

**DENGUE CASE INVESTIGATION FORM**

| INITIAL DIAGNOSIS   |  |  |
|---|--|--|
| <input type="radio"/> Dengue without Warning Signs <input type="radio"/> Dengue with Warning Signs <input type="radio"/> Severe Dengue          |  |  |
| Date of Notification: <i>DD/MM/YYYY</i>   |  | Date Investigation Started: <i>DD/MM/YYYY</i>                          |
| PATIENT'S DEMOGRAPHICS  |  |  |
| Patient's ID Type:<br><input type="radio"/> Driver's License <input type="radio"/> TRN <input type="radio"/> Passport <input type="radio"/> NIN |  | Patient's ID Number:   |
| First Name:   |  | Middle Name(s):  |
| Last Name:  |  | Pet Name(s):   |
| Sex Assigned at Birth: <input type="radio"/> Male <input type="radio"/> Female  |  | Medical Record Number:   |
| Date of Birth: <i>DD/MM/YYYY</i>  |  | Age:   |
| Country of Residence:   |  | Parish (Jamaica):  |
| House Number, Street Name:  |  |  |
| Landmark or directions to address:  |  | Community:   |
| Phone Number:   |  | Email Address:   |
| CLINICAL PROFILE  |  |  |
| <input type="radio"/> History of Fever <input type="radio"/> Recorded Fever   |  |  |
| Recorded temperature:   | Duration (days):   | Date of Onset: <i>DD/MM/YYYY</i>                                       |
| Dengue Without Warning Signs  | Dengue With Warning Signs                                  | Severe Dengue  |
| Date of Onset: <i>DD/MM/YYYY</i>  | Date of Onset: <i>DD/MM/YYYY</i>                           | Date of Onset: <i>DD/MM/YYYY</i>                                       |
| <input type="radio"/> Nausea  | <input type="radio"/> Persistent vomiting                  | - Shock  |
| <input type="radio"/> Vomiting  | <input type="radio"/> Fluid accumulation                   | <input type="radio"/> Weak or undetectable pulse                       |
| <input type="radio"/> Exanthema   | <input type="radio"/> * Ascites                            | <input type="radio"/> Tachycardia                                      |
| <input type="radio"/> Headache  | <input type="radio"/> * Pleural effusion                   | <input type="radio"/> Cold extremities                                 |
| <input type="radio"/> Retro-orbital pain  | <input type="radio"/> * Pericardial effusion               | <input type="radio"/> Capillary perfusion >2 seconds                   |
| <input type="radio"/> Myalgia   | <input type="radio"/> Mucosal bleed                        | <input type="radio"/> Pulse pressure ≤ 20mmHg (Hypotension)            |
| <input type="radio"/> Arthralgia  | <input type="radio"/> Lethargy/restlessness                | - Severe bleeding  |
| <input type="radio"/> Petechiae   | <input type="radio"/> Postural hypotension                 | <input type="radio"/> Hematemesis                                      |
| <input type="radio"/> Tourniquet test positive  | <input type="radio"/> Hepatomegaly(>2 cm above the normal) | <input type="radio"/> Melena   |
| <input type="radio"/> Leukopenia  | <input type="radio"/> Progressive increase in hematocrit   | <input type="radio"/> Metrorrhagia                                     |
| Other Unlisted Symptoms:  |  | <input type="radio"/> (CNS) Bleeding                                   |
|   |  | - Organ Involvement  |
|   |  | <input type="radio"/> Liver impairment (AST or ALT ≥ 1000 IU)/ failure |
|   |  | <input type="radio"/> Myocarditis                                      |
|   |  | <input type="radio"/> Encephalitis (Impaired mental state)             |
|   |  | <input type="radio"/> Kidney Failure                                   |

| Medical History   |   |   |   |
|---|---|---|---|
| Pre-existing Conditions   |   |   |   |
| <input type="radio"/> Asthma  | <input type="radio"/> Diabetes Mellitus | <input type="radio"/> HIV/AIDS  | <input type="radio"/> Malignancy              |
| <input type="radio"/> Autoimmune  | <input type="radio"/> Heart Disease     | <input type="radio"/> Hypertension  | <input type="radio"/> Sickle Cell Disease     |
| <input type="radio"/> Chronic Obstructive Pulmonary Disease (COPD)  | <input type="radio"/> Kidney Disease    | <input type="radio"/> Liver dysfunction   | <input type="radio"/> Other<br>Specify Other: |
| Pregnancy   |   |   |   |
| Is Patient Pregnant: <input type="radio"/> Yes <input type="radio"/> Unsure <input type="radio"/> Not applicable            |   |   |   |
| Gestational Age:  |   | Trimester: <input type="radio"/> First <input type="radio"/> Second <input type="radio"/> Third   |   |
| SAMPLE AND LAB INFORMATION  |   |   |   |
| Dengue Titres   |   |   |   |
| Sample Type: <input type="radio"/> Blood  |   | <input type="radio"/> Acute <input type="radio"/> Convalescent                                    | Date Sample Taken: DD/MM/YYYY                 |
| Test Type   | Date Test Done                          | Results   | Interpretation                                |
| <input type="radio"/> PCR   | DD/MM/YYYY                              | <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate |   |
| <input type="radio"/> IgM   | DD/MM/YYYY                              | <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate |   |
| <input type="radio"/> NS1Ag   | DD/MM/YYYY                              | <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate |   |
| <input type="radio"/> IgG   | DD/MM/YYYY                              | <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate |   |
| <input type="radio"/> Other   | DD/MM/YYYY                              | <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate |   |
| <input type="radio"/> Other   | DD/MM/YYYY                              | <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate |   |
| Is the sample being sent to an external lab? <input type="radio"/> Yes <input type="radio"/> No                             |   |   |   |
| <input type="radio"/> National Public Health Laboratory   |   | <input type="radio"/> CARPHA  | <input type="radio"/> Other                   |
| Specify Other Laboratory:   |   |   |   |
| HOSPITAL SUMMARY  |   |   |   |
| Admitted to Hospital? <input type="radio"/> Yes <input type="radio"/> No  |   | Date of Admission: DD/MM/YYYY   | Date of Discharge: DD/MM/YYYY                 |
| Hospital:   |   | Medical Record Number:  |   |
| Vital Status (Outcome): <input type="radio"/> Alive <input type="radio"/> Dead  |   | Date of Death: DD/MM/YYYY   | Time of Death: __:__ AM/PM                    |
| Place of Death: <input type="radio"/> Home <input type="radio"/> DOA  |   | <input type="radio"/> Ward  | <input type="radio"/> ICU                     |
| CLINICAL MANAGEMENT (Please complete for Dengue Deaths ONLY)  |   |   |   |
| Investigation   | Values                                  | Investigation   | Values  |
| <input type="radio"/> Rising Hematocrit   |   | <input type="radio"/> High Creatinine   |   |
| <input type="radio"/> Falling Platelets   |   | <input type="radio"/> Deranged Glucose  |   |
| Lowest Platelet Count   |   | <input type="radio"/> Deranged PT/PTT   |   |
| <input type="radio"/> WBC Value   |   | <input type="radio"/> Hyponatremia  |   |
| <input type="radio"/> Abnormal AST/ALT  |   | <input type="radio"/> Hypokalemia   |   |
| <input type="radio"/> High BUN  |   | <input type="radio"/> Hyperkalemia  |   |
| <input type="radio"/> Pleural Effusion on CXR   |   | Date of Investigation: DD/MM/YYYY   |   |
| <input type="radio"/> Ascites on abdominal Ultrasound   |   | Date of Investigation: DD/MM/YYYY   |   |
| Blood Culture Results:<br><input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate |   | Date Sample Taken: DD/MM/YYYY   |   |

|  |  |   |
|--|--|---|
| Pathogen Found:  |  |   |
| Urine culture:<br><input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate  |  | Date Sample Taken: <i>DD/MM/YYYY</i>    |
| Pathogen Found:  |  |   |
| Summary of Clinical Management:  |  |   |
| <b>Field Classification</b>  |  |   |
| <b>Index Diagnosis: Dengue</b>   |  | <b>Final Diagnosis:</b>                 |
| If Dengue: <input type="radio"/> Dengue Without Warning Signs <input type="radio"/> Dengue With Warning Signs <input type="radio"/> Severe Dengue  |  |   |
| Dengue Serotype (If applicable): <input type="radio"/> Type 1 <input type="radio"/> Type 2 <input type="radio"/> Type 3 <input type="radio"/> Type 4   |  |   |
| Final classification:  |  |   |
| <input type="radio"/> Pending  | <input type="radio"/> Clinically Diagnosed | <input type="radio"/> Probable          |
| <input type="radio"/> Discarded  | <input type="radio"/> Laboratory Confirmed | <input type="radio"/> Inconclusive      |
| Reason for classification:   |  |   |
| Aetiology Category: <input type="radio"/> Imported case <input type="radio"/> Import-related cases <input type="radio"/> Endemic <input type="radio"/> Vaccine Associated<br><input type="radio"/> Unknown |  |   |
| Source country (If Imported or Import-Related:   |  |   |
| <b>DEATH CLASSIFICATION</b>  |  |   |
| Contribution to patient death: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown  |  |   |
| Immediate Cause:   |  |   |
| Intermediate Cause:  |  |   |
| Underlying Cause:  |  |   |
| Investigator's Comments:   |  |   |
| <b>Investigator's Details</b>  |  |   |
| Date Investigation Completed: <i>DD/MM/YYYY</i>  |  |   |
| First Name:  |  | Last Name                               |
| Professional Group:  |  |   |
| Phone number:  |  | Email Address:                          |
| Name of Institution:   |  |   |
| Parish:  |  | Community:                              |
| Office Number/Street Name:   |  |   |
| Health Region:   |  |   |
| Name of Parish MO(H):  | Signature of MO(H)                         | Date signed by MO(H): <i>DD/MM/YYYY</i> |