



# Zika Virus Infection – Pregnancy Outcome Form

<b>CONFIDENTIAL WHEN COMPLETED</b>		<b>Panorama Data Entry Guidance</b> More details in Section J
<p>Zika virus infection has been identified as a reportable disease in the province of British Columbia due to the rare or unusual outcomes associated with infection. Consistent with surveillance of congenital CMV or rubella infection, it is requested that Health Authorities complete this form for reporting purposes on outcomes and/or newborns of Zika virus-affected pregnancies. Appropriate pediatric follow-up of these newborns is important to ensure that vision, hearing, or developmental impediments are identified early and addressed.</p> <p style="text-align: center;">Please fax the completed report form to the BCCDC (604) 707-2516 c/o CDPACS-ZIKV Case definitions are in Section I</p>		
<b>PERSON REPORTING</b>		
Name: <i>Last</i> <i>First</i>		Phone Number: ( ) - ext.
Email:		Fax Number ( ) - ext.
		Date case report form completed: <i>YYYY / MM / DD</i>
Date report received by health authority: _____ <i>YYYY / MM / DD</i>		Record in: >Investigation >>Investigation Details >>>Reporting Notifications as Report Date (Received)
<b>A. PERSONAL INFORMATION OF MOTHER</b>		
Name: <i>Last</i> <i>First</i> <i>Middle</i>		Record or review and update in >Subject >>Client Details >>>Personal Information
Date of Birth: <i>YYYY / MM / DD</i>	Health Card Number:	
Phone Number (home/work/mobile): ( ) - ext.		Select this address as "Client Home Address at Time of Initial Investigation" in >Investigation >>Investigation Details >>>Investigation Information
Address: <i>Unit #</i> <i>Street #</i> <i>Street Name</i> <i>City</i>		
Postal Code:	Province:	



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## B. ULTRASOUND DETAILS

Please provide information on ALL ultrasounds performed

Date of ultrasound (YYYY / MM / DD)	Details				
_____	Anomaly detected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not assessed
	If yes, please specify:				
_____	Anomaly detected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not assessed
	If yes, please specify:				
_____	Anomaly detected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not assessed
	If yes, please specify:				
_____	Anomaly detected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not assessed
	If yes, please specify:				
_____	Anomaly detected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not assessed
	If yes, please specify:				

Record in  
>Investigation  
>>Investigation Details  
>>>Links & Attachments  
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Additional space can be found on the following page.



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Date of ultrasound (YYYY / MM / DD)	Details				
_____	Anomaly detected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not assessed
	If yes, please specify:				
_____	Anomaly detected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not assessed
	If yes, please specify:				
_____	Anomaly detected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not assessed
	If yes, please specify:				
_____	Anomaly detected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not assessed
	If yes, please specify:				
_____	Anomaly detected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not assessed
	If yes, please specify:				
_____	Anomaly detected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not assessed
	If yes, please specify:				



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## C. OUTCOME OF PREGNANCY

Date of outcome:

\_\_\_\_\_  
YYYY / MM / DD

- Miscarriage/spontaneous abortion  
*Skip section D*
- Stillbirth  
*Skip section D*
- Elective termination  
*Skip section D*
- Live birth (including premature births)  
*Complete section D*
- Other, *specify:*  
*Skip section D* \_\_\_\_\_

Record in  
>Investigation  
>>Investigation Details  
>>>Links & Attachments  
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NOTE: If live birth, link mother and child records through a TE/AE

Complications of pregnancy

Yes

No

Not assessed

If yes, please specify:

Complications of delivery

Yes

No

Not assessed

If yes, please specify:

Record in  
>Family Health  
>>Maternal Birth Event



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## D. LIVE BIRTH DETAILS

Name (if known)

*Last*

*First*

*Middle*

Health Card Number:

Gender:

Male

Female

Undifferentiated

Unknown

Gestation period (weeks)

Birth weight (kg)

Body length (cm)

Head circumference (cm)

Congenital anomalies/abnormalities noted

Yes

No

Not assessed

If yes, please specify:

Record in  
>Subject  
>>Client Details  
>>>Personal Information

Record in  
>Family Health  
>>Baby Birth Details



# Zika Virus Infection – Pregnancy Outcome Form

## E. FETUS/NEWBORN LABORATORY INFORMATION

Product(s) of conception, fetus or newborn tested for Zika virus? <input type="checkbox"/> Yes (specify below) <input type="checkbox"/> No <input type="checkbox"/> Unknown				Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> Zika virus pregnancy outcome form		
Specimen Collected	Collection Date (YYYY/MM/DD)	Test Performed	Result			
<input type="checkbox"/> Amniotic fluid	_____	<input type="checkbox"/> PCR	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending
		Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____			
	_____	<input type="checkbox"/> Serology	IgM <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate			
		IgG <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate				
	Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____				
	_____	<input type="checkbox"/> Neutralizing assay	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending
	Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____				
<input type="checkbox"/> Blood - cord	_____	<input type="checkbox"/> PCR	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending
		Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____			
	_____	<input type="checkbox"/> Serology	IgM <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending		
		IgG <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending			
	Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____				
	_____	<input type="checkbox"/> Neutralizing assay	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending
	Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____				
<input type="checkbox"/> Blood -serum	_____	<input type="checkbox"/> PCR	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending
		Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____			
	_____	<input type="checkbox"/> Serology	IgM <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending		
		IgG <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending			
	Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____				
	_____	<input type="checkbox"/> Neutralizing assay	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending
	Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____				

**For newborn:**  
Receive through Electronic-Lab inbox, or manually record in >Investigation >>Lab >>>Lab Quick Entry NOTE: In Result Name type 'Zika....' to get a list of Zika results

Record Causative Agent in >Investigation >>Investigation Details >>>Disease Summary

**For other product(s) of conception or fetus:**  
Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> Zika virus pregnancy outcome form



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Specimen Collected	Collection Date (YYYY/MM/DD)	Test Performed	Result	
<input type="checkbox"/> Tissue - placenta	_____	<input type="checkbox"/> PCR	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending	
		Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____	
	_____	<input type="checkbox"/> Serology IgM <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending		
		IgG <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending		
	Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____		
	_____	<input type="checkbox"/> Neutralizing assay <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending		
	Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____		
<input type="checkbox"/> Other Specify:	_____	<input type="checkbox"/> PCR	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending	
		Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____	
	_____	<input type="checkbox"/> Serology IgM <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending		
		IgG <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending		
	Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____		
	_____	<input type="checkbox"/> Neutralizing assay <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending		
	Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____		
<b>F. OUTCOME OF NEWBORN AT TIME OF REPORTING</b>				
<input type="checkbox"/> Fully Recovered	<input type="checkbox"/> Not yet recovered/recovering	<input type="checkbox"/> Fatal	<i>If died</i> , date of death: _____ YYYY/MM/DD	Record in >Investigation >> Outcome
<input type="checkbox"/> Other, <i>specify below</i>	<input type="checkbox"/> Unknown	<input type="checkbox"/> Permanent disability, <i>specify below</i>		
Specify other outcome / permanent disability: _____				
<b>G. CLASSIFICATION</b>				
<input type="checkbox"/> Confirmed	<input type="checkbox"/> Person under investigation			Record/Update in >Investigation >>Disease Summary
<i>See Section I for case definitions.</i>				
<b>H. GENERAL COMMENTS</b>				
				>Investigation >>Investigation Details >>>Links & Attachments >>>> Zika virus pregnancy outcome form



# Zika Virus Infection – Pregnancy Outcome Form

## I. CASE DEFINITIONS

Zika Virus Infection		Reportable?
<b>Confirmed case</b>	Laboratory confirmation of infection:  Detection of Zika virus-specific nucleic acid by reverse-transcriptase PCR from an appropriate clinical specimen (e.g. blood, urine)  <b>OR</b>  Demonstration of specific IgM antibodies in an appropriate clinical specimen (e.g. blood) by enzyme-immuno assay (e.g. ELISA) <b>AND</b> confirmation through identification of Zika virus-specific neutralizing antibodies (e.g. using PRNT)	Yes
<b>Person under investigation</b>	A person with two or more symptoms compatible with clinical illness with onset during or within 2 weeks of travel to a country with ongoing or widespread transmission <sup>1</sup>  <b>OR</b>  A person who is epidemiologically-linked to a confirmed case or a person under investigation  <b>OR</b>  A female who was pregnant during or within two months of returning from a country with ongoing or widespread Zika virus transmission  <b>OR</b>  A male returning from a country with ongoing or widespread Zika virus transmission <b>AND</b> has a female partner who is pregnant, becomes pregnant within 2 months of his return, or intends to become pregnant in the following 2 months  <b>OR</b>  A person with specific IgM antibodies from an appropriate clinical specimen with pending or inconclusive confirmatory testing (e.g. PRNT)	No

Notes:  
<sup>1</sup>A current list of [countries with reported locally acquired Zika virus infection](#) can be found on the Government of Canada Zika virus website

## J. PANORAMA DATA ENTRY DETAILS

### Linking mother and newborn records

All live births are considered contacts until confirmed. A **neonatal/congenital infection** is linked to the mother's investigation by:

1) Creating a Transmission Event in the mother's record on the Exposure Summary Screen (under Investigation on the left hand navigation) using the Transmission Event Quick Entry section.

Exposure Name: XXX-Congenital-Zika where XXX is the Health Authority recording/creating exposure (FNHA, IHA, VIHA, FHA, or NHA)  
 Exposure Start: The date of onset of the disease in the mother (for congenital infections, if known or can be estimated) or the date of birth of the infant (for vertical transmission, neonatal infections, or congenital infections when the mother's date of onset is unknown)  
 Location Name: same as Exposure Name  
 Setting Type: Vertical Transmission/Congenital

**THEN**

2) Search for the infant under Known Contact Search and add to the mother's record when found.