DENGUE CASE INVESTIGATION

HOSPITALIZED:
Yes ______ No ______

Name of hospital ______

Please complete all sections:

Country ______

ID (1-6) ______

Source ______

Species ______

Study ______

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: 1 1 1

Month Day Year

Place of birth: ______

CLINICAL DATA

Date of first symptom ______

Date specimen taken:

first specimen ______

second specimen ______

third specimen ______

Other (specify): ______

Fever ______

Headache ______

Eye pain ______

Body pain ______

Joint pain ______

Rash ______

Nausea or vomiting ______

Diarrhea ______

Chills ______

Cough ______

Petechiae ______

Purpura/Ecchymoses ______

Hematemesis ______

Melena ______

Epistaxis ______

Bleeding gums ______

Hematuria ______

Vaginal bleeding ______

Nasal congestion ______

Sore throat ______

Jaundice ______

Tourniquet Test ______

Blood pressure ______

Immunizations:

Yellow fever: ______

Others ______

Pregnant? ______

Yes ______ Month of pregnancy ______

LABORATORY DATA:

CBC: WBC ______

Hct ______

Hb ______

Platelets ______

Other: ______

EPIDEMIOLOGIC DATA:

1. Have you had dengue before with fever, body pain, and rash?
   Yes ______ No ______ Don't know ______

2. When?
   Month Year ______

3. How long have you lived in this location?
   ______

4. During the 10 days before onset of illness have you traveled to other locations?
   Yes ______ No ______

5. Where did you travel? ______

Comments: ______

CDC 56.31A This questionnaire is authorized by law (Public Health Service Act, 42 USC 241). Although response to the questions asked is voluntary, the cooperation of the patient is necessary for the study and control of the disease.
### SEROLOGICAL TEST RESULTS

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<th>S2</th>
<th>S3</th>
<th>Inter.</th>
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#### Dengue Interpretation:
(To be coded only on first card for patient)

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

#### Isolation/Identification
(To be coded only on first card for patient)

- Isolation Technique: (74)
- Identification Technique: (75)

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

#### Card Code (only 8 antigens/card)
- CDC 3.904F (BACK)
  - (80)
  - (80)
  - (80)