Zika Virus Enhanced Surveillance Form (Confirmed Case)
DRAFT Version 1.1 29.06.2016

Date of Notification to Public Health Department: HSE Area:

PATIENT INFORMATION (to be completed for ALL cases)

CIDR ID Surname Forename

Address:

Sex: F M NK Date of Birth: Age (years): Age (months):

Country of Birth: Ethnicity:

Black African		Indian subcontinent	
Black other		Irish Traveller	
Chinese		Mixed background	
Not known		Not specified	
Other		White	

GP Name & Address:

TRAVEL HISTORY (to be completed for ALL cases)

Country(s) visited two weeks prior to onset of symptoms:

Country 1: date from to

Country 2: date from to

Country 3: date from to

Duration of stay overseas: Date of arrival in Ireland from affected country:

CLINICAL DETAILS (to be completed for ALL cases)

Date of onset of symptoms: Date of diagnosis:

Patient Type:

GP Patient: Hospital In-Patient: Hospital Out Patient: Emergency Dept: Other:

If hospitalised:

Hospital Name: Hospital Number: Date admission:

Symptoms:

Headache	**Yes**	**No**	**Unknown**
Conjunctivitis	**Yes**	**No**	**Unknown**
Myalgia	**Yes**	**No**	**Unknown**
Arthralgia	**Yes**	**No**	**Unknown**
Fever	**Yes**	**No**	**Unknown**
Rash	**Yes**	**No**	**Unknown**
Neurological symptoms	**Yes**	**No**	**Unknown**

If YES, was Guillian Barre Syndrome (GBS) diagnosed: **Yes** **No** **Unknown**

Immunocompromised: **Yes** **No** **Unknown**

If YES, please give details:

Outcome:

Recovered Recovering Still ill Long term sequelae Lost to follow up Died

If died; Date of Death:

Cause of Death:

Due to this ID Not due to this ID Awaiting Coroner's Report Pending Unknown

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LABORATORY DETAILS (to be completed for ALL cases)

Specimen Type:	Positive	Specimen date of first positive result	Negative	Pending
Plasma	☐		☐	☐
Serum	☐		☐	☐
Urine	☐		☐	☐
Semen	☐		☐	☐

SEXUAL CONTACT (to be completed for ALL cases)

If no history of travel to an affected area, has case had unprotected sexual contact with a recently* returned traveller from an affected area: **Yes** ☐ **No** ☐ **Unknown** ☐

If no history of travel to an affected area, has case had recent* unprotected sexual contact with a confirmed case: **Yes** ☐ **No** ☐ **Unknown** ☐

If YES, please give CIDR Event ID: ☐

* in the past 6 months

PREGNANCY STATUS

Is the case pregnant: **Yes** ☐ **No** ☐ **Unknown** ☐

Is partner of case pregnant: **Yes** ☐ **No** ☐ **Unknown** ☐

IF YES TO EITHER OF THE ABOVE

Current gestation of case or pregnant partner: ☐ weeks

Estimated delivery date (EDD) of case or pregnant partner:

What maternity hospital is case or pregnant partner attending: ☐

Outcome of pregnancy of case or pregnant partner:
- ☐ Still Pregnant
- ☐ Live Birth
- ☐ Stillbirth
- ☐ Miscarriage/Spontaneous termination

If case/partner of case is not pregnant:

Is case currently trying to conceive: **Yes** ☐ **No** ☐ **Unknown** ☐

Is partner of case currently trying to conceive: **Yes** ☐ **No** ☐ **Unknown** ☐

NEONATAL DETAILS

Date of delivery of neonate by case or pregnant partner:

Gestation at time of delivery (Weeks) ☐

Was Zika virus detected in baby? **Yes** ☐ **No** ☐ **Unknown** ☐

If YES, CIDR Event ID of infant ☐

Was microcephaly detected in baby? **Yes** ☐ **No** ☐ **Unknown** ☐

Other neonatal sequelae? **Yes** ☐ **No** ☐ **Unknown** ☐

If YES, please specify ☐

Signature ☐ **Date**

Please return completed forms to HPSC via

Post: Health Protection Surveillance Centre, 25-27 Middle Gardiner Street, Dublin 1, DO1 A4A3

Encrypted email: hpsc-data@hse.ie

Fax: 01 856 1299