

THE U.S. ZIKA PREGNANCY REGISTRY

DATA SUBMISSION PROCESS

Supplemental Maternal Prenatal Imaging & Diagnostics Form

The California Department of Public Health (CDPH) is participating in the U.S. Zika Pregnancy Registry and is the point of contact for California data submission to the Centers for Disease Control and Prevention (CDC).

Who Is Eligible for the Registry?

- Pregnant women in the United States with laboratory evidence of Zika virus infection (positive or equivocal test results, regardless of whether they have symptoms) and periconceptionally, prenatally, or perinatally exposed infants born to these women.
- Infants with laboratory evidence of congenital Zika virus infection (positive or equivocal test results, regardless of whether they have symptoms) and their mothers.

To participate, follow the directions below:

Healthcare Provider Instructions	Local Health Department Instructions
<ul style="list-style-type: none"> ▪ Healthcare providers should contact their Local Health Department (LHD) for questions about data submission. ▪ Providers may be contacted by either the LHD or CDPH for Zika pregnancy and infant outcomes data collection. ▪ Click here for more information on reporting Zika pregnancy and infant outcomes to CDPH. 	<ul style="list-style-type: none"> ▪ Local Health Departments may choose to follow up with healthcare providers or ask CDPH staff to follow-up. LHDs should inform CDPH of the LHD preference at: ZikaOutcomes@cdph.ca.gov. ▪ Various methods (e.g., medical record abstraction, telephone interview) can be used to collect surveillance information for the Registry. ▪ LHDs contacting providers to complete the attached form should insert the LHD contact information below for provider submission. ▪ LHDs should ensure completion of the attached form and then submit to CDPH by e-mail or fax as instructed below.

FORM PROCESSING INSTRUCTIONS

Send this form to:

California Department of Public Health

Fax: (510) 620-3152

Phone: (510) 620-3151

Email: ZikaOutcomes@cdph.ca.gov (Please send a message for instructions **before** submission).

My Local Health Department at the address below:

Phone: _____

Security note:

-Call prior to faxing forms to CDPH or Local Health Department.

-Please **DO NOT** scan and email documents before receiving instructions.

HIPAA Privacy Rule permits providers to disclose PHI without authorization to public health authorities for the purposes of preventing or controlling disease.

The CDPH California Birth Defects Monitoring Program (CBDMP) is authorized to conduct studies to investigate the causes of birth defects (H&S section 103840).





U.S. Zika Pregnancy Registry and Birth Defects Surveillance — Integrated Supplemental Maternal Prenatal Imaging and Diagnostics Form



These data are considered confidential and will be stored in a secure database at the Centers for Disease Control and Prevention

Please return completed form via SAMS or secure FTP—request access from ZIKApregnancy@cdc.gov The form can also be sent by encrypted email to this address or by secure fax to 404-718-1013 or 404-718-2200

Contact Pregnancy & Birth Defects Task Force at: 770-488-7100

Form containing sections for: SIF.1. State/Territory ID; SIF.2. State/Territory reporting; SIF.3. County reporting; SIF.4. Date(s) of ultrasound(s); SIF.5. Check if date approximated; SIF.6. If date not known, Gestational age; SIF.7. Overall fetal ultrasound results; SIF.8. Reported by patient/healthcare provider; SIF.9. Head circumference (HC); SIF.10. Normal/Abnormal; SIF.11. Biparietal diameter (BPD); SIF.12. Femur length (FL); SIF.13. Abdominal circumference (AC); SIF.14. Symmetric/asymmetric IUGR; SIF.15. Microcephaly; SIF.16. Intracranial calcifications; SIF.17. Cerebral/cortical atrophy; SIF.18. Abnormal cortical gyral patterns; SIF.19. Corpus callosum abnormalities; SIF.20. Cerebellar abnormalities; SIF.21. Porencephaly; SIF.22. Hydranencephaly; SIF.23. Moderate or severe ventriculomegaly/hydrocephaly; SIF.24. Fetal brain disruption sequence; SIF.25. Other major brain abnormalities; SIF.26. Anencephaly/acrania; SIF.27. Encephalocele; SIF.28. Spina bifida; SIF.29. Holoprosencephaly/arhinencephaly; SIF.30. Structural eye abnormalities/dysplasia; SIF.31. Arthrogyriposis; SIF.32. Clubfoot; SIF.33. Hydrops; SIF.34. Ascites; SIF.35. Other; SIF.36. Description of abnormal ultrasound findings.



State/Territory ID _____

U.S. Zika Pregnancy Registry and Birth Defects Surveillance – Integrated Supplemental Maternal Prenatal Imaging and Diagnostics Form

These data are considered confidential and will be stored in a secure database at the Centers for Disease Control and Prevention

SIF.37. Date(s) of Ultrasound(s): <input type="checkbox"/> SIF.38. check if date approximated SIF.39. if date not known, gestational age _____ (weeks) (days)	SIF.40. Overall fetal ultrasound results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal			
	SIF.41. <input type="checkbox"/> Reported by patient/healthcare provider SIF.42. <input type="checkbox"/> Ultrasound report			
	SIF.43. Head Circumference (HC) _____ cm SIF.44. <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (<i>by physician report</i>)			
	SIF.45. Biparietal diameter (BPD) _____ cm SIF.46. Femur length (FL) _____ cm SIF.47. Abdominal circumference (AC) _____ cm			
	SIF.48. <input type="checkbox"/> Symmetric IUGR <input type="checkbox"/> Asymmetric IUGR (HC>AC or HC>FL)			
	SIF.49. Microcephaly	<input type="checkbox"/> No <input type="checkbox"/> Yes	SIF.50. Intracranial calcifications	<input type="checkbox"/> No <input type="checkbox"/> Yes
	SIF.51. Cerebral / cortical atrophy	<input type="checkbox"/> No <input type="checkbox"/> Yes	SIF.52. Abnormal cortical gyral patterns (e.g., polymicrogyria, lissencephaly, pachygyria, schizencephaly, gray matter heterotopia)	<input type="checkbox"/> No <input type="checkbox"/> Yes
	SIF.53. Corpus callosum abnormalities	<input type="checkbox"/> No <input type="checkbox"/> Yes	SIF.54. Cerebellar abnormalities	<input type="checkbox"/> No <input type="checkbox"/> Yes
	SIF.55. Porencephaly	<input type="checkbox"/> No <input type="checkbox"/> Yes	SIF.56. Hydranencephaly	<input type="checkbox"/> No <input type="checkbox"/> Yes
	SIF.57. Moderate or severe ventriculomegaly/hydrocephaly	<input type="checkbox"/> No <input type="checkbox"/> Yes	SIF.58. Fetal brain disruption sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae)	<input type="checkbox"/> No <input type="checkbox"/> Yes
	SIF.59. Other major brain abnormalities	<input type="checkbox"/> No <input type="checkbox"/> Yes	SIF.60. Anencephaly / acrania	<input type="checkbox"/> No <input type="checkbox"/> Yes
	SIF.61. Encephalocele	<input type="checkbox"/> No <input type="checkbox"/> Yes	SIF.62. Spina bifida	<input type="checkbox"/> No <input type="checkbox"/> Yes
	SIF.63. Holoprosencephaly/arhinencephaly	<input type="checkbox"/> No <input type="checkbox"/> Yes	SIF.64. Structural eye abnormalities/dysplasia	<input type="checkbox"/> No <input type="checkbox"/> Yes
	SIF.65. Arthrogyposis	<input type="checkbox"/> No <input type="checkbox"/> Yes	SIF.66. Clubfoot	<input type="checkbox"/> No <input type="checkbox"/> Yes
SIF.67. Hydrops	<input type="checkbox"/> No <input type="checkbox"/> Yes	SIF.68. Ascites	<input type="checkbox"/> No <input type="checkbox"/> Yes	
SIF.69. Other	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			

SIF.70. Description of abnormal ultrasound findings:

Health Department Information

SIF.71. Name of person completing form: _____

SIF.72. Phone: _____ **SIF.73. Email:** _____

SIF.74. Date form completed _____

FOR INTERNAL CDC USE ONLY

Mother ID: _____ **State/Territory ID:** _____ **Zika T ID:** _____

R number: _____ **Mother infection type:** Confirmed Probable Possible Exclude

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS E-11, Atlanta, Georgia 30333; ATTN: PRA (0920-1101).