### ANNEX 9. FORM FOR REPORTING MICROCEPHALY AND OTHER NEUROLOGICAL CONDITIONS THAT MAY BE ASSOCIATED WITH ZIKA VIRUS

**Reporting Form**

<table>
<thead>
<tr>
<th>Unique ID (XXX-YYY-000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of report (dd / mm / yy)</td>
</tr>
<tr>
<td>Submitted by (SURNAME NAME)</td>
</tr>
<tr>
<td>Contact number (Incl. country code)</td>
</tr>
<tr>
<td>Contact email</td>
</tr>
<tr>
<td>WHO regional office</td>
</tr>
<tr>
<td>Country / territory / area of report</td>
</tr>
<tr>
<td>First admin level below national level of report (eg. province)</td>
</tr>
<tr>
<td>Country / territory / area of Zika infection in the mother</td>
</tr>
<tr>
<td>First admin level below national level of Zika infection in the mother (eg. province)</td>
</tr>
<tr>
<td>Confirmation of microcephaly</td>
</tr>
<tr>
<td>If yes, is there any associated congenital malformation</td>
</tr>
<tr>
<td>Specify congenital malformations (whether microcephaly is confirmed or not) (Anencephaly / Encephalocoele / Spina Bifida, Hydrocephalus / Other)</td>
</tr>
<tr>
<td>Diagnosis of microcephaly (in utero / after birth)</td>
</tr>
<tr>
<td>Result of neuroimaging in utero</td>
</tr>
<tr>
<td>Result of neuroimaging after birth</td>
</tr>
<tr>
<td>Start date of pregnancy (dd / mm / yy)</td>
</tr>
<tr>
<td>Gestational age of pregnancy (in weeks, if not known, approximation week is required)</td>
</tr>
<tr>
<td>Trimester of pregnancy (if known) (1 / 2 / 3)</td>
</tr>
</tbody>
</table>
### Reporting Form

#### Mother

- **History of Zika virus infection of mother (yes / no)**
  - Yes
  - No
  - Not applicable
  - Unknown
  - Blank

- **Source of infection of mother**
  - Imported
  - Local
  - Undetermined
  - Unknown
  - Blank

- **Was the mother Zika virus laboratory confirmed**
  - Yes
  - No
  - Pending
  - Blank

- **Name of laboratory**

- **Serology**
  - In house assay
  - Commercial assay
  - Blank

- **First test IgM positive**
  - Yes
  - No
  - Not applicable
  - Unknown
  - Blank

- **Date of first test of IgM positive (dd / mm / yy)**

- **Paired sample: Second test of IgM positive (yes / no)**
  - Yes
  - No
  - Not applicable
  - Unknown
  - Blank

- **Paired sample: Date of second test of IgM positive (dd / mm / yy)**

- **First test IgG positive**
  - Yes
  - No
  - Not applicable
  - Unknown
  - Blank

- **Date of first test of IgG positive (dd / mm / yy)**

- **Paired sample: Second test of IgG positive**
  - Yes
  - No
  - Not applicable
  - Unknown
  - Blank

- **Paired sample: Date of second test of IgG positive (dd / mm / yy)**

- **Positive RT-PCR test**
  - Yes
  - No
  - Not applicable
  - Unknown
  - Blank

- **Date of positive RT-PCR test (dd / mm / yy)**

- **Specimen tested (amniotic fluid / blood / urine / umbilical cord)**
  - Amniotic fluid
  - Blood
  - Umbilical cord
  - Urine
  - Not applicable
  - Unknown
  - Blank

- **PRNT: Four-fold rise**
  - Yes
  - No
  - Not applicable
  - Unknown
  - Blank

- **Test to rule out TORCH done on mother**
  - Yes
  - No
  - Not applicable
  - Unknown
  - Blank

- **If yes, which disease/s tested positive**

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<table>
<thead>
<tr>
<th>Baby</th>
<th>□ Yes □ No □ Not applicable □ Unknown □ Blank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby tested for Zika virus</td>
<td>□ Yes □ No □ Not applicable □ Unknown □ Blank</td>
</tr>
<tr>
<td>Baby tested positive IgG</td>
<td>□ Yes □ No □ Not applicable □ Unknown □ Blank</td>
</tr>
<tr>
<td>Baby tested positive IgM</td>
<td>□ Yes □ No □ Not applicable □ Unknown □ Blank</td>
</tr>
<tr>
<td>RT-PCR test (Baby after birth)</td>
<td>□ Yes □ No □ Not applicable □ Unknown □ Blank</td>
</tr>
<tr>
<td>Specimen tested</td>
<td></td>
</tr>
<tr>
<td>Result of RT-PCR test (positive / negative)</td>
<td>□ Positive □ Negative □ Not applicable □ Unknown □ Blank</td>
</tr>
<tr>
<td>Karyotype</td>
<td></td>
</tr>
</tbody>
</table>