ZIKA CONGENITAL CASE INVESTIGATION FORM

**DEMOGRAPHIC DETAILS**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Surname:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Suburb:</th>
<th>Postcode:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone (home):</th>
<th>Phone (mobile):</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Surname:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is Mother a Case on NCIMS?  
☐ Yes  ☐ No  ☐ Unknown

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:  

**CLINICAL EVIDENCE**

6. Where there clinical signs?  
☐ Yes  ☐ No  
- Microcephaly  
☐ Yes  ☐ No  
- If Yes, diagnosed prenatally 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
### ZIKA CONGENITAL CASE INVESTIGATION FORM

#### 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 *

<table>
<thead>
<tr>
<th>A CONFIRMED Congenital Zika case requires:</th>
<th>A PROBABLE Congenital Zika case requires:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory definitive evidence only.</td>
<td>Clinical evidence AND epidemiological evidence.</td>
</tr>
<tr>
<td>(cases are further classified as Fetal or Infant)</td>
<td>(cases are further classified as Fetal or Infant)</td>
</tr>
</tbody>
</table>

**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:

---

Page 2 of 2