

DENGUE CASE INVESTIGATION

FORM APPROVED
OMB 0920-0009

San Juan Laboratories
Puerto Rico Health Dept.
GPO Box 4532
San Juan, Puerto Rico 00936
(809) 781-3636

HOSPITALIZED:

Yes _____ No _____

Name of hospital _____

Please complete all sections:

Country

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 ID (1-6)

Study

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 (7)
Source

--

 (8)
Species

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 (9)

Name _____
Last name First name Middle name

HOME ADDRESS

Number & Street: _____

City, Town or Post Office: _____

State & Zip or/

Province, County or Parish: _____

Telephone: _____

Work Address: _____

Sex: Male _____ Female _____

Age: _____ years Date of birth: _____
Month Day Year

Place of birth: _____

CLINICAL DATA

	Month	Day	Year
Date of first symptom	_____	_____	_____

Date specimen taken:

	Serum	Date		
		Month	Day	Year
} first specimen	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Other (specify): _____

Doctor who referred
the case: _____

Office address: _____

Phone no: _____

Hospital & address: _____

For San Juan Laboratories Use Only

<table border="1" style="width: 100%; height: 20px;"></table> (11)	<table border="1" style="width: 100%; height: 20px;"></table> (61)	<table border="1" style="width: 100%; height: 20px;"></table> (60)
<table border="1" style="width: 100%; height: 20px;"></table> (12-13)	<table border="1" style="width: 100%; height: 20px;"></table> (14-15)	<table border="1" style="width: 100%; height: 20px;"></table> (78)
Onset Date		
<table border="1" style="width: 100%; height: 20px;"></table> (22-25)		
Kind	Lab No.	Date of Collection
<table border="1" style="width: 100%; height: 20px;"></table> (10)	<table border="1" style="width: 100%; height: 20px;"></table> (16-21)	<table border="1" style="width: 100%; height: 20px;"></table> (26-29)
		Days after Onset
		<table border="1" style="width: 100%; height: 20px;"></table> (30)

	Yes	No	Don't Know	
Fever				(19)
Headache				(20)
Eye pain				(21)
Body pain				(22)
Joint pain				(23)
Rash				(24)
Nausea or vomiting				(25)
Diarrhea				(26)
Chills				(27)
Cough				(28)
Petechiae				(29)
Purpura/Ecchymoses				(30)
Hematemesis				(31)
Melena				(32)
Epistaxis				(33)
Bleeding gums				(34)
Hematuria				(35)
Vaginal bleeding				(36)
Nasal congestion				(37)
Sore throat				(38)
Jaundice				(39)

Tourniquet Test _____

Blood pressure _____

Immunizations: _____

Yellow fever: _____

Others _____

Pregnant? _____

Yes _____ Month of pregnancy _____

COMMENTS: _____

LABORATORY DATA:

CBC: WBC _____

Hct _____

Hb _____

Platelets _____

Other: _____

EPIDEMIOLOGIC DATA:

1. Have you had dengue before (with fever, body pains, and rash)?
Yes _____ No _____ Don't know _____ (62)

2. When? _____
Month Year (63-65)

3. How long have you lived in this location? _____ (66)

4. During the 10 days before onset of illness have you traveled to other locations?
Yes _____ No _____ (67)

5. Where did you travel? _____

FOR SAN JUAN LABORATORIES USE ONLY

NAME _____

ID NO. _____

SEROLOGICAL TEST RESULTS

Antigen	Lab No.		S ₁		S ₂		S ₃		Inter.
	(31)	(32)	Res.	(33) (34)	Res.	(33) (34)	Res.	(33) (34)	
CF Dengue 1	0	1							
Dengue 2	1	1							
Dengue 3	2	1							
Dengue 4	3	1							
Yellow Fever	4	1							
St. Louis	5	1							
EEE	8	1							
HI Dengue 1	0	2							
Dengue 2	1	2							
Dengue 3	2	2							
Dengue 4	3	2							
Yellow Fever	4	2							
St. Louis	5	2							
EEE	8	2							
NT Dengue 1	0								
Dengue 2	1								
Dengue 3	2								
Dengue 4	3								

Dengue Interpretation:
(To be coded only on first card for patient)

CF (71) HI (72) PRNT (76)

Isolation/Identification _____

(73) Isolation Technique (74) Identification Technique (75)

Overall Interpretation:
(To be coded only on first card for patient)

(77)

Card Code (only 8 antigens/card)

____ (80) _____ (80) _____ (80)