WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

Dengue Fever

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

PATIENT DEMOGRAPHICS

Name (last, first): _____
Address (mailing): _____
Address (physical): _____
City/State/Zip: _____
Phone (home): _____ **Phone** (work/cell) : _____
Alternate contact: ☐*Parent/Guardian* ☐*Spouse* ☐*Other*
Name: _____ *Phone:* _____

Birth date: __ / __ / ____ **Age**: _____
Sex: ☐Male ☐Female ☐Unk
Ethnicity: ☐Not Hispanic or Latino ☐Hispanic or Latino ☐Unk
Race: (Mark all that apply) ☐White ☐Black/Afr. Amer. ☐Asian ☐Am. Ind/AK Native ☐Native HI/Other PI ☐Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
Investigation Start Date: __ / __ / ____
Earliest date reported to LHD: __ / __ / ____
Earliest date reported to DIDE: __ / __ / ____

Entered in WVEDSS? ☐Yes ☐No ☐Unk
Case Classification:
☐ Confirmed ☐ Probable ☐ Suspect
☐ Not a case ☐ Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: ☐Laboratory ☐Hospital ☐HCP ☐Public Health Agency ☐Other
Reporter Name: _____ Reporter Phone: _____
Primary HCP Name: _____ Primary HCP Phone: _____

CLINICAL

Onset date: __ / __ / ____ **Diagnosis date**: __ / __ / ____ **Recovery date**: __ / __ / ____

Clinical Findings

Y N U
☐ ☐ ☐ Fever (Highest measured temperature: _____ °F)
(Duration of fever: ____ days)
☐ ☐ ☐ Retro-orbital or ocular pain
☐ ☐ ☐ Headache
☐ ☐ ☐ Rash
☐ ☐ ☐ Myalgia
☐ ☐ ☐ Arthralgia
☐ ☐ ☐ Petechiae
☐ ☐ ☐ Purpura
☐ ☐ ☐ Ecchymosis
☐ ☐ ☐ Epistaxis
☐ ☐ ☐ Gum bleeding
☐ ☐ ☐ Blood in vomitus, urine or stool
☐ ☐ ☐ Vaginal bleeding
☐ ☐ ☐ Positive tourniquet test

Complications

Y N U
☐ ☐ ☐ Rapid, weak pulse with narrow pulse pressure(<20mmHg)
☐ ☐ ☐ Age-specific hypotension
☐ ☐ ☐ Ascites
☐ ☐ ☐ Pleural efflusion

Clinical Risk Factors

Y N U
☐ ☐ ☐ Previous dengue or West Nile virus infection

Hospitalization

Y N U
☐ ☐ ☐ Patient hospitalized for this illness
If yes, hospital name: _____
Admit date: __ / __ / ____ Discharge date: __ / __ / ____

Death

Y N U
☐ ☐ ☐ Patient died due to this illness If yes, date of death: __ / __ / ____

VACCINATION HISTORY

Y N U
☐ ☐ ☐ Ever vaccinated for yellow fever (If yes, date: __ / __ / ____)
☐ ☐ ☐ Ever vaccinated for Japanese encephalitis (If yes, date: __ / __ / ____)
☐ ☐ ☐ Ever vaccinated for tickborne encephalitis (If yes, date: __ / __ / ____)

LABORATORY *(Please submit copies of <u>all</u> labs, including CBCs associated with this illness to DIDE)*

Y N U
☐ ☐ ☐ Leukopenia
☐ ☐ ☐ Thrombocytopenia
☐ ☐ ☐ Hypoalbuminemia
☐ ☐ ☐ Hypoproteinemia
☐ ☐ ☐ Hemoconcentration
☐ ☐ ☐ 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,
☐ ☐ ☐ 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
☐ ☐ ☐ 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
☐ ☐ ☐ Demonstration of a four-fold rise in PRNT end point titer between dengue viruses and other flaviviruses tested in convalescent serum
☐ ☐ ☐ 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

	Exposure period		Onset date
Days from onset	***-14 (Max Incubation)***	***-3 (Min Incubation)***	
Calendar dates:	__ / __ / ____	__ / __ / ____	__ / __ / ____

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