State of California—Health and Human Services Agency

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Infectious Diseases Branch
Surveillance and Statistics Section
MS 7306, P.O. Box 997377
Sacramento, CA 95899-7377

Local ID Number: _____

ZIKA
CASE REPORT

PATIENT INFORMATION

Last Name	*First Name*	*Middle Name*	*Suffix*

Social Security Number (9 digits)	*DOB (mm/dd/yyyy)*	*Age*	☐ Years ☐ Months ☐ Days

Address Number & Street – Residence	*Apartment / Unit Number*

City / Town	*State*	*Zip Code*

Census Tract	*County of Residence*	*Country of Residence*

Country of Birth	*If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)*

Home Telephone	*Cellular Phone / Pager*	*Work / School Telephone*

E-mail Address	*Other Electronic Contact Information*

Work / School Location	*Work / School Contact*

Gender
☐ Female ☐ Trans female / transwoman ☐ Genderqueer or non-binary ☐ Unknown
☐ Male ☐ Trans male / transman ☐ Identity not listed ☐ Declined to answer

Pregnant? ☐ Yes ☐ No ☐ Unknown	*If Yes, Est. Delivery Date (mm/dd/yyyy)*

Medical Record Number	*Patient's Parent/Guardian Name*

Occupation Setting (see list on page 9)	*Other Describe/Specify*

Occupation (see list on page 9)	*Other Describe/Specify*

Primary Language
☐ English
☐ Spanish
☐ Other: _____

Ethnicity (check one)
☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino
☐ Unknown

Race(s)
(check all that apply, race descriptions on page 8)

The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

☐ American Indian or Alaska Native

☐ Asian *(check all that apply, see list on page 8)*
- ☐ Asian Indian
- ☐ Bangladeshi
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other: _____

☐ Black or African-American

☐ Native Hawaiian or Other Pacific Islander *(check all that apply, see list on page 8)*
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Fijian
- ☐ Tongan
- ☐ Guamanian
- ☐ Other: _____

☐ White

☐ Other: _____

☐ Unknown

ADDITIONAL PATIENT DEMOGRAPHICS

Sex Assigned at Birth
☐ Female ☐ Unknown
☐ Male ☐ Declined to answer

Sexual Orientation
☐ Heterosexual or straight ☐ Questioning, unsure, or patient doesn't know ☐ Declined to answer
☐ Gay, lesbian, or same-gender loving ☐ Orientation not listed ☐ Unknown
☐ Bisexual

CLINICAL INFORMATION

Physician Name - Last Name	*First Name*	*Telephone Number*

First three letters of patient's last name: | | | |

SIGNS AND SYMPTOMS

Symptomatic? ☐ Yes ☐ No ☐ Unknown	*Onset Date (mm/dd/yyyy)*	*Date First Sought Medical Care (mm/dd/yyyy)*

Signs / Symptoms	Yes	No	Unk	If Yes, Specify as Noted	Signs / Symptoms	Yes	No	Unk	If Yes, Specify as Noted
Fever				*Highest temperature (specify °F/°C)*	Diarrhea				*Details*
Rash				*Description of rash*	Chills				*Details*
Conjunctivitis				*Details*	Cough				*Details*
Joint pain				*Joint(s)*	Abdominal pain				*Details*
Muscle pain				*Details*	Fatigue				*Details*
Headache				*Details*	Bloody semen				*Details*
Nausea or vomiting				*Details*	Oral ulcers				*Details*

Other symptoms (specify)

GUILLAIN-BARRE SYNDROME

*Does patient have suspected **Guillain-Barre Syndrome** or **weakness**?* ☐ Yes ☐ No ☐ Unknown	*If Yes, please complete questions in this section.*

Signs / Symptoms	Yes	No	Unk	If Yes, Specify as Noted	
Weakness				*Is it symmetric?* ☐ Yes ☐ No ☐ Unknown	*Is it progressive?* ☐ Yes ☐ No ☐ Unknown
Paralysis				*Details*	
Diminished reflexes				*Details*	

Date of Lumbar Puncture (mm/dd/yyyy)	*CSF Protein (highest)*	*CSF White Blood Cell Count (highest)*
Date of Onset of Neurologic Symptoms (mm/dd/yyyy)		

Other Potential causes of Guillain-Barré Syndrome (check all that apply)	*Date of Symptom Onset / Vaccine (mm/dd/yyyy)*
☐ Vaccine: _____ ☐ Other febrile illness: _____ ☐ Diarrheal illness: _____ ☐ Other: _____	

NEWBORN PATIENT INFORMATION

Is patient a newborn? ☐ Yes ☐ No ☐ Unknown	*If Yes, please complete questions in this section.*
Transmission Mode ☐ Perinatal ☐ Transplacental	*Vital Status* ☐ Live birth ☐ Fetal loss ☐ Born alive and died ☐ Unknown *(If fetal loss, please attach any autopsy results and/or tissue studies)*

Signs / Symptoms	Yes	No	Unk	If Yes, Specify as Noted
Microcephaly				*Details*
Intracranial calcifications				*Details*
Newborn hearing screen abnormal				*Details*
Newborn eye exam abnormal				*Details*

(continued on page 3)

First three letters of patient's last name: | | | |

NEWBORN PATIENT INFORMATION (continued)

Brain Imaging Results	Eye Examination Findings

Gestational Age at Birth (weeks)	Dating by: ☐ Obstetrical estimate ☐ Last menstrual period ☐ Ultrasound ☐ Newborn examination

Head Circumference at Birth	Length at Birth	Birthweight
_____ cm _____ percentile	_____ cm _____ percentile	_____ grams _____ percentile

Maternal History	Did mother experience symptoms of Zika during pregnancy? ☐ Yes ☐ No ☐ Unknown		
	Was mother tested for Zika virus? ☐ Yes ☐ No ☐ Unknown	If Yes, enter test results	If Yes, did mother test positive for Zika virus? ☐ Yes ☐ No ☐ Unknown

PREGNANT PATIENT INFORMATION

Is patient pregnant? ☐ Yes ☐ No ☐ Unknown	If Yes, please complete questions in this section.	
Has a fetal ultrasound been performed? ☐ Yes ☐ No ☐ Unknown (If Yes, please attach all ultrasound reports)	Date of Ultrasound (mm/dd/yyyy)	Gestational Age at Ultrasound (weeks)
	Fetal Ultrasound Results ☐ Normal ☐ Intracranial calcifications ☐ Microcephaly ☐ Other findings: _____	

Name of Planned Delivery Hospital	Medical Record Number (if available)

If pregnancy ended in fetal loss, specify:
☐ Terminated ☐ Stillbirth ☐ Miscarriage ☐ Unknown

PAST MEDICAL HISTORY

Has the patient been previously diagnosed with dengue? ☐ Yes ☐ No ☐ Unknown	Date of Diagnosis (mm/dd/yyyy)

Has the patient been vaccinated for yellow fever? ☐ Yes ☐ No ☐ Unknown	Has the patient been vaccinated for Japanese encephalitis virus? ☐ Yes ☐ No ☐ Unknown

Has the patient had a pregnancy complicated by suspected Zika infection? ☐ Yes ☐ No ☐ Unknown Please attach related results including MRI/CT scan, autopsy results.	If Yes, specify complications (check all that apply) ☐ Fetal loss ☐ Microcephaly ☐ Positive test for Zika infection ☐ Perinatal death ☐ Intracranial calcifications ☐ Fetus with central nervous system malformation (disorder) ☐ Live birth ☐ Fetal growth abnormality ☐ Other (specify): _____

HOSPITALIZATION

Did patient visit emergency room for illness? ☐ Yes ☐ No ☐ Unknown	Was patient hospitalized? ☐ Yes ☐ No ☐ Unknown	If Yes, how many total hospital nights?

If there were any ER visits or hospital stays related to this illness, specify details below. Include hospital where delivery occurred for all infants and post-partum patients.

HOSPITALIZATION - DETAILS

Hospital Name 1	Street Address			Admission Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis

Hospital Name 2	Street Address			Admission Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis

OUTCOME

Outcome?	If Survived,	Date of Death (mm/dd/yyyy)
☐ Survived ☐ Died ☐ Unknown	Survived as of _____(mm/dd/yyyy)	

LABORATORY INFORMATION

LABORATORY RESULTS SUMMARY

Specimen Type 1

☐ Serum
☐ Urine
☐ CSF
☐ Umbilical cord blood
☐ Amniotic fluid
☐ Other:_____

Laboratory Type
☐ State PH lab ☐ Local PH lab ☐ Commercial lab ☐ CDC lab ☐ Blood bank lab ☐ Other (specify):_____

Type of Test
☐ PCR ☐ ELISA-IgM ☐ IFA-IgM ☐ NAT (blood bank) ☐ PRNT ☐ Other (specify):_____

Interpretation	Arbovirus Tested
☐ Positive ☐ Equivocal ☐ Negative ☐ Indeterminate	☐ Chikungunya ☐ Saint Louis encephalitis ☐ Zika ☐ Dengue ☐ West Nile

Collection Date (mm/dd/yyyy)	Results

Laboratory Name	Telephone Number

Specimen Type 2

☐ Serum
☐ Urine
☐ CSF
☐ Umbilical cord blood
☐ Amniotic fluid
☐ Other:_____

Laboratory Type
☐ State PH lab ☐ Local PH lab ☐ Commercial lab ☐ CDC lab ☐ Blood bank lab ☐ Other (specify):_____

Type of Test
☐ PCR ☐ ELISA-IgM ☐ IFA-IgM ☐ NAT (blood bank) ☐ PRNT ☐ Other (specify):_____

Interpretation	Arbovirus Tested
☐ Positive ☐ Equivocal ☐ Negative ☐ Indeterminate	☐ Chikungunya ☐ Saint Louis encephalitis ☐ Zika ☐ Dengue ☐ West Nile

Collection Date (mm/dd/yyyy)	Results

Laboratory Name	Telephone Number

Specimen Type 3

☐ Serum
☐ Urine
☐ CSF
☐ Umbilical cord blood
☐ Amniotic fluid
☐ Other:_____

Laboratory Type
☐ State PH lab ☐ Local PH lab ☐ Commercial lab ☐ CDC lab ☐ Blood bank lab ☐ Other (specify):_____

Type of Test
☐ PCR ☐ ELISA-IgM ☐ IFA-IgM ☐ NAT (blood bank) ☐ PRNT ☐ Other (specify):_____

Interpretation	Arbovirus Tested
☐ Positive ☐ Equivocal ☐ Negative ☐ Indeterminate	☐ Chikungunya ☐ Saint Louis encephalitis ☐ Zika ☐ Dengue ☐ West Nile

Collection Date (mm/dd/yyyy)	Results

Laboratory Name	Telephone Number

LABORATORY RESULTS SUMMARY - OTHER

Hematology	Date Collected (mm/dd/yyyy)	WBC	HCT	Hb	Platelets
☐ Yes ☐ No ☐ Unknown					

Other laboratory diagnostics performed (e.g., IHC, virus isolation)?	If Yes, describe
☐ Yes ☐ No ☐ Unknown	

First three letters of patient's last name: | | | |

EPIDEMIOLOGIC INFORMATION

ZIKA CONDITION CODE

Zika Condition Code

☐ Non-congenital Zika virus disease (symptomatic) ☐ Non-congenital Zika virus disease (asymptomatic)
☐ Congenital Zika virus disease (symptomatic) ☐ Congenital Zika virus disease (asymptomatic)

INCUBATION PERIOD: UP TO 14 DAYS BEFORE ILLNESS ONSET

BLOOD AND ORGAN DONATION (Please attach the Report of Zika Virus Positive Blood Donor form)

*Did patient **donate blood** during the incubation period?* ☐ Yes, Date: _____ ☐ No ☐ Unknown	*Did patient **donate an organ** during the incubation period?* ☐ Yes, Date: _____ ☐ No ☐ Unknown
*Did patient **receive a blood transfusion** during the incubation period?* ☐ Yes, Date: _____ ☐ No ☐ Unknown	*Did patient **receive an organ** transplant during the incubation period?* ☐ Yes, Date: _____ ☐ No ☐ Unknown

TRAVEL HISTORY

*Did patient travel **outside of county of residence** during the incubation period?* ☐ Yes ☐ No ☐ Unknown	*Has the patient traveled **outside of California** during the incubation period?* ☐ Yes ☐ No ☐ Unknown
*Has the patient traveled **outside the U.S.** during the incubation period?* ☐ Yes ☐ No ☐ Unknown	*If Yes for any of these questions, specify all locations and dates below.*

TRAVEL HISTORY – DETAILS

Travel Type	State	Country	Other location details (city, resort, etc.)	Date Travel Started *(mm/dd/yyyy)*	Date Travel Ended *(mm/dd/yyyy)*
☐ Domestic ☐ Unknown ☐ International					
☐ Domestic ☐ Unknown ☐ International					
☐ Domestic ☐ Unknown ☐ International					

EXPOSURES / RISK FACTORS – MOSQUITO BITE

Did patient recall any mosquito bites during the incubation period? ☐ Yes ☐ No ☐ Unknown	*If Yes, specify all locations and dates below.*

BITE HISTORY - DETAILS

Location (city, county, state, country)	Date Mosquito Bite (mm/dd/yyyy)

EXPOSURES / RISK FACTORS – SEXUAL HISTORY

Has the patient had any unprotected (condomless) oral, vaginal, or anal sex in the 6 months prior to Zika diagnosis? ☐ Yes ☐ No ☐ Unknown	*If No, skip to "Other Suspected Exposures"*
Does the patient have any of the following:	
One or more sex partner(s) who has tested positive for Zika virus? ☐ Yes ☐ No ☐ Unknown	*One or more sex partner(s) with symptoms of Zika virus without another reason for those symptoms?* ☐ Yes ☐ No ☐ Unknown
Suspected sexually-acquired Zika infection? ☐ Yes ☐ No ☐ Unknown	
If Yes to any of the above, please contact CDPH to complete the supplemental sexual history form.	

First three letters of patient's last name: | | | |

EXPOSURES / RISK FACTORS – OTHER SUSPECTED EXPOSURES

Are any other exposures suspected? ☐ Yes ☐ No ☐ Unknown	*If Yes, specify other exposure details*	
	Date of Other Exposure (mm/dd/yyyy)	*Other Exposure Location*
Suspected local acquisition of Zika infection (i.e., no travel to any area with known Zika transmission)? ☐ Yes ☐ No ☐ Unknown	*If Yes, specify suspected local acquisition details*	
	Date of Suspected Local Acquisition (mm/dd/yyyy)	*Suspected Local Acquisition Location*

NOTES / REMARKS

REPORTING AGENCY

Investigator Name	*Local Health Jurisdiction*	*Telephone Number*	*Date (mm/dd/yyyy)*

First Reported By

☐ Clinician ☐ Laboratory ☐ Other (specify):_____

DISEASE CASE CLASSIFICATION

Case Classification (see case definition on page 7)

☐ Confirmed ☐ Probable

STATE USE ONLY

Case Classification

☐ Confirmed ☐ Probable ☐ Not a case ☐ Need additional information

CASE DEFINITION

ZIKA VIRUS DISEASE AND ZIKA VIRUS INFECTION (2016)
(adapted from the 2016 CSTE case definition: https://ndc.services.cdc.gov/case-definitions/zika-virus-disease-and-zika-virus-infection-2016-06-01/)

SUBTYPES

Zika virus disease, congenital

Zika virus disease, non-congenital

Zika virus infection, congenital

Zika virus infection, non-congenital

LABORATORY CRITERIA FOR DIAGNOSIS

Recent Zika virus (ZIKV) infection

- Culture of ZIKV from blood, body fluid, or tissue; **OR**
- Detection of ZIKV antigen or viral ribonucleic acid (RNA) in serum, cerebrospinal fluid (CSF), placenta, umbilical cord, fetal tissue, or other specimen (e.g., amniotic fluid, urine, semen, saliva); **OR**
- Positive ZIKV immunoglobulin M (IgM) antibody test in serum or CSF **with** positive ZIKV neutralizing antibody titers and negative neutralizing antibody titers against dengue or other flaviviruses endemic to the region where exposure occurred

Recent flavivirus infection, possible ZIKV

- Positive ZIKV IgM antibody test of serum or CSF with positive neutralizing antibody titers against ZIKV and dengue virus or other flaviviruses endemic to the region where exposure occurred; **OR**
- Positive ZIKV IgM antibody test **AND** negative dengue virus IgM antibody test with no neutralizing antibody testing performed

EPIDEMIOLOGIC LINKAGE

- Resides in or recent travel to an area with known ZIKV transmission; **OR**
- Sexual contact with a confirmed or probable case within the infection transmission risk window of ZIKV infection or person with recent travel to an area with known Zika transmission; **OR**
- Receipt of organs, tissues, blood, or blood products within 30 days of symptom onset; **OR**
- Association in time and place with a confirmed or probable Zika case; **OR**
- Likely vector exposure in an area with suitable seasonal and ecological conditions for potential local vectorborne transmission.

ZIKA VIRUS DISEASE, CONGENITAL

CLINICAL CRITERIA

Liveborn infant with congenital microcephaly, or intracranial calcifications, or structural brain or eye abnormalities, or other congenital central nervous system-related abnormalities not explained by another etiology. (As part of the complete evaluation of congenital microcephaly or other central nervous system [CNS] birth defects, testing for other congenital infections such as syphilis, toxoplasmosis, rubella, cytomegalovirus infection, lymphocytic choriomeningitis virus infection, and herpes simplex virus infections should be considered. An assessment of potential genetic and other teratogenic causes of the congenital anomalies should also be performed).

CASE CLASSIFICATION

Probable

A neonate meets clinical criteria for congenital disease; **AND**

The neonate's mother has an epidemiologic linkage or meets laboratory criteria for recent ZIKV or flavivirus infection; **AND**

The neonate has laboratory evidence of ZIKV or flavivirus infection by:

- Positive ZIKV IgM antibody test of serum or CSF collected within 2 days of birth; **AND**
  - Positive neutralizing antibody titers against ZIKV and dengue or other flaviviruses endemic to the region where exposure occurred; **OR**
  - Negative dengue virus IgM antibody test and no neutralizing antibody test performed.

Confirmed

A neonate meets clinical criteria for congenital disease AND meets one of the following laboratory criteria:

- ZIKV detection by culture, viral antigen, or viral RNA in fetal tissue, umbilical cord blood, or amniotic fluid; or serum, CSF, or urine collected within 2 days of birth; OR
- Positive ZIKV IgM antibody test of umbilical cord blood, neonatal serum, or CSF collected within 2 days of birth **with** positive ZIKV neutralizing antibody titers and negative neutralizing antibody titers against dengue or other flaviviruses endemic to the region where exposure occurred.

(continued on page 8)

CASE DEFINITION (continued)

ZIKA VIRUS DISEASE, NON-CONGENITAL

CLINICAL CRITERIA

A person with one or more of the following not explained by another etiology:

- Clinically compatible illness that includes:
  - Acute onset of fever (measured or reported), **OR**
  - Maculopapular rash, **OR**
  - Arthralgia, **OR**
  - Conjunctivitis
- Complication of pregnancy
  - Fetal loss; **OR**
  - Fetus or neonate with congenital microcephaly, congenital intracranial calcifications, or other structural brain or eye abnormalities, or other congenital central nervous system-related abnormalities including defects such as clubfoot or multiple joint contractures
- Guillain-Barré syndrome or other neurological manifestations

CASE CLASSIFICATION

Probable

Meets clinical criteria for non-congenital disease; **AND**

Has an epidemiologic linkage; **AND**

Has laboratory evidence of ZIKV or flavivirus infection by:

- Positive ZIKV IgM antibody test of serum or CSF with:
  - Positive neutralizing antibody titers against ZIKV and dengue or other flaviviruses endemic to the region where exposure occurred; **OR**
  - Negative dengue virus IgM antibody test and no neutralizing antibody test performed.

Confirmed

Meets clinical criteria for non-congenital disease; **AND**

Has laboratory evidence of recent ZIKV infection by:

- Detection of ZIKV by culture, viral antigen or viral RNA in serum, CSF, tissue, or other specimen (e.g., amniotic fluid, urine, semen, saliva); **OR**
- Positive ZIKV IgM antibody test of serum or CSF **with** positive ZIKV neutralizing antibody titers and negative neutralizing antibody titers against dengue or other flaviviruses endemic to the region where exposure occurred.

ZIKA VIRUS INFECTION, CONGENITAL

CASE CLASSIFICATION

Probable

A neonate who does not meet clinical criteria for congenital disease; **BUT**

The neonate's mother has an epidemiologic linkage or meets laboratory criteria for recent ZIKV or flavivirus infection; **AND**

The neonate has laboratory evidence of ZIKV or flavivirus infection by:

- Positive ZIKV IgM antibody test of serum or CSF collected within 2 days of birth; **AND**
  - Positive neutralizing antibody titers against ZIKV and dengue or other flaviviruses endemic to the region where exposure occurred; **OR**
  - Negative dengue virus IgM antibody test and no neutralizing antibody test performed.

Confirmed

A neonate who does not meet clinical criteria for congenital disease: **BUT**

The neonate has laboratory evidence of recent ZIKV or flavivirus infection by:

- ZIKV detection by culture, viral antigen, or viral RNA in fetal tissue, umbilical cord blood, or amniotic fluid; or neonatal serum, CSF, or urine collected within 2 days of birth; **OR**
- Positive ZIKV IgM antibody test of umbilical cord blood, neonatal serum, or CSF collected within 2 days of birth **with** positive ZIKV neutralizing antibody titers and negative neutralizing antibody titers against dengue or other flaviviruses endemic to the region where exposure occurred.

(continued on page 9)

CASE DEFINITION (continued)

ZIKA VIRUS INFECTION, NON-CONGENITAL

CASE CLASSIFICATION

Probable

A person who does not meet clinical criteria for non-congenital disease; **BUT**

Has an epidemiologic linkage; **AND**

Has laboratory evidence of ZIKV or flavivirus infection by:

- Positive ZIKV IgM antibody test of serum or CSF with:
  - Positive neutralizing antibody titers against ZIKV and dengue or other flaviviruses endemic to the region where exposure occurred; **OR**
  - Negative dengue virus IgM antibody test and no neutralizing antibody test performed.

Confirmed

A person who does not meet clinical criteria for non-congenital disease; **AND**

Has laboratory evidence of recent ZIKV infection by:

- Detection of ZIKV by culture, viral antigen or viral RNA in serum, CSF, tissue, or other specimen (e.g., amniotic fluid, urine, semen, saliva); **OR**
- Positive ZIKV IgM antibody test of serum or CSF **with** positive ZIKV neutralizing antibody titers and negative neutralizing antibody titers against dengue or other flaviviruses endemic to the region where exposure occurred.

COMMENT

Rule Out Dengue Testing

The differential diagnosis of Zika virus infection varies based on place of residence, travel history, and exposures. Zika, dengue and chikungunya viruses are transmitted by the same mosquitoes and have similar clinical features. These three viruses can circulate in the same area and can cause occasional co-infections in the same patient. Zika virus is more likely to cause fever with maculopapular rash, arthralgia, or conjunctivitis, chikungunya virus infection is more likely to cause high fever, severe arthralgia, arthritis, rash, and lymphopenia, while dengue virus infection is more likely to cause neutropenia, thrombocytopenia, hemorrhage, shock, and death. It is important to rule out dengue virus infection because proper clinical management of dengue can improve outcome.

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in **any** of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa.

ASIAN GROUPS

- Bangladeshi
- Bhutanese
- Burmese
- Cambodian
- Chinese
- Filipino
- Hmong
- Indian
- Indonesian
- Iwo Jiman
- Japanese
- Korean
- Laotian
- Madagascar
- Malaysian
- Maldivian
- Nepalese
- Okinawan
- Pakistani
- Singaporean
- Sri Lankan
- Taiwanese
- Thai
- Vietnamese

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER GROUPS

- Carolinian
- Chamorro
- Chuukese
- Fijian
- Guamanian
- Kiribati
- Kosraean
- Mariana Islander
- Marshallese
- Melanesian
- Micronesian
- Native Hawaiian
- New Hebrides
- Palauan
- Papua New Guinean
- Pohnpeian
- Polynesian
- Saipanese
- Samoan
- Solomon Islander
- Tahitian
- Tokelauan
- Tongan
- Yapese

First three letters of patient's last name: | | | |

OCCUPATION SETTING

- Childcare/Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

OCCUPATION

- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory/seasonal worker
- Agriculture - other/unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other/unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - waiter or waitress
- Food service - other/unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - registered nurse
- Medical - other/unknown
- Military - officer
- Military - recruit or trainee
- Protective service - police officer
- Protective service - other
- Professional, technical, or related profession
- Retired
- Sex worker
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high (secondary) school
- Student - college or university
- Student - other/unknown
- Teacher/employee - preschool or kindergarten
- Teacher/employee - elementary or middle school
- Teacher/employee - high (secondary) school
- Teacher/instructor/employee - college or university
- Teacher/instructor/employee - other/unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other/unknown
- Other
- Refused
- Unknown