Kansas Department of Health and Environment
Epidemiology and Public Health Informatics

# *Zika virus (infection or disease, congenital or non-congenital)*

## INTERVIEW

EpiTrax # _____ Interviewer Name:_____

Number of Call Attempts:_____ Date of Interview (must enter MM/DD/YYYY):_____

Follow-up Status: ☐ Interviewed
☐ Refused Interview
☐ Lost to Follow-Up*

Respondent was: ☐ Self
☐ Parent
☐ Spouse
☐ Other, *Specify:*_____

*At least three attempts at different times of the day should be made before the considered lost to follow-up.

## DEMOGRAPHICS

Birth gender: ☐ Male
☐ Female

Date of birth: _____

Age:_____

Hispanic/Latino Origin:
☐Yes
☐No
☐Unknown

How would you describe your race?
☐ White
☐ Black/African American
☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian/Other Pacific Islander
☐ Other: _____
☐ Unknown

## CLINICAL

Did you have any symptoms? ☐ Yes
☐ No
☐ Unknown

What date did you start to have symptoms of illness?
Onset Date: _____
Onset Time: _____

Were you hospitalized? ☐ Yes
☐ No
☐ Unknown

Did the patient die? ☐ Yes: Date of death_____
☐ No
☐ Unknown

If yes, hospital name:_____

Admit date: _____

Discharge date: _____

Are you pregnant? ☐Yes
☐No
☐Unknown

If yes, expected delivery date:_____

## CONTACTS

### Contact Information

*Enter the number of contacts that were potentially exposed to the same source as this case, such as travel partners.*

*Create contact records for symptomatic contacts and pregnant contacts, and provide education to those individuals.*

### Contacts of same source

Number of contacts of same source _____
Number of pregnant contacts _____
Number of contacts ill with Zika-like symptoms _____

*Enter the number of that were potentially exposed to this case during the infectious period, in a manner that would allow Zika to be transmitted, such as sexual contacts.*

*Create contact records for fetus or infant contacts, sexual contacts, and symptomatic contacts, and provide education to those individuals.*

### Contacts of this case

Number of contacts of this case _____
Number of fetuses or infants exposed in utero _____
Number of sexual contacts _____
Number of contacts ill with Zika-like symptoms _____

## EPIDEMIOLOGICAL

Contact Oriented:

Occupation

Occupation address

Imported from:

☐ Indigenous ☐ Outside U.S. ☐ Outside of County ☐ Out of State ☐ Unknown

## INVESTIGATION

### A. Symptoms & Signs

| | |
|---|---|
| • Asymptomatic? | ☐Yes ☐ No ☐ Unknown |
| • Fever? | ☐Yes ☐ No ☐ Unknown |
| If YES: o Measured fever greater than or equal to 38°C or 100.4°F | ☐Yes ☐ No ☐ Unknown |
| o Subjective Fever or Chills | ☐Yes ☐ No ☐ Unknown |
| If NO: o Used over-the-counter medication that reduces fevers | ☐Yes ☐ No ☐ Unknown |
| o Used treatments that suppress the immune system | ☐Yes ☐ No ☐ Unknown |
| o Has an immunosuppressive condition | ☐Yes ☐ No ☐ Unknown |
| Describe immunosuppressive condition | |
| • Chills or Rigors? | ☐Yes ☐ No ☐ Unknown |
| • Headache? | ☐Yes ☐ No ☐ Unknown |
| • Fatigue or Malaise? | ☐Yes ☐ No ☐ Unknown |
| • Rash? | ☐Yes ☐ No ☐ Unknown |
| • Conjunctivitis? | ☐Yes ☐ No ☐ Unknown |
| • Nausea or Vomiting? | ☐Yes ☐ No ☐ Unknown |
| • Diarrhea? | ☐Yes ☐ No ☐ Unknown |
| • Muscle weakness/pain? | ☐Yes ☐ No ☐ Unknown |
| • Joint pains? | ☐Yes ☐ No ☐ Unknown |
| • Arthritis? | ☐Yes ☐ No ☐ Unknown |
| • Paresis or Paralysis? | ☐Yes ☐ No ☐ Unknown |
| • Stiff neck? | ☐Yes ☐ No ☐ Unknown |
| • Ataxia? | ☐Yes ☐ No ☐ Unknown |
| • Parkinsonism or Cogwheel Rigidity? | ☐Yes ☐ No ☐ Unknown |
| • Seizures? | ☐Yes ☐ No ☐ Unknown |
| • Altered Mental Status? | ☐Yes ☐ No ☐ Unknown |
| • Other symptoms?<br>o If yes, specify: | ☐Yes ☐ No ☐ Unknown |

**B. Complications**

*Did a health care provider ever tell you that you had any of the following conditions?*

| | |
|---|---|
| • Guillain-Barré syndrome | ☐Yes ☐ No ☐ Unknown |
| • Meningitis | ☐Yes ☐ No ☐ Unknown |
| • Encephalitis | ☐Yes ☐ No ☐ Unknown |
| • Acute flaccid paralysis | ☐Yes ☐ No ☐ Unknown |

**C. Exposure – Travel History**

Did you travel outside of your Kansas County but remain inside Kansas in the 15 days before the illness began? Or, if you were asymptomatic, did you travel in the 4 months prior to testing positive for Zika virus?

☐ Yes ☐ No ☐ Unknown

- City, County in Kansas you traveled to: _____
- Date departed:_____ Date returned:_____

Did you travel outside of Kansas but remain inside the US in the 15 days before the illness began? Or, if you were asymptomatic, did you travel in the 4 months prior to testing positive for Zika virus?

☐ Yes ☐ No ☐ Unknown

- City(ies), state(s) you traveled to: _____
- Date departed:_____ Date returned:_____

Did you travel internationally in the 15 days before the illness began? Or, if you were asymptomatic, did you travel in the 4 months prior to testing positive for Zika virus?

☐ Yes ☐ No ☐ Unknown

- City(ies), country(ies) you traveled to: _____
- Date departed:_____ Date returned:_____

In which country was the patient most likely exposed? _____

If in the U.S., in which state was the patient most likely exposed? _____

If in the U.S., in which county was the patient most likely exposed? _____

**D. Exposure – Risk Factors**

| | |
|---|---|
| • Did you have sexual contact (vaginal, oral, or anal) with someone who was exposed to Zika virus? | ☐Yes ☐ No ☐ Unknown |
| • Were you possibly infected with Zika virus via work in a laboratory setting? | ☐Yes ☐ No ☐ Unknown |
| • Donated blood either 30 days before or 30 days after onset of illness? If asymptomatic, within the 4 months prior to testing positive for Zika virus? | ☐Yes ☐ No ☐ Unknown<br>If yes, indicate date: _____<br>If yes, indicate location: _____ |
| • Blood product recipient either 30 days before or 30 days after onset of illness? If asymptomatic, within the 4 months prior to testing positive for Zika virus? | ☐Yes ☐ No ☐ Unknown<br>If yes, indicate date: _____<br>If yes, indicate location: _____ |
| • Organ donor either 30 days before or 30 days after onset of illness? If asymptomatic, within the 4 months prior to testing positive for Zika virus? | ☐Yes ☐ No ☐ Unknown<br>If yes, indicate date: _____<br>If yes, indicate location: _____ |
| • Organ transplant recipient either 30 days before or 30 days after onset of illness? If asymptomatic, within the 4 months prior to testing positive for Zika virus? | ☐Yes ☐ No ☐ Unknown<br>If yes, indicate date: _____<br>If yes, indicate location: _____ |
| • Was this patient a breast fed infant at the time of his/her illness onset? If asymptomatic, within the 4 months prior to testing positive for Zika virus? | ☐Yes ☐ No ☐ Unknown |
| • Was this patient infected in utero? | ☐Yes ☐ No ☐ Unknown |

Most recent date of exposure to Zika virus (i.e., most recent date in a Zika-affected country or most recent date of sexual contact with a potentially infected person) _____

Were you bitten by mosquitoes in the continental US or Hawaii while symptomatic? (If asymptomatic, were you bitten by mosquitoes in the continental US or Hawaii within 30 days of exposure to Zika?)

☐ Yes ☐ No ☐ Unknown

If yes, what location? (please provide specific address or nearest intersection)

If yes, what date(s)? _____ through _____

Another location(s)? ☐ Yes ☐ No

If yes, what location? (please provide specific address or nearest intersection)

If yes, what date(s)? _____ through _____