ZIKA CONGENITAL CASE INVESTIGATION FORM

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

DEMOGRAPHIC DETAILS

First Name:	**Surname:**	**DOB:**
Address:	**Suburb:**	**Postcode:**
Phone (home):	**Phone (mobile):**	**Email:**
Indigenous status: ☐ Aboriginal ☐ Torres Strait Islander ☐ Neither	**Country of birth:** ☐ Australia ☐ Other:	**Language of Parent:** ☐ English ☐ Other:
Interpreter required for case interview: ☐ Yes ☐ No Job Number:		

MOTHER'S DETAILS:	**First Name:**		**Surname:**	**DOB:** ___ / ___ / ___
Is Mother a Case on NCIMS?	☐ Yes	☐ No	☐ Unknown	
- If Yes, NCIMS ID:			Classification: ☐ Confirmed ☐ Probable ☐ Suspected	

LABORATORY EVIDENCE *

1. Isolation of Zika virus by culture *'Zika virus culture'*	☐ Yes ☐ No	Specimen type: ☐ Serum ☐ Other:		Collection date: ___ / ___ / ___
2. Detection of Zika virus by nucleic acid testing (PCR) *'Zika virus PCR'*	☐ Yes ☐ No	Specimen type: ☐ Serum ☐ Other:		Collection date: ___ / ___ / ___
3. Detection of Zika antibody in serum ** *'Zika virus IgM/IgG antibody IA'*	☐ Yes ☐ No	**Sample 1:** Collection date: __ / __ / ___ ☐ IgM detected Titre: _____ ☐ IgG detected Titre: _____	**Sample 2:** Collection date: __ / __ / ___ ☐ IgM detected Titre: ____ ☐ IgG detected. Titre: ____	**Assessment:** ☐ No significant changes ☐ IgG seroconversion ☐ Significant rise in Ab ☐ x4 or greater rise in IgG
4. Detection of Zika IgM antibody in cerebrospinal fluid *'Zika virus IgM antibody IA'*	☐ Yes ☐ No	Results: ☐ Zika IgM detected.	Other results: ☐ Dengue IgM negative ☐ MVE IgM negative ☐ West Nile / Kunjin virus IgM negative ☐ Japanese encephalitis (JE) virus IgM negative	
5. Specimen(s) sent to arbovirus reference lab (ICPMR or QHFSS) for parallel testing or confirmation? ☐ Yes ☐ 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 2).*

CLINICAL EVIDENCE

6. Where there clinical signs?	☐ Yes ☐ No					
Microcephaly	☐ Yes ☐ No	- If Yes, diagnosed pre-natally by ultrasound?	☐ Yes ☐ No	- Diagnosed at birth?	☐ Yes	☐ No
Other neurological abnormality	☐ Yes ☐ No	- Details:				
Other abnormality	☐ Yes ☐ No	- Details:				

PREGNANCY / INFANT BIRTH DETAILS

7. Is the case in a fetus or an infant?		☐ Fetus ☐ Infant
If fetal case:	Gestational age: weeks Expected delivery date: ___ / ___ / ___	
If infant case:	Delivery date: ___ / ___ / ___ Gestational age of baby at delivery: weeks	

Last updated: 16 November 2016

EVENT OUTCOME

8. Was the baby hospitalized?	☐ Yes ☐ No	Details:
9. Outcome:	☐ Alive ☐ Dead ☐ Unknown	Date of death: / / (if applicable)
10. Place of disease acquisition (for the Mother)	☐ Outside of Australia ☐ In Australia, outside of NSW* ☐ In NSW* ☐ Unknown	
11. Country of disease acquisition (for the Mother)	(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.*

CASE MANAGEMENT

13. Has the case been referred for specialist Paediatric assessment and management? ☐ Yes ☐ No ☐ Unknown

- **If Yes, Paediatrician details (Name, Address, Phone):**

- **If No or unknown, action taken:**

BACKGROUND INFORMATION ON CONGENITAL ZIKA

- There is strong scientific consensus that pregnant women who become infected with ZIKV can transmit the infection to their unborn babies, with potentially serious consequences.
- Reports from many countries where ZIKV outbreaks have occurred indicate an association between maternal infection and risk of severe congenital abnormalities, including microcephaly.
- While the risk appears greatest with infection in the first trimester, the risk of congenital abnormalities and complications appears to relate to all trimesters of pregnancy.
- Maternal ZIKV infection is not believed to pose a risk of birth defects for future pregnancies.

ZIKA CONGENITAL CASE DEFINITIONS *

A CONFIRMED Congenital Zika case requires: • Laboratory definitive evidence only. (cases are further classified as Fetal or Infant)	**A PROBABLE Congenital Zika case requires:** • Clinical evidence **AND** epidemiological evidence. (cases are further classified as Fetal or Infant)
Laboratory definitive evidence Fetal case (at 20 weeks gestation or more): • Isolation or detection of ZIKV from appropriate clinical samples (i.e. fetal blood, amniotic fluid, chorionic villus sample or post-mortem cerebrospinal fluid or tissue) by viral culture or nucleic acid testing. Infant (within 28 days following birth): • Isolation or detection of ZIKV from appropriate clinical samples by viral culture or nucleic acid testing, with no history of travel since birth to, or residence in, a ZIKV receptive country or area in Australia	**Clinical evidence** • Microcephaly or other CNS abnormalities in the infant or fetus (in the absence of any other known cause). **Epidemiological evidence** • Confirmed or probable ZIKV infection in the mother during pregnancy.*

Note: * See the Zika control guidelines for other Zika case definitions.

ADDITIONAL NOTES: