Today's date: _____/_____/_____
Day Month Year

DENGUE CASE INVESTIGATION REPORT

CDC Dengue Branch and Puerto Rico Department of Health
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Form Approved OMB No.

FOR CDC DENGUE BRANCH USE ONLY

Case number

SAN ID

GCODE

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

Please read and complete ALL sections

Patient Data Hospitalized due to this illness: No Yes → Hospital Name: Record Number:

Name of Patient: Last Name First Name Middle Name or Initial

If patient is a minor, name of father or primary caregiver: Last Name First Name Middle Name or Initial

Fatal: Yes No Unk

Mental Status Changes: Yes No Unk

Home (Physical) Address

Home address here

City: Zip code: _ _ _ _ _ - _ _

Tel: Other Tel:

Residence is close to:

Physician who referred this case

Name of Healthcare Provider:

Tel: Fax: Email:

Send laboratory results to (mailing address):

Who filled out this form?

Name (complete)

Relationship with patient:

Tel: Fax: Email:

Patient's Demographic Information

Date of Birth: _____/_____/_____ or Age: _____ month _____ years Sex: M F UNK

Pregnant: Y N Weeks pregnant (gestation):

Must have the following information for sample processing

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

Date specimen taken:

Serum: First sample _____/_____/_____
(Acute = first 5 days of illness – check for virus)

Second sample _____/_____/_____
(Convalescent = more than 5 days after onset – check for antibodies)

Third sample _____/_____/_____

Fatal cases (tissue type): _____/_____/_____

Additional Patient Data

1. How long have you lived in this city? _____
2. Country of birth _____
3. Have you been diagnosed with dengue before? Yes No Unk
4. When diagnosed? _____/_____ Unk
   Month Year
5. Got Yellow Fever Vaccine vaccinated _____ Yes No Unk Year
6. During the 14 days before onset of illness, did you TRAVEL to other cities or countries? Yes, another country Yes, another city No Unk
7. WHERE did you TRAVEL? _____

PLEASE describe below the signs and symptoms that the patient has at the time that this form is being completed

	Yes	No	Unk
Fever Lasting 2-7 days			
Fever Now(>38ºC)			
Platelets ≤100,000/mm³			
Platelet count: _____			
Any hemorrhagic manifestation			
Petechiae			
Purpura/Ecchymosis			
Vomit with blood			
Blood in stool			
Nasal bleeding			
Bleeding gums			
Blood in urine			
Vaginal bleeding			
Positive urinalysis (over 5 RBC/hpf or positive for blood)			

Evidence of capillary leak

Lowest hematocrit (%) _____
Highest hematocrit (%) _____
Lowest serum albumin _____
Lowest serum protein _____

Lowest blood pressure (SBP/DBP) _____/_____
Lowest pulse pressure (systolic - diastolic) _____
Lowest white blood cell count (WBC) _____

Symptoms	Yes	No	Unk
Rapid, weak pulse			
Pallor or cool skin			
Chills			
Rash			
Headache			
Eye pain			
Body (muscle/bone) pain			
Joint pain			
Anorexia			

Warning Signs	Yes	No	Unk
Persistent Vomiting			
Abdominal pain/Tenderness			
Mucosal Bleeding			
Lethargy, restlessness			
Liver Enlargement >2cm			
Pleural or abdominal effusion			

Additional symptoms			
Diarrhea			
Cough			
Conjunctivitis			
Nasal Congestion			
Sore throat			
Jaundice			
Convulsion or coma			
Nausea and Vomiting			
Arthritis (Swollen Joints)			

Tourniquet test Not done Pos Neg

FOR CDC DENGUE BRANCH USE ONLY

Specimen No.

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

SEROLOGY

LUMINEX (MIA)

S^1			S^2			S^3		
Test Date	Ag	Titer	Test Date	Ag	Titer	Test Date	Ag	Titer

IgG ELISA

S^1				S^2				S^3			
Test Date	Ag	Screen	Titer	Test Date	Ag	Screen	Titer	Test Date	Ag	Screen	Titer

IgM ELISA

S^1			S^2			S^3		
Test Date	Ag	P/N	Test Date	Ag	P/N	Test Date	Ag	P/N

Neutralization

S^1			S^2			S^3		
Test Date	Screen	Titer	Test Date	Screen	Titer	Test Date	Screen	Titer
DENV-1								
DENV-2								
DENV-3								
DENV-4								
WEST NILE								
SLE								
YFV								

Viral Isolation & PCR

S^1				S^2				S^3			
Test Date	ID	Isotech	IDtech	Test Date	ID	Isotech	IDtech	Test Date	ID	Isotech	IDtech

Serology Lab Director Signature: _____

Virology Lab Director Signature: _____ Overall dengue interpretation:

This questionnaire is authorized by law (Public Health Service Act 42 USC 241). Although response to the questions asked is voluntary, cooperation of the patient is necessary for the study and control of the disease. Public reporting burden for the collection of information is estimated to average 15 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to PHS Reports Clearance Officer; Rm. 721-H, Humphrey Bg; 200 Independence Ave., SW; Washington, DC 20201; ATTN: PRA, and to the Office of information and Regulatory Affaire, Office of Management and Budget, Washington, DC.