MINISTRY OF HEALTH
JAMAICA

ZIKA FEVER
CASE INVESTIGATION FORM

Reporting Centre: Date of Report / / (dd/mm/yy)

1. Patient information

Name		Age (yrs)	Sex: M F
Address	Phone #	D.O.B: / / (dd/mm/yy)	
Community (STATIN):		Case #	Occupation

2. Clinical Data

Date of onset of illness / / (dd/mm/yy)

Clinical features	Y / N	Date of Onset	Clinical features	Y / N	Date of Onset
Fever	□ | □	__/__/__	Non-purulent Conjunctivitis	□ | □	__/__/__
Arthralgia	□ | □	__/__/__	Lower Limb Oedema	□ | □	__/__/__
Is the Arthralgia Severe?	□ | □		Periarticular oedema	□ | □	__/__/__
Arthralgia (joint pain) – Circle/list joints involved			Skin manifestations Describe:	□ | □	__/__/__
Hand: R | L	Wrist R | L	Foot: R | L Ankle: R | L	Myalgia	□ | □	__/__/__
Others:			Back pain	□ | □	__/__/__
Clinical features	Y / N	Date of Onset	Headache	□ | □	__/__/__
Arthritis	□ | □	__/__/__	Retro-orbital Pain	□ | □	__/__/__
Abdominal Pain	□ | □	__/__/__	Asthenia (generalized *weakness*)	□ | □	__/__/__
Vomiting	□ | □	__/__/__	Others: (Specify)	□ | □	__/__/__
Diarrhoea	□ | □	__/__/__		□ | □	__/__/__

Additional Clinical Features:

Risk Factors:

Pregnancy	□		Other:	□	□
Diabetes	□			□	□
Cardiovascular diseases	□			□	□
Sickle Cell Disease	□			□	□

Clinical diagnosis:

Is/was this patient hospitalised?	Y	N	Date (s)	Outcome of illness
	□	□	__/__/__	
Resolution of symptoms	□	□	__/__/__	

3. Exposure and Travel History				
	Y	N	Date	Details
Has the patient travelled to a Zika fever endemic/epidemic area within the past 2 weeks	□	□		
Has the patient been in contact with a Zika fever case within the past 2 weeks	□	□		

Country, Endemic/Epidemic Area	Arrival-Date & Time	Departure-Date & Time	Accommodations

Visitors from abroad - Country	Date of Arrival	Date of Departure	Remarks

Places visited in the past 2 weeks – emphasis on places visited in the daylight hours	

4. LABORATORY DATA							
Specimen	Date collected	Date rec'd	Condition	Test	Result	Date sent	Comment
First blood specimen				Virus Isolation			
				IgM ELISA			
Second blood specimen				IgG			
				RT-PCR			

5. ENVIRONMENTAL SURVEY		
Community type	□ Planned	□ Unplanned
Aedes population :	□ Aegypti	□ Albopictus
Water supply:	□ Piped	□ Stored
Solid waste collection:	□ Frequent (at least once weekly)	□ Infrequent

AEDES INDICES SURROUNDING COMMUNITY:

	Home	Workplace/School
Premises index:		
Container index:		
Breteaux index:		

INVESTIGATOR:

Name: Signature: Date:

TO BE COMPLETED BY THE MEDICAL OFFICER OF HEALTH

6. Final Case Classification:	□Suspected Case	□Confirmed Case
	□Imported	□Imported
	□ Autochthonous	□ Autochthonous
		□Discarded