

NJDOH DENGUE INVESTIGATION WORKSHEET

CDRSS #: _____

DEMOGRAPHICS

Patient Last Name		First Name		DOB: ____ / ____ / ____	Phone number
Address				City	Municipality
Ethnicity Hispanic Non-Hispanic Unknown		Race White Black Asian Pacific Islander American Indian or Alaskan Native Unknown			
Occupation: _____			Pregnancy status Pregnant Not pregnant N/A Unknown		

CLINICAL INFORMATION

Date first seen by a medical professional: ____ / ____ / ____		Onset Date (mm/dd/yy) ____ / ____ / ____		Diagnosis:	
General signs and symptoms:			Warning signs for severe dengue:		
Fever Temp: _____ F		Rash. Describe:		Abdominal pain/tenderness	
Headache		Anorexia		Persistent vomiting	
Pain behind eyes		Nausea or vomiting		Mucosal bleeding	
Joint pain (arthralgia)		Other, specify:		Site(s): _____	
Muscle pains (myalgia)				Liver enlargement (>2cm)	
				Extravascular fluid accumulation (pleural or pericardial effusion, ascites)	
				Increasing hematocrit concurrent with rapid decrease in platelet count	

Severe dengue symptoms:

Severe plasma leakagw defined by: Hypovolemic shock Extravascular fluid accumulation with respiratory distress	Severe GI tract bleeding	Hepatitis	Other organ involvement. Specify:
	Severe vaginal bleeding	Encephalitis, meningitis, or encephalopathy, specify: _____	
	Treatment with IV fluids or blood transfusion	Myocarditis or other cardiac syndrome	Other, specify:

Was patient hospitalized because of this illness? Yes, specify location and date(s) Hospital name: _____ Admission: ____ / ____ / ____ Discharge: ____ / ____ / ____			Did the patient die because of this illness? Yes, Date _____		
No Unknown			No Unknown		

Was patient previously diagnosed with Dengue? Yes Date: _____ No Unk	Was patient vaccinated against Yellow Fever? Yes Date: _____ No Unk	Was patient vaccinated against Japanese Encephalitis? Yes Date: _____ No Unk
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LABORATORY TESTING

Platelet count _____ (L / McL)	Hematocrit (%) _____ Elevated liver enzymes (U/L)	Tourniquet test Positive Negative Not performed
WBC count _____ (L / McL)	ALTs _____ ASTs _____	

RISK FACTORS

Was there travel to or relocation from a dengue endemic areas in the 3 weeks prior to onset? Yes Date: ____ / ____ / ____ to ____ / ____ / ____ Location: _____ No Unknown	Did the patient recently donate blood or organs? Yes Date: ____ / ____ / ____ Location of donation: _____ No Unknown
Did the patient receive a blood transfusion in the past 30 days? (If yes, specify) Yes No Unknown Specify:	Did the patient receive an organ transplant in the past 30 days? (If yes, specify) Yes No Unknown Specify: