

Dengue Fever

(Use also for dengue hemorrhagic fever and dengue shock syndrome)

PATIENT DEMOGRAPHICS

Name (last, first): _____		Birth date: __/__/____	Age: _____
Address (mailing): _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk	
Address (physical): _____		Ethnicity: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unk	
City/State/Zip: _____		Race: <input type="checkbox"/> White <input type="checkbox"/> Black/Afr. Amer. <input type="checkbox"/> Asian <input type="checkbox"/> Am. Ind/AK Native	
Phone (home): _____ Phone (work/cell): _____		(Mark all that apply) <input type="checkbox"/> Native HI/Other PI <input type="checkbox"/> Unk	
Alternate contact: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other			
Name: _____ Phone: _____			

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____	Entered in WVEDSS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Investigation Start Date: __/__/____	Case Classification:
Earliest date reported to LHD: __/__/____	<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect
Earliest date reported to DIDE: __/__/____	<input type="checkbox"/> Not a case <input type="checkbox"/> Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: <input type="checkbox"/> Laboratory <input type="checkbox"/> Hospital <input type="checkbox"/> HCP <input type="checkbox"/> Public Health Agency <input type="checkbox"/> Other	
Reporter Name: _____	Reporter Phone: _____
Primary HCP Name: _____	Primary HCP Phone: _____

CLINICAL

Onset date: __/__/____	Diagnosis date: __/__/____	Recovery date: __/__/____
Clinical Findings Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fever (Highest measured temperature: _____ °F) (Duration of fever: _____ days) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Retro-orbital or ocular pain <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rash <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Myalgia <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arthralgia <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Petechiae <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Purpura <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ecchymosis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Epistaxis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gum bleeding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Blood in vomitus, urine or stool <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vaginal bleeding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Positive tourniquet test		Complications Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rapid, weak pulse with narrow pulse pressure(<20mmHg) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Age-specific hypotension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ascites <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pleural effusion Clinical Risk Factors Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous dengue or West Nile virus infection Hospitalization Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient hospitalized for this illness If yes, hospital name: _____ Admit date: __/__/____ Discharge date: __/__/____ Death Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient died due to this illness If yes, date of death: __/__/____
VACCINATION HISTORY Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ever vaccinated for yellow fever (If yes, date: __/__/____) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ever vaccinated for Japanese encephalitis (If yes, date: __/__/____) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ever vaccinated for tickborne encephalitis (If yes, date: __/__/____)		

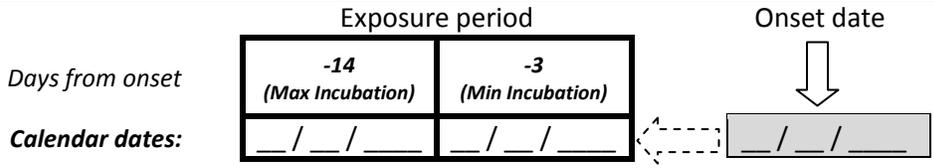
LABORATORY (Please submit copies of all labs, including CBCs associated with this illness to DIDE)

Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Leukopenia	Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hypoalbuminemia	Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hemoconcentration
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Thrombocytopenia	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hypoproteinemia	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Isolation of virus from or demonstration of specific arboviral antigen or genomic sequences in tissue, blood, CSF, or other body fluid by polymerase chain reaction (PCR) test, immunofluorescence, or immunohistochemistry,		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seroconversion from negative for dengue-specific serum IgM antibody in an acute phase (≤ 5 days after symptom onset) specimen to positive for dengue-specific serum IgM antibodies in a convalescent-phase specimen collected ≥5 days after symptom onset		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Demonstration of a four-fold rise in reciprocal IgG antibody titer or hemagglutination inhibition titer to dengue antigens in paired acute and convalescent serum samples		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Demonstration of a four-fold rise in PRNT end point titer between dengue viruses and other flaviviruses tested in convalescent serum		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dengue-specific IgM antibodies demonstrated in CSF		

Dengue-specific IgM antibodies present in serum with a P/N ratio ≥ 2

INFECTION TIMELINE

Instructions: Enter onset date in grey box. Count backward to determine probable exposure period



EPIDEMIOLOGIC EXPOSURES (based on the above exposure period, unless otherwise noted)

Y N U

History of travel during exposure period (if yes, complete travel history below):

Destination (City, County, State and Country)	Arrival Date	Departure Date	Reason for travel

- Blood transfusion recipient 30 days prior to onset (if yes, date: __/__/__)
- Organ transplant recipient 30 days prior to onset (if yes, date: __/__/__)
- Case was prenatally exposed (in utero)
- Case is a breast-fed infant
- Outdoor recreational activities (e.g. hiking, camping, etc)
- Mosquito bite
- Foreign arrival (e.g. immigrant, adoptee, etc)
If yes, country: _____
- Possible occupational exposure
 - Laboratory worker (Date of exposure: __/__/__)
 - Other occupation: _____

Where did exposure most likely occur? County: _____ State: _____ Country: _____

PUBLIC HEALTH ISSUES

Y N U

- Case donated blood products, organs or tissue in the 30 days prior to symptom onset
Date: __/__/__
Agency/location: _____
Type of donation: _____
- Case is pregnant (Due date: __/__/__)
- Case knows someone who had shared exposure and is currently having similar symptoms
- Epi link to another confirmed case of same condition
- Case is part of an outbreak
- Other:

PUBLIC HEALTH ACTIONS

Y N U

- Disease education and prevention information provided to patient and/or family/guardian
- Notify blood or tissue bank or other facility where organs donated
- Notify patient obstetrician
- Facilitate laboratory testing of other symptomatic persons who have a shared exposure
- Patient is lost to follow-up
- Other:

WVEDSS

Y N U

Entered into WVEDSS (Entry date: __/__/__) Case Status: Confirmed Probable Suspect Not a case Unknown

NOTES

