the case have sexual contact with:					
A person reported as a Zika case	<input type="checkbox"/> Yes <input type="checkbox"/> No	Classification:	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Probable	<input type="checkbox"/> Suspected
		Details:			
A person who has travelled to a Zika-affected area in the previous 6 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:			

*Note: * Only relevant for symptomatic cases.*

15. During the viraemic period (3 day prior to onset of symptoms to 10 days after onset) did the case: *		
North QLD (north of Bundaberg) or Central QLD (north of Toowoomba) [i.e. Zika-receptive zone]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, complete Q.21 under Additional Travel Information (Page 3) and notify NSW CD OnCall.</i>

*Note: * Only relevant for symptomatic cases.*

16. Does the case have a sexual partner who is pregnant or planning pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
- If Yes, record details of partner and advice provided:	

IMPORTANT RISK ADVICE FOR THE CASE

<ul style="list-style-type: none"> To reduce the risk of infection, all travellers to Zika risk areas should stay in accommodation with screened windows and doors, wear loose fitting clothing that covers the arms and legs and apply insect repellent to exposed skin, especially during daylight hours and in the early evening. This is particularly important for people who have had a previous Zika infection. People with Zika should defer travel to North Queensland (north of Bundaberg) or Central Queensland (north of Toowoomba) until at least a week after their symptom onset (or laboratory confirmation) to prevent infection of the type of mosquitoes able to cause local outbreaks. Additional information specifically relating to reducing sexual transmission and blood donation deferral can be found in the control guidelines. 	17. Advised to practice safe sex as per recommendations	<input type="checkbox"/> Yes <input type="checkbox"/> No
	18. Advised not to donate blood until 4 weeks after full recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No
	19. Advised not to travel to North or Central Queensland until 10 days after symptoms resolve.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	20. Fact sheet sent via email	<input type="checkbox"/> Yes <input type="checkbox"/> No
	21. NCIMS updated	<input type="checkbox"/> Yes <input type="checkbox"/> No

ZIKA CASE DEFINITIONS

<p>A CONFIRMED Zika case requires:</p> <ul style="list-style-type: none"> Laboratory definitive evidence only. (Clinical evidence should be used to sub-classify cases as clinical or non-clinical) 	<p>A PROBABLE Zika case requires:</p> <ul style="list-style-type: none"> Laboratory suggestive evidence AND epidemiological evidence. (Clinical evidence should be used to sub-classify cases as clinical or non-clinical)
<p>Laboratory definitive evidence (one or more)</p> <ul style="list-style-type: none"> Isolation of Zika virus by culture Detection of Zika virus by nucleic acid testing (PCR) IgG seroconversion or a significant increase in antibody level or a fourfold or greater rise in titre of ZIKV-specific IgG, and recent infection by epidemiologically possible flaviviruses has been excluded* Detection of Zika virus-specific IgM in cerebrospinal fluid, in the absence of IgM to other epidemiologically possible flaviviruses* <p>Clinical evidence</p> <ul style="list-style-type: none"> An acute illness within 2 weeks of exposure with 2 or more of the following symptoms: Fever, Headache, Myalgia, Arthralgia, Rash, Non-purulent conjunctivitis. 	<p>Laboratory suggestive evidence</p> <ul style="list-style-type: none"> Detection of Zika virus-specific IgM in blood (serum)** <p>Epidemiological evidence</p> <p>Clinical case:</p> <ul style="list-style-type: none"> Travel to or residence in a ZIKV receptive country or area in Australia within two weeks prior to symptom onset; OR Sexual exposure to a confirmed or probable case of ZIKV infection within two weeks prior to symptom onset. <p>Non-clinical case:</p> <ul style="list-style-type: none"> Travel to or residence in a ZIKV receptive country or area in Australia within two months prior to specimen date; OR Sexual exposure to a confirmed or probable case of ZIKV infection within two months prior to specimen date. <p>Clinical evidence</p> <ul style="list-style-type: none"> Same as for a confirmed case
<p>Note: * Especially dengue, JE, MVEV, Kunjin/WNV. Also consider recent Yellow Fever vaccination. ** If the date of most recent exposure was > 4 weeks before the specimen date, then ZIKV-specific IgG must also be positive. If ZIKV-specific IgG was initially negative and subsequent testing > 4 weeks after exposure fails to demonstrate seroconversion the case should be excluded.</p>	

ADDITIONAL TRAVEL INFORMATION (if required)

22. Queensland or Northern Australia travel information during the incubation period			
Home Address: _____	Fly Screens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Air Con? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mosquitoes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other significant daytime address:			
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

23. Queensland Zika/Dengue-Receptive Zone travel during the viraemic period			
Home Address: _____	Fly Screens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Air Con? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mosquitoes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other significant daytime address:			
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL NOTES: