

California Department of Public Health
 Center for Infectious Diseases
 Division of Communicable Disease Control
 Infectious Diseases Branch
 Surveillance and Statistics Section
 MS 7306, P.O. Box 997377
 Sacramento, CA 95899-7377

Local ID Number _____

(Please use the same ID Number on the preliminary and final reports to allow linkage to the same case.)

Report Status (check one)

Preliminary Final

DENGUE CASE REPORT

Please note: Prompt, standardized interview of all cases of dengue is strongly encouraged to improve the accuracy of recall of possible sources of infection. Jurisdictions that choose to use this form should send completed forms to the Surveillance and Statistics Section by mail through your communicable disease reporting staff. For jurisdictions participating in CalREDIE, entry of information into the CalREDIE form will facilitate investigations and surveillance.

PATIENT INFORMATION					
Last Name	First Name	Middle Name	Suffix	Primary Language	
Social Security Number (9 digits)		DOB (mm/dd/yyyy)	Age	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Address Number & Street - Residence		Apartment/Unit Number		Ethnicity (check one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Unk	
City/Town		State	Zip Code	Race* (check all that apply, race descriptions on page 6)	
Census Tract	County of Residence	Country of Residence		<input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (check all that apply)	
Country of Birth		If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)		<input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Filipino <input type="checkbox"/> Thai <input type="checkbox"/> Hmong <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____	
Home Telephone	Cellular Phone/Pager	Work/School Telephone		<input type="checkbox"/> Pacific Islander (check all that apply) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> Other: _____	
E-mail Address		Other Electronic Contact Information		<input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unk	
Work/School Location		Work/School Contact		*Comment: self-identity or self-reporting The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.	
Gender		Pregnant?		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Medical Record Number		Patient's Parent/Guardian Name			
Occupation Setting (see list on page 6)		Other Describe/Specify			
Occupation (see list on page 6)		Other Describe/Specify			
CLINICAL INFORMATION					
Physician Name - Last Name			First Name		Telephone Number

First three letters of patient's last name:

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SIGNS AND SYMPTOMS

Symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Onset Date (mm/dd/yyyy)				Date First Sought Medical Care (mm/dd/yyyy)				
Signs / Symptoms	Yes	No	Unk	If Yes, Specify as Noted	Signs / Symptoms	Yes	No	Unk	If Yes, Specify as Noted	
Fever				Highest temperature (specify °F/°C)	Purpura / Ecchymosis					
Headache					Abdominal pain					
Eye pain					Sweats					
Muscle pain					Epistaxis					
Joint pain				Joint(s)	Bleeding gums					
Nausea or vomiting					Hematuria					
Diarrhea					Vaginal bleeding					
Chills					Hypotension				Date measured (mm/dd/yyyy)	
Cough									Systolic / Diastolic	
Petechiae					Other symptom (specify)					

PAST MEDICAL HISTORY

Has the patient been previously diagnosed with dengue? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, date of diagnosis (mm/dd/yyyy)	Serotype (if known) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
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HOSPITALIZATION

Did patient visit emergency room for illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Was patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, how many total hospital nights?
Was patient placed in respiratory isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If there were any ER or hospital stays related to this illness, specify details below.	

HOSPITALIZATION - DETAILS

Hospital Name 1	Street Address			Admission Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis
Hospital Name 2	Street Address			Admission Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis

OUTCOME

Outcome? <input type="checkbox"/> Survived <input type="checkbox"/> Died <input type="checkbox"/> Unk	If Survived, Survived as of _____ (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)
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First three letters of patient's last name:

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LABORATORY INFORMATION

LABORATORY RESULTS SUMMARY

Specimen Type 1 <input type="checkbox"/> Serum <input type="checkbox"/> CSF <input type="checkbox"/> Other: _____	Type of Test <input type="checkbox"/> ELISA-IgM <input type="checkbox"/> ELISA-IgG <input type="checkbox"/> IFA-IgM <input type="checkbox"/> IFA-IgG <input type="checkbox"/> Other (specify): _____		
	Interpretation <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	Results	Collection Date (mm/dd/yyyy)
	Laboratory Name		Telephone Number

Specimen Type 2 <input type="checkbox"/> Serum <input type="checkbox"/> CSF <input type="checkbox"/> Other: _____	Type of Test <input type="checkbox"/> ELISA-IgM <input type="checkbox"/> ELISA-IgG <input type="checkbox"/> IFA-IgM <input type="checkbox"/> IFA-IgG <input type="checkbox"/> Other (specify): _____		
	Interpretation <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	Results	Collection Date (mm/dd/yyyy)
	Laboratory Name		Telephone Number

LABORATORY RESULTS SUMMARY - OTHER

Hematology <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Date Collected (mm/dd/yyyy)	WBC	HCT	Hb	Platelets
Other laboratory diagnostics performed (e.g., IHC, virus isolation)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			If Yes, describe		

EPIDEMIOLOGIC INFORMATION

INCUBATION PERIOD: 10 DAYS PRIOR TO ILLNESS ONSET

TRAVEL HISTORY

Did patient travel outside of county of residence during the incubation period? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Has the patient traveled outside the U.S. during the incubation period? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
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If Yes for either of these questions, specify all locations and dates below.

TRAVEL HISTORY - DETAILS

Location (city, county, state, country)	Date Travel Started (mm/dd/yyyy)	Date Travel Ended (mm/dd/yyyy)

EXPOSURES / RISK FACTORS

Did patient recall any mosquito bites during the incubation period? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, specify all locations and dates below.
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BITE HISTORY - DETAILS

Location (city, county, state, country)	Date Mosquito Bite (mm/dd/yyyy)

First three letters of patient's last name:

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NOTES / REMARKS

REPORTING AGENCY

<i>Investigator Name</i>	<i>Local Health Jurisdiction</i>	<i>Telephone Number</i>	<i>Date (mm/dd/yyyy)</i>
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First Reported By
 Clinician Laboratory Other (specify): _____

DISEASE CASE CLASSIFICATION

Case Classification (see case definition below)
 Confirmed Probable Suspected

STATE USE ONLY

Case Classification
 Confirmed Probable Suspected Not a case Need additional information

CASE DEFINITION

DENGUE (2010)

Dengue Fever
Dengue Hemorrhagic Fever
Dengue Shock Syndrome

CLINICAL DESCRIPTION

Dengue Fever

Dengue fever (DF) is most commonly an acute febrile illness defined by the presence of fever and two or more of the following, retro-orbital or ocular pain, headache, rash, myalgia, arthralgia, leukopenia, or hemorrhagic manifestations (e.g., positive tourniquet test, petechiae; purpura/ecchymosis; epistaxis; gum bleeding; blood in vomitus, urine, or stool; or vaginal bleeding) but not meeting the case definition of dengue hemorrhagic fever. Anorexia, nausea, abdominal pain, and persistent vomiting may also occur but are not case-defining criteria for DF.

Dengue Hemorrhagic Fever

Dengue hemorrhagic fever (DHF) is characterized by all of the following:

- Fever lasting from 2-7 days,
- Evidence of hemorrhagic manifestation or a positive tourniquet test,
- Thrombocytopenia ($\leq 100,000$ cells per mm^3), AND
- Evidence of plasma leakage shown by hemoconcentration (an increase in hematocrit $\geq 20\%$ above average for age or a decrease in hematocrit $\geq 20\%$ of baseline following fluid replacement therapy), OR pleural effusion, or ascites or hypoproteinemia.

Dengue Shock Syndrome

Dengue shock syndrome (DSS) has all of criteria for DHF plus circulatory failure as evidenced by:

- Rapid and weak pulse and narrow pulse pressure ($< 20\text{mm Hg}$), OR
- Age-specific hypotension and cold, clammy skin, and restlessness.

(continued on page 5)

First three letters of
patient's last name:

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CASE DEFINITION (continued)**LABORATORY CRITERIA FOR DIAGNOSIS**

Confirmatory:

- Isolation of dengue virus from or demonstration of specific arboviral antigen or genomic sequences in tissue, blood, cerebrospinal fluid (CSF), or other body fluid by polymerase chain reaction (PCR) test, immunofluorescence or immunohistochemistry, OR
- Seroconversion from negative for dengue virus-specific serum Immunoglobulin M (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, OR
- Demonstration of a ≥ 4 -fold rise in reciprocal Immunoglobulin G (IgG) antibody titer or Hemagglutination inhibition titer to dengue virus antigens in paired acute and convalescent serum samples, OR
- Demonstration of a ≥ 4 -fold rise in PRNT (plaque reduction neutralization test) end point titer (as expressed by the reciprocal of the last serum dilution showing a 90% reduction in plaque counts compared to the virus infected control) between dengue viruses and other flaviviruses tested in a convalescent serum sample, OR
- Virus-specific immunoglobulin M (IgM) antibodies demonstrated in CSF.

Presumptive/Probable:

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

EXPOSURE

- Travel to a dengue endemic country or presence at location with ongoing outbreak within previous two weeks of dengue-like illness, OR
- Association in time and place with a confirmed or probable dengue case.

CASE CLASSIFICATION

Suspected: A clinically compatible case of DF, DHF, or DSS that is epidemiologically linked to a confirmed case

Probable: A clinically compatible case of DF, DHF, or DSS with laboratory results indicative of presumptive infection

Confirmed: A clinically compatible case of DF, DHF, or DSS with confirmatory laboratory results

COMMENT**Asymptomatic Blood or Tissue Donor**

Dengue virus - specific viral antigen or genomic sequences demonstrated in donated blood or organs during screening and confirmatory testing in the absence of symptoms in the donor.

Dengue viruses are members of the Flaviviridae and have sufficient antigenic similarity to yellow fever virus, Japanese encephalitis virus, and West Nile virus that previous infection or vaccination may raise cross-reactive serum antibodies. After a primary infection with a heterologous flavivirus, subsequent antibody testing by ELISA may produce false positive results for a different flavivirus. PRNT can often resolve cross-reactive serum antibodies in this situation and identify the infecting virus. However, high-titered cross-reactive antibody levels produced from multiple previous flavivirus infections cannot be resolved by PRNT. This demonstrates the complexity inherent in serological diagnosis and differentiation in populations living in regions where more than one flavivirus co-circulates. However, only a small proportion of the US population has evidence of previous flavivirus infection (or vaccination) so that cross-reactive flavivirus antibodies should not be a significant limitation to dengue diagnosis among most US travelers. Among US residents, most testing for dengue is done through private clinical laboratories using IgM or IgG detection techniques.

Reference testing is available from CDC's Dengue Branch, Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases, 1324 Calle Cañada, San Juan, PR 00920-3860, telephone 787-706-2399, fax 787-706-2496.

RACE DESCRIPTIONS	
Race	Description
American Indian or Alaska Native	Patient has origins in any of the original peoples of North and South America (including Central America).
Asian	Patient has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in any of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in any of the original peoples of Europe, the Middle East, or North Africa.
OCCUPATION SETTING	
<ul style="list-style-type: none"> • Childcare/Preschool • Correctional Facility • Drug Treatment Center • Food Service • Health Care - Acute Care Facility • Health Care - Long Term Care Facility • Health Care - Other 	<ul style="list-style-type: none"> • Homeless Shelter • Laboratory • Military Facility • Other Residential Facility • Place of Worship • School • Other
OCCUPATION	
<ul style="list-style-type: none"> • Adult film actor/actress • Agriculture - farmworker or laborer (crop, nursery, or greenhouse) • Agriculture - field worker • Agriculture - migratory/seasonal worker • Agriculture - other/unknown • Animal - animal control worker • Animal - farm worker or laborer (farm or ranch animals) • Animal - veterinarian or other animal health practitioner • Animal - other/unknown • Clerical, office, or sales worker • Correctional facility - employee • Correctional facility - inmate • Craftsman, foreman, or operative • Daycare or child care attendee • Daycare or child care worker • Dentist or other dental health worker • Drug dealer • Fire fighting or prevention worker • Flight attendant • Food service - cook or food preparation worker • Food service - host or hostess • Food service - server • Food service - other/unknown • Homemaker • Laboratory technologist or technician • Laborer - private household or unskilled worker • Manager, official, or proprietor • Manicurist or pedicurist • Medical - emergency medical technician or paramedic • Medical - health care worker 	<ul style="list-style-type: none"> • Medical - medical assistant • Medical - pharmacist • Medical - physician assistant or nurse practitioner • Medical - physician or surgeon • Medical - nurse • Medical - other/unknown • Military • Police officer • Professional, technical, or related profession • Retired • Sex worker • Stay at home parent/guardian • Student - preschool or kindergarten • Student - elementary or middle school • Student - high school • Student - college or university • Student - other/unknown • Teacher/employee - preschool or kindergarten • Teacher/employee - elementary or middle school • Teacher/employee - high school • Teacher/instructor/employee - college or university • Teacher/instructor/employee - other/unknown • Unemployed - seeking employment • Unemployed - not seeking employment • Unemployed - other/unknown • Volunteer • Other • Refused • Unknown