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|  | **Communication Tool for County Maternal and Child Health Zika Point-of-Contact and Epidemiology** |

DATE: **(INSERT DATE HERE)**

TO: **(INSERT NAME OF EPI STAFF PERSON HERE)**

FROM: **(INSERT NAME OF Maternal and Child Health Zika Point-of-Contact HERE)**

SUBJECT: Updated case information

It was identified that patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(name)** was not linked to prenatal care at the time of epidemiological surveillance. The patient was referred to me for assistance.

**Updated Case Information**

This patient has confirmed they are now in prenatal care as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(date)**.

The patient’s prenatal care provider is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(name of OB-GYN or clinic)**.

**---OR---**

This patient is not in prenatal care (or prenatal care cannot be confirmed) because:

* Lost to Follow-up (After 3 attempts)
* Refused
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For questions, contact **(INSERT NAME OF MCH Zika Point-of-Contact)** at **(INSERT extension or email)**.