

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 / SEVERE DENGUE CASE REPORT

**Check one:**  Dengue  
 Severe Dengue

**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	
Address Number & Street - Residence			Apartment/Unit Number	<input type="checkbox"/> Spanish	
City/Town		State	Zip Code	<input type="checkbox"/> Other: _____	
Census Tract	County of Residence		Ethnicity (check one)		
Country of Birth			<input type="checkbox"/> Hispanic/Latino		
Home Telephone		Cellular Phone/Pager		<input type="checkbox"/> Non-Hispanic/Non-Latino	
E-mail Address			Other Electronic Contact Information		
Work/School Location			Work/School Contact		
Race(s) (check all that apply, race descriptions on page 6)					
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.					
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (check all that apply) <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: _____					
<input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (check all that apply) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> Other: _____					
<input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unk					
Gender <input type="checkbox"/> Female <input type="checkbox"/> Trans female / transwoman <input type="checkbox"/> Genderqueer or non-binary <input type="checkbox"/> Unknown <input type="checkbox"/> Male <input type="checkbox"/> Trans male / transman <input type="checkbox"/> Identity not listed <input type="checkbox"/> Declined to answer					
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			If Yes, Est. Delivery Date (mm/dd/yyyy)		
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		

ADDITIONAL PATIENT DEMOGRAPHICS			
Sex Assigned at Birth		Sexual Orientation	
<input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Male <input type="checkbox"/> Declined to answer		<input type="checkbox"/> Heterosexual or straight <input type="checkbox"/> Questioning, unsure, or patient doesn't know <input type="checkbox"/> Declined to answer <input type="checkbox"/> Gay, lesbian, or same-gender loving <input type="checkbox"/> Orientation not listed <input type="checkbox"/> Unknown <input type="checkbox"/> Bisexual	

First three letters of  
patient's last name:

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CLINICAL INFORMATION										
Physician Name - Last Name					First Name			Telephone Number		
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					
Rash					Vaginal bleeding					
Diarrhea					Hypotension				Date measured (mm/dd/yyyy)	
Chills									Systolic / Diastolic	
Cough					Other symptom (specify)					
Petechiae										
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			
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		

First three letters of patient's last name:

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**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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**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
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Other laboratory diagnostics performed (e.g., IHC, virus isolation)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, describe
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**EPIDEMIOLOGIC INFORMATION**

**INCUBATION PERIOD: 10 DAYS PRIOR TO ILLNESS ONSET**

**TRAVEL HISTORY**

Did patient travel <b>outside of county of residence</b> 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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**MOSQUITO 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    Suspect

**STATE USE ONLY**

*Case Classification*  
 Confirmed    Probable    Suspect    Not a case    Need additional information

**CASE DEFINITION**

**DENGUE (CDPH, working definition 2015)**  
*Dengue*  
*Severe dengue*

**CLINICAL DESCRIPTION**

**Dengue**  
 Dengue is most commonly an acute febrile illness defined by the presence of fever and one or more of the following, nausea/vomiting, rash, aches and pains (headache, retro-orbital or ocular pain, joint pain, myalgia, arthralgia), leukopenia, positive tourniquet test, or any warning signs of severe dengue (persistent vomiting, extravascular fluid accumulation (e.g., pleural or pericardial effusion, ascites), mucosal bleeding at any site, liver enlargement >2 centimeters, or increasing hematocrit concurrent with rapid decrease in platelet count).

**Severe Dengue**  
 Severe Dengue is characterized by all of the following:

- Severe plasma leakage evidenced by hypovolemic shock and/or extravascular fluid accumulation (e.g., pleural or pericardial effusion, ascites) with respiratory distress. A high hematocrit value for patient age and sex offers further evidence of plasma leakage.
- Severe bleeding from the gastrointestinal tract (e.g., hematemesis, melena) or vagina (menorrhagia) as defined by requirement for medical intervention including intravenous fluid resuscitation or blood transfusion.
- Severe organ involvement, including any of the following: elevated liver transaminases (aspartate aminotransferase (AST) or alanine aminotransferase (ALT) ≥1,000 per liter (U/L)), impaired level of consciousness and/or diagnosis of encephalitis, encephalopathy, or meningitis, or heart or other organ involvement including myocarditis, cholecystitis, and pancreatitis.

(continued on page 5)

**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
- Detection in serum or plasma of DENV NS1 antigen by a validated immunoassay, OR
- 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
- Detection in serum or plasma of DENV NS1 antigen by a validated immunoassay, OR
- Seroconversion from negative for dengue virus-specific serum Immunoglobulin M (IgM) antibody in an acute phase ( $\leq 5$  days after symptom onset) specimen to positive for dengue-specific serum IgM antibodies in a convalescent-phase specimen collected  $\geq 5$  days after symptom onset, OR
- Seroconversion or demonstration of a  $\geq 4$ -fold rise in reciprocal Immunoglobulin G (IgG) antibody titer to dengue virus antigens serum samples collected  $>2$  weeks apart, AND confirmed by a neutralization test (e.g., plaque reduction neutralization test) with a  $>4$ -fold higher end point titer as compared to other flaviviruses tested.

## Presumptive/Probable:

- A positive dengue-specific IgM antibody test, on a single acute or convalescent phase serum specimen.

## Suspect:

- The absence of IgM anti-DENV by validated immunoassay in a serum or CSF specimen collected  $<5$  days after illness onset and in which molecular diagnostic testing was not performed in a patient with an epidemiologic linkage.

**EPIDEMIOLOGIC LINKAGE**

- Travel to a dengue endemic country or presence at location with ongoing outbreak within previous two weeks of onset of an acute febrile illness or dengue, or
- Association in time and place (e.g., household member, family member, classmate, or neighbor) with a confirmed or probable dengue case.

**CASE CLASSIFICATION**

Suspect: A clinically compatible case of dengue, or severe dengue with an epidemiologic linkage.

Probable: A clinically compatible case of dengue, or severe dengue with laboratory results indicative of probable infection.

Confirmed: A clinically compatible case of dengue, or severe dengue with confirmatory laboratory results.

**COMMENT**

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.

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