



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: _____

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