

**Uniform Donor Risk Assessment Interview**  
**Addendum to Assist with Screening for Risk of Zika Virus (ZIKV) Infection**

**Deceased Donor\*\***

<p><b>Z1.</b> Was she/he* told by a healthcare professional she/he* was infected with the Zika Virus?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<p>Z1a. When was she/he* diagnosed?</p> <p>Z1b. Provide any contact information for the healthcare professional (e.g., name, group, facility, phone number, etc.):</p>
<p><b>Z2.</b> Did she/he* recently have any symptoms such as:</p> <p><b>Z2a.</b> joint pain?</p> <p><b>Z2b.</b> conjunctivitis, which is also called "pink eye" or "red eye"?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>Z2a(i). When?          Z2a(ii). Describe the joint pain and reasons.</p> <p>Z2b(i). When?          Z2b(ii). Describe the conjunctivitis and reasons.</p>
<p><b>Z3.</b> Describe any of her/his* travel within the past 6 months.</p>		<p><i>(Document areas traveled to during the past 6 months.)</i></p>

\*\* A **Deceased Donor** includes a non-heart-beating donor of tissue or ocular tissue as well as a solid organ donor that is brain dead (deceased) or is a Donation after Circulatory (Cardiac) Death (DCD).

**NOTE regarding recent symptoms:** If your DRAI form does not already include questions about a recent **fever** and **rash**, they should be added because they are common symptoms of a ZIKV infection along with joint pain and/or conjunctivitis (red eye, pink eye). See CDC [Symptoms, Diagnosis, & Treatment](#).

# **Uniform Donor Risk Assessment Interview**

## **Addendum to Assist with Screening for Risk of Zika Virus (ZIKV) Infection**

### **Deceased Donor\*\***

The question regarding international travel that appears on each of the Uniform DRAI forms should continue to be used. The flowchart example for that question (Q26ab) has been updated to include ZIKV risk. Because active areas of ZIKV transmission can change, the following link should be accessed on a regular basis: CDC [Active ZIKV transmission areas/maps](#) or [Zika Travel Notices](#).

#### Other References

HRSA/OPTN (DTAC/AST/ASTS) [Guidance for organ donation and transplantation professionals regarding the Zika virus](#)

FDA/CBER [Donor Screening Recommendations to Reduce the Risk of Transmission of Zika Virus by Human Cells, Tissues, and Cellular and Tissue-Based Products; Guidance for Industry](#)

CDC [Zika Virus website](#)