Government of The Punjab
Health Department, Lahore
In collaboration with
DEAG, Services Institute of Medical Sciences, Lahore.

NIC Number: _____

Serial No: _____

Dengue
Case Report

PATIENT INFORMATION			
First Name	Middle Name	Last Name	Primary language ☐ English ☐ Other ☐ Urdu ☐ Punjabi
Father's Name	Husband Name	DOB (dd/mm/yyyy)	Age
House Number		Street	
Locality (like Shadman, Baghbanpura etc.)		City	
Home Telephone		Cellular phone	
E-mail Address		Phone number of relative / attendant	
Work Address			
Locality (like Shadman, Baghbanpura etc.)		City	Education ☐ Uneducated ☐ Under matric ☐ Undergraduate ☐ Others:_____
Gender ☐ Male ☐ Female ☐ Other (Please specify):_____			
Pregnant? ☐ Yes ☐ No ☐ Unknown		If yes, Est. Delivery Date (dd/mm/yyyy)	
CLINICAL INFORMATION			
Physician Name – Last Name		First Name	Telephone Number

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SIGNS AND SYMPTOMS

Symptomatic? ☐Yes ☐No ☐Unknown	Onset Date (dd/mm/yyyy)	Date First Sought Medical Care (dd/mm/yyyy)

Signs / Symptoms	Yes	No	Unk	If yes, specify as note	Signs / Symptoms	Yes	No	Unk	if yes, specify as noted
Fever				Highest temperature (specify °F/°C)	Purpura / Ecchymosis				
Headache					Abdominal pan				
Eye pain					Sweats				
Muscle pain					Epistaxis				
Joint pain					Bleeding gums				
Nausea or vomiting					Hematuria				
Diarrhea					Vaginal bleeding				
Irritability in infants									
Chills					Hypotension				SystolicBP
Cough									Diastolic BP
Petechiae					Other symptoms (specify)				Pulse Pressure

TRAVEL HISTORY

Did patient travel outside of his district in last 10 days? ☐ Yes ☐ No ☐ Unknown	Has the patient traveled outside Pakistan during the last 10 days period? ☐Yes ☐ No ☐Unknown

If yes or either of these questions, specify all locations and dates below.

TRAVEL HISTORY – DETAILS

Location (City, county, country)	Date travel started (dd/mm/yyyy)	Date travel ended (dd/mm/yyyy)

EXPOSURES / RISK FACTORS

Did patient recall any mosquito bites during the incubation period?
☐ Yes ☐ No ☐ Unknown

Occurrence of confirmed cases of dengue fever in family or neighborhood
☐ Yes ☐ No ☐ Unknown

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PAST MEDICAL HISTORY

Has the patient been previously diagnosed with dengue? ☐ Yes ☐ No ☐ Unknown	If yes, date of Diagnosis (dd/mm/yyyy)	Serotype (if known) ☐1 ☐2 ☐3 ☐4

PREVIOUS HOSPITAL VISIT

Did patient visit emergency room for illness? ☐ Yes ☐ No ☐ Unknown	Was the patient hospitalized? ☐ Yes ☐ No ☐ Unknown	If yes, how many total hospital nights
Was patient placed in isolation ward? ☐ Yes ☐ No ☐ Unknown	if there were any ER or hospital stays related to this illness, specify details below	

HOSPITALIZATION – DETAILS

Hospital Name 1	Hospital Address	Admission Date (dd/mm/yyyy)
	Telephone	Discharge / Transfer Date (dd/mm/yyyy)
		Discharge Diagnosis
Hospital Name 2	Hospital Address	Admission Date (dd/mm/yyyy)
		Discharge / Transfer Date (dd/mm/yyyy)
	Telephone	Discharge Diagnosis

LABORATORY INFORMATION

Hematology

Hematology ☐ Yes ☐ No ☐ Unknown	Date Collected (dd/mm/yyyy)	WBC	HCT	Hb	Platelets

Serology

Specimen Type 1 Collection date ☐ Serum ☐ Other(Please specify): _____	Type of test ELISA-IgM	ELISA-IgG	NS 1	PCR	Other (please specify):_____
	Level	Level	Pos Neg	Pos Neg	
	Laboratory Name				Telephone Number
Specimen Type 2 Collection Date ☐ Serum ☐ Other(Please specify): _____	Type of test ELISA-IgM	ELISA-IgG	NS 1	PCR	Other (please specify):_____
	Level	Level	Pos Neg	Pos Neg	
	Laboratory Name			Telephone Number	

OUTCOME

Outcome? ☐ Survived ☐ Died ☐ Unknown	If survived, Alive on _____(dd/mm/yyyyy)	Date of death (dd/mm/yyyy)

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NOTES / REMARKS

REPORTING AGENCY

Reporting Officer	Union Council No. (Area of City)	Telephone Number	Date (dd/mm/yyyy)

First reported by

☐ Clinician ☐ Laboratory ☐ Other (please specify): _____

DISEASE CASE CLASSIFICATION

Case classification (see case definition below)

☐ Confirmed ☐ Probable ☐ Suspected

CASE DEFINITION

DENGUE (2012)

Dengue Fever
Dengue Hemorrhagic Fever
Dengue Shock Syndrome

CLINICAL DESCRIPTION

Dengue Fever

Dengue fever (DF) is most commonly an acute febrile illness defined by the presence of fever and two or more of the following, retro-orbital or ocular pain, headache, rash, myalgia, arthralgia, leukopenia, or hemorrhagic manifestations (e.g., positive tourniquet test, petechiae; purpura/ecchymosis; epistaxis; gum bleeding; blood in vomitus, urine, or stool; or vaginal bleeding) but not meeting the case definition of dengue hemorrhagic fever. Anorexia, nausea, abdominal pain, and persistent vomiting may also occur but are not case-defining criteria for DF.

Dengue Hemorrhagic Fever

Dengue hemorrhagic fever (DHF) is characterized by evidence of **plasma leakage**asshown by hemoconcentration (an increase in hematocrit ≥ 20% above average for age or a decrease in hematocrit ≥ 20% of baseline following fluid replacement therapy), OR pleural effusion, or ascites or hypoproteinemia.**Plus** one of the following:

- Fever lasting from 2-7 days,
- Evidence of hemorrhagic manifestation or a positive tourniquet test,
- Thrombocytopenia (≤100,000 cells per mm3), AND

Dengue Shock Syndrome

Dengue shock syndrome (DSS) has all of criteria for DHF plus circulatory failure as evidenced by:

- Rapid and weak pulse and narrow pulse pressure (< 20mm Hg), OR
- Age-specific hypotension and cold, clammy skin, and restlessness.

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CASE DEFINITION (CONTINUED)

LABORATORY CRITERIA FOR DIAGNOSIS

Confirmatory:

- Isolation of dengue virus from or demonstration of specificarboviral antigen or genomic sequences in tissue, blood, cerebrospinal fluid (CSF), or other body fluid by polymerase chain reaction (PCR) test, immunofluorescence or immunohistochemistry, OR
- Seroconversion from negative for dengue virus-specific serum Immunoglobulin M (IgM) antibody in an acute phase (≤ 5 days after symptom onset) specimen to positive for dengue-specific serum IgM antibodies in a convalescent-phase specimen collected ≥ 5 days after symptom onset, OR
- Demonstration of a ≥ 4-fold rise in reciprocal Immunoglobulin G (IgG) antibody titer or Hemagglutination inhibition titer to dengue virus antigens in paired acute and convalescent serum samples, OR
- Demonstration of a ≥ 4-fold rise in PRNT (plaque reduction neutralization test) end point titer (as expressed by the reciprocal of the last serum dilution showing a 90% reduction in plaque counts compared to the virus infected control) between dengue viruses and other flaviviruses tested in a convalescent serum sample, OR
- Virus-specific immunoglobulin M (IgM) antibodies demonstrated in CSF.

Presumptive/Probable:

- Dengue-specificIgM antibodies present in serum with a P/N ratio ≥ 2

Exposure:

- Travel to a dengue endemic country or presence at location with ongoing outbreak within previous two weeks of dengue-like illness, OR
- Association in time and place with a confirmed or probable dengue case.

Case Classification:

Suspected: A clinically compatible case of DF, DHF, or DSS that is epidemiologically linked to a confirmed case
Probable**:**A clinically compatible case of DF, DHF, or DSS with laboratory results indicative of presumptive infection
Confirmed: A clinically compatible case of DF, DHF, or DSS with confirmatory laboratory results

Comment:

Asymptomatic Blood or Tissue Donor

Dengue virus - specific viral antigen or genomic sequences demonstrated in donated blood or organs during screening and confirmatory testing in the absence of symptoms in the donor.

Dengue viruses are members of the Flaviviridae and have sufficient antigenic similarity to yellow fever virus, Japanese encephalitis virus, and West Nile virus that previous infection or vaccination may raise cross-reactive serum antibodies. After a primary infection with a heterologous flavivirus, subsequent antibody testing by ELISA may produce false positive results for a different flavivirus. PRNT can often resolve cross-reactive serum antibodies in this situation and identify the infecting virus. However, high-titered cross-reactive antibody levels produced from multiple previous flavivirus infections cannot be resolved by PRNT. This demonstrates the complexity inherent in serological diagnosis and differentiation in populations living in regions where more than one flavivirus co-circulates.

Reference testing is available from DEAG, Services Institute of Medical Sciences, Jail Road, Lahore, Pakistan
Telephone:042-99203401 – 21, Fax:042-99203426. Email: principalsoffice@gmail.com, deag.punjab@gmail.com