DENGUE CASE INVESTIGATION REPORT

CDC Dengue Branch and Puerto Rico Department of Health
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For CDC Dengue Branch use only

GCODE

SAN ID

Specimen #	Days post onset (DPO)	Type	Received (Date)	Specimen #	Days post onset (DPO)	Type	Received (Date)
S1			/ /	S3			/ /
S2			/ /	S4			/ /

Please complete all sections

Hospitalized: ☐ No ☐ Yes
Hospital:

Fatal: ☐ Yes ☐ No

Encephalitis: ☐ Yes ☐ No

Name:

Last Name | First Name | Middle Name / Initial

If a minor, name of parent or person in charge:

Home Address

City, Town:

Urbanization or sec tor:

Street : Nu mber:

Premise No.: B ox: P.O.Box:

Road No.: Km: Hm: Tel.:

Close to:

Work Address:

Physician who referred the case:

Name:

Phone number:

Send results to:

Patient's Basic Information

Date of birth: | Age: _____ years | Sex: ☐ Male ☐ Female

Day Month Year

Indispensable information for sample processing

Date of first symptom: . . . . . Day Month Year / /

Date specimen taken

S e r u m : first sample illness. . . . . / /
(a cute – first 5 days of sickness – for virus)
second sample . . . . . / /
(convalescent - 6 or more days after sickness – for antibodies)
third sample . . . . . / /

Other tissue: / /

Additional Data

1) Country of birth:

2) Have you had dengue before (fever, body pain, eye pain, rash)
☐ Yes ☐ No ☐ Don't know

3) When? (Month, Year) / ☐ No ☐ Don't know

4) How long have you lived in this city?

5) During the 14 days before onset of illness, have you traveled to other cities or countries ? . . . . . ☐ yes ☐ no ☐ don't know
Where?

Comments

Criteria for DENGUE HEMORRHAGIC FEVER (#1- 4) and shock (#5)

1. Fever ..... ☐ yes ☐ no

2. Any hemorrhagic manifestation
- Petechiae ☐ yes ☐ no
- Purpura/ Ecchy mosis.. ☐ yes ☐ no
- Vomit with blood..... ☐ yes ☐ no
- Blood in stool..... ☐ yes ☐ no
- Nasal bleeding..... ☐ yes ☐ no
- Bleeding gums ..... ☐ yes ☐ no
- Blood in urine..... ☐ yes ☐ no
- Vaginal bleeding..... ☐ yes ☐ no
- Urinalysis - over 5 RBC/hpf or positive for blood .... ☐ yes ☐ no
- Tourniquet test _not done _Pos_ Neg

3. Platelets ≤100,000/mm^3 . . ☐ yes ☐ no
(count) _____ ___

4. Leaky capillaries
- Pleural or abdominal effusion. ☐ yes ☐ no
- Lowest hematocrit _____ ____
- Highest hematocrit _____ _
- Lowest serum albumin _____
- Lowest serum protein _____ _____

5. Lowest blood pressure _____ __/_____

Other symptoms
- Headache ..... . ☐ yes ☐ no
- Eye pain ... . ☐ yes ☐ no
- Body pain ..... ☐ yes ☐ no
- Joint pain..... ☐ yes ☐ no
- Rash ..... ☐ yes ☐ no
- Chills ..... ☐ yes ☐ no
- Nausea o vomiting ... ☐ yes ☐ no
- Diarr hea ..... ☐ yes ☐ no
- Cough ..... ☐ yes ☐ no
- Conjunctivitis ..... ☐ yes ☐ no
- Nasal C ongestion ..... ☐ yes ☐ no
- Sore throat ..... ☐ yes ☐ no
- Jaundice..... ☐ yes ☐ no
- Convulsion or com a.. ☐ yes ☐ no
- Pregnant?..... ☐ yes ☐ no
- YF v accination..... ☐ yes ☐ no
  year _____ ☐ doesn't know

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Specimen No.

S^1_____ S^2_____. S^3_____

SEROLOGY

Hemagglutination Inhibition

Test	Ag	Titer	Test	Ag	Titer	Test	Ag	Titer

IgG Antibody

Test	Ag	Qual	Titer	Test	Ag	Qual	Titer	Test	Ag	Qual	Titer

IgM Antibody

Test	Ag	Value	Test	Ag	Value	Test	Ag	Value

Neutralization

Test	Ag	Titer	Test	Ag	Titer	Test	Ag	Titer

VIROLOGY

Test	ID	Isotech	IDtech	Test	ID	Isotech	IDtech	Test	ID	Isotech	IDtech

Overall interpretation: