EPIDEMIOLOGICAL CASE INVESTIGATION

Date of Investigation: 
Investigator (Name / Position): 
Informant / Relation: 

I. PERSONAL DATA:
Name: 
Age: 
Sex: 
CS: 
Complete Address: 
Length of Stay in above Address: 
Provinal / Previous Address: 
Occupation: 
School / Office Address: 
Father's Name: 
Mother's Name: 

II. CLINICAL DATA:
Date of Onset: 
Duration (days): 
Outcome: [ ] Sustained [ ] Recovered [ ] Died 
Consulted: [ ] No [ ] Yes, whom: 
Admitted: [ ] Yes [ ] No, where: 
Treatment: [ ] Antibiotics [ ] IV fluids [ ] Blood Transfusion 
Others: 
Signs & Symptoms: [ ] Fever [ ] Chills [ ] Headache [ ] Aches, Pain 
[ ] Epistaxis [ ] Cough, Others: 
Complications (if any): [ ] Yes [ ] No, what: 

Laboratory Exam: 
When: 
Where: 
Result: 
CBC: 
Pulse Ox: 
Others: 
Diagnosis: 
Tentative: 
Final: 

III. EPIDEMIOLOGICAL NOTES:
Do you use protection against mosquitoes (Y) (N) 
if yes, what: 
Presence of mosquito breeding places: 
Stagnant water: [ ] Drainage canals [ ] Excavation [ ] Old tires 
[ ] Empty containers [ ] Others: 
Shaded areas under trees: 
Knowledge of other Dengue cases in the area: 

IV. OTHER PERTINENT DATA: 


V. INTERVENTIONS DONE: 


SUBMITTED BY: 
(Printed name, Position & Signature) Medical Officer 
Date submitted: 
Received by: Date Received: 

SUPPLEMENTAL FIGURE 1. Epidemiological case investigation.
### Supplemental Figure 2. Case report form dengue (ICD 10 Code: A90-A91).

<table>
<thead>
<tr>
<th>Patient No.</th>
<th>Patient’s Full Name</th>
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**Clinical Case Definition/Classification:**

**Dengue without Warning signs:**
- A previously well person with acute febrile illness of 2-7 days duration plus two of the following:
  - Headache, Body malaise, Myalgia, Arthralgia, Retro-orbital pain, Anorexia, Nausea, Vomiting, Diaphoresis, Flushed skin, Rash (petechial, Hemorrhagic sign)
- Probable:
  - Laboratory test, at least CBC (leukopenia either or hemorrhage) and/or Dengue NS1, antigen test or dengue IgM antibody test (optional)
- Confirmed:
  - Viral culture isolation

**Dengue with Warning Signs:**
- A previously well person with acute febrile illness of 2-7 days duration plus any one of the following:
  - Abdominal pain or tenderness
  - Persistent vomiting
  - Clinical signs of fluid accumulation
  - Mucosal bleeding
  - Leukopenia, leucopenia
  - Liver enlargement
  - Laboratory increase in Hct and/or decreasing platelet count

**Severe Dengue:**
- A previously well person with acute febrile illness of 2-7 days duration and any of the clinical manifestations for dengue with or without warning signs.
- Plus any of the following:

**Severe plasma leakage leading to shock:**
- Fluid accumulation with respiratory distress

**Severe bleeding:**

**Severe organ impairment:**
- Liver: AST or ALT >1500
- CNS: e.g., seizures, impaired consciousness
- Heart: e.g., myocarditis
- Kidneys: e.g., renal failure

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**Case Report Form Dengue (ICD 10 Code: A90-A91)**

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**Response Codes / Instructions:**

Indicate First name, Middle name, Last name

Specify Street/Proper/Subdivision, House #, Barangay, Municipality/City, Province

Y = Yes
N = No

M = Meningitis
S = Severe Dengue
C = Confirmed