State of California—Health and Human Services Agency

Local ID Number: _______________

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Infectious Diseases Branch
Surveillance and Statistics Section
MS 7306, P.O. Box 997377
Sacramento, CA 95899-7377

DENGUE VIRUS INFECTION CASE REPORT

***Please note**: Prompt, standardized interview of all cases of dengue is strongly encouraged to improve the accuracy of recall of possible sources of infection. Jurisdictions that choose to use this form should send completed forms to the Surveillance and Statistics Section through your communicable disease reporting staff. For jurisdictions participating in CalREDIE, entry of information into the CalREDIE form will facilitate investigations and surveillance.*

PATIENT INFORMATION

Last Name	*First Name*	*Middle Name*	*Suffix*

Social Security Number (9 digits)	*DOB (mm/dd/yyyy)*	*Age*	☐ Years ☐ Months ☐ Days

Address Number & Street – Residence	*Apartment / Unit Number*

City / Town	*State*	*Zip Code*

Census Tract	*County of Residence*	*Country of Residence*

Country of Birth	*If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)*

Home Telephone	*Cellular Phone / Pager*	*Work / School Telephone*

E-mail Address	*Other Electronic Contact Information*

Work / School Location	*Work / School Contact*

Gender
☐ Female ☐ Trans female / transwoman ☐ Genderqueer or non-binary ☐ Unknown
☐ Male ☐ Trans male/ transman ☐ Identity not listed ☐ Declined to answer

Pregnant? ☐ Yes ☐ No ☐ Unknown	*If Yes, Est. Delivery Date (mm/dd/yyyy)*
Medical Record Number	*Patient's Parent/Guardian Name*
Occupation Setting (see list on page 8)	*Other Describe/Specify*
Occupation (see list on page 8)	*Other Describe/Specify*

Primary Language
☐ English
☐ Spanish
☐ Other: _______________

Ethnicity (check one)
☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino
☐ Unknown

Race(s)
(check all that apply, race descriptions on page 7)

The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

☐ American Indian or Alaska Native

☐ Asian *(check all that apply, see list on page 7)*
- ☐ Asian Indian ☐ Korean
- ☐ Bangladeshi ☐ Laotian
- ☐ Cambodian ☐ Malaysian
- ☐ Chinese ☐ Pakistani
- ☐ Filipino ☐ Sri Lankan
- ☐ Hmong ☐ Taiwanese
- ☐ Indonesian ☐ Thai
- ☐ Japanese ☐ Vietnamese
- ☐ Other: _______________

☐ Black or African-American

☐ Native Hawaiian or Other Pacific Islander *(check all that apply, see list on page 7)*
- ☐ Native Hawaiian ☐ Samoan
- ☐ Fijian ☐ Tongan
- ☐ Guamanian
- ☐ Other: _______________

☐ White

☐ Other: _______________

☐ Unknown

ADDITIONAL PATIENT DEMOGRAPHICS

Sex Assigned at Birth
☐ Female ☐ Unknown
☐ Male ☐ Declined to answer

Sexual Orientation
☐ Heterosexual or straight ☐ Questioning, unsure, or patient doesn't know ☐ Declined to answer
☐ Gay, lesbian, or same-gender loving ☐ Orientation not listed ☐ Unknown
☐ Bisexual

First three letters of patient's last name: ☐☐☐

CLINICAL INFORMATION

Physician Name - Last Name	*First Name*	*Telephone Number*

SIGNS AND SYMPTOMS

Symptomatic?
☐ Yes ☐ No ☐ Unknown

Clinical Presentation	*Onset Date (mm/dd/yyyy)*	*Date First Sought Medical Care (mm/dd/yyyy)*
☐ Dengue ☐ Dengue-like illness ☐ Severe dengue		

Signs / Symptoms	Yes	No	Unk	If Yes, Specify as Noted	Signs / Symptoms	Yes	No	Unk	If Yes, Specify as Noted
Fever				*Highest temperature (specify °F/°C)*	Cough				
Headache					Petechiae (as noted in the chart)				
Eye pain					Purpura / Ecchymosis / Purpuric rash (as noted in chart, or mention of "bruising")				
Muscle pain									
Joint pain				*Joint(s)*	Sweats				
Nausea or vomiting					Hypotension (as noted in the chart, OR systolic blood pressure <90 mmHg AND diastolic <60 mmHg)				*Date measured (mm/dd/yyyy)*
Rash									*Systolic / Diastolic*
Diarrhea					*Other symptom (specify)*				
Chills									

SEVERE DENGUE WARNING SIGNS

Signs and Symptoms	Yes	No	Unk	Signs and Symptoms	Yes	No	Unk
Abdominal pain or tenderness				Hematuria (blood in urine)			
Persistent vomiting				Vaginal bleeding			
Pleural or pericardial effusion (as noted in the chart)				Liver enlargement (as noted in the chart)			
Ascites (as noted in the chart)				Shock (as noted in the chart)			
Epistaxis (nosebleed)				Severe bleeding from the gastrointestinal tract (i.e., bloody stool, tarry stool, or bloody vomiting)			
Bleeding gums				*Other symptom (specify)*			

PAST MEDICAL HISTORY

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

HOSPITALIZATION

Did the patient visit the emergency room for illness?
☐ Yes ☐ No ☐ Unknown

Was the patient hospitalized?	*If Yes, how many total hospital nights?*
☐ Yes ☐ No ☐ Unknown	☐ *Still hospitalized as of* _____________ *(mm/dd/yyyy)*

During any part of the hospitalization, did the patient stay in an intensive care unit (ICU) or a critical care unit (CCU)?
☐ Yes ☐ No ☐ Unknown

If there were any ER visits or hospital stays related to this illness, specify details in the Hospitalization – Details section on next page.

First three letters of patient's last name: | | | |

HOSPITALIZATION – DETAILS

Hospital Name 1	*Street Address*			*Admit Date (mm/dd/yyyy)*	
	City			*Discharge / Transfer Date (mm/dd/yyyy)*	
	State	*Zip Code*	*Telephone Number*	*Medical Record Number*	*Discharge Diagnosis*
Hospital Name 2	*Street Address*			*Admit Date (mm/dd/yyyy)*	
	City			*Discharge / Transfer Date (mm/dd/yyyy)*	
	State	*Zip Code*	*Telephone Number*	*Medical Record Number*	*Discharge Diagnosis*

OUTCOME

Outcome?	*If Survived,*	*Date of Death (mm/dd/yyyy)*
☐ Survived ☐ Died ☐ Unknown	Survived as of ________________________________*(mm/dd/yyyy)*	

LABORATORY INFORMATION

LABORATORY RESULTS SUMMARY

Specimen Type 1	*Laboratory Type*	
☐ Serum ☐ CSF ☐ Blood ☐ Other:__________________	☐ State PH lab ☐ Local PH Lab ☐ Commercial lab ☐ CDC lab ☐ Other (specify): ______________________	
	Test Target (arbovirus) (check one) ☐ Dengue virus ☐ West Nile virus ☐ Chikungunya virus ☐ Zika virus ☐ St. Louis encephalitis virus ☐ Other (specify): ________________________	
	Type of Test ☐ PCR/NAT ☐ IgM ☐ IgG ☐ NS1 Antigen ☐ PRNT ☐ Other (specify):__________________________________	
	Interpretation ☐ Positive ☐ Negative ☐ Equivocal ☐ Test not done	*Collection Date (mm/dd/yyyy)*
	Dengue Serotype ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Not determined	*Quantitative Assay Results*
	Laboratory Name	*Telephone Number*

Specimen Type 2	*Laboratory Type*	
☐ Serum ☐ CSF ☐ Blood ☐ Other:__________________	☐ State PH lab ☐ Local PH Lab ☐ Commercial lab ☐ CDC lab ☐ Other (specify): ______________________	
	Test Target (arbovirus) (check one) ☐ Dengue virus ☐ West Nile virus ☐ Chikungunya virus ☐ Zika virus ☐ St. Louis encephalitis virus ☐ Other (specify): ________________________	
	Type of Test ☐ PCR/NAT ☐ IgM ☐ IgG ☐ NS1 Antigen ☐ PRNT ☐ Other (specify):__________________________________	
	Interpretation ☐ Positive ☐ Negative ☐ Equivocal ☐ Test not done	*Collection Date (mm/dd/yyyy)*
	Dengue Serotype ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Not determined	*Quantitative Assay Results*
	Laboratory Name	*Telephone Number*

(continued on page 4)

First three letters of patient's last name: | | | |

LABORATORY RESULTS SUMMARY (continued)

Specimen Type 3
☐ Serum
☐ CSF
☐ Blood
☐ Other:__________________

Laboratory Type
☐ State PH lab ☐ Local PH Lab ☐ Commercial lab ☐ CDC lab ☐ Other (specify): _____________________

Test Target (arbovirus) (check one)
☐ Dengue virus ☐ West Nile virus ☐ Chikungunya virus
☐ Zika virus ☐ St. Louis encephalitis virus ☐ Other (specify): ________________________

Type of Test
☐ PCR/NAT ☐ IgM ☐ IgG ☐ NS1 Antigen ☐ PRNT ☐ Other (specify):__________________________________

Interpretation ☐ Positive ☐ Negative ☐ Equivocal ☐ Test not done	*Collection Date (mm/dd/yyyy)*
Dengue Serotype ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Not determined	*Quantitative Assay Results*
Laboratory Name	*Telephone Number*

Specimen Type 4
☐ Serum
☐ CSF
☐ Blood
☐ Other:__________________

Laboratory Type
☐ State PH lab ☐ Local PH Lab ☐ Commercial lab ☐ CDC lab ☐ Other (specify): _____________________

Test Target (arbovirus) (check one)
☐ Dengue virus ☐ West Nile virus ☐ Chikungunya virus
☐ Zika virus ☐ St. Louis encephalitis virus ☐ Other (specify): ________________________

Type of Test
☐ PCR/NAT ☐ IgM ☐ IgG ☐ NS1 Antigen ☐ PRNT ☐ Other (specify):__________________________________

Interpretation ☐ Positive ☐ Negative ☐ Equivocal ☐ Test not done	*Collection Date (mm/dd/yyyy)*
Dengue Serotype ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Not determined	*Quantitative Assay Results*
Laboratory Name	*Telephone Number*

LABORATORY RESULTS SUMMARY - OTHER

Hematology ☐ Yes ☐ No ☐ Unknown	*Date Collected (mm/dd/yyyy)*	*Hemoglobin (Hb)*	*Platelets*
Leukopenia (WBC count<5,000/mm^3) ☐ Yes ☐ No ☐ Unknown	*If Yes, total white blood cell count*	*High hematocrit (HCT) value* ☐ Yes ☐ No ☐ Unknown	*If Yes, hematocrit value*

Aspartate aminotransferase (AST) or alanine amino transferase (ALT) ≥1,000 per liter (U/L) ☐ Yes ☐ No ☐ Unknown	*If Yes, AST and/or ALT levels*
Other laboratory diagnostics performed (e.g., IHC, virus isolation)? ☐ Yes ☐ No ☐ Unknown	*If Yes, describe*

EPIDEMIOLOGIC INFORMATION

INCUBATION PERIOD: 14 DAYS PRIOR TO ILLNESS ONSET

TRAVEL HISTORY

*Did patient travel **outside of county of residence** during the incubation period?* ☐ Yes ☐ No ☐ Unknown	*Has the patient traveled **outside the U.S.** during the incubation period?* ☐ Yes ☐ No ☐ Unknown

If Yes for either of these questions, specify all locations and dates below.

TRAVEL HISTORY – DETAILS

Travel Type	**State**	**Country**	**Other location details (city, resort, etc.)**	**Date Travel Started *(mm/dd/yyyy)***	**Date Travel Ended *(mm/dd/yyyy)***
☐ Domestic ☐ Unknown ☐ International					
☐ Domestic ☐ Unknown ☐ International					
☐ Domestic ☐ Unknown ☐ International					

First three letters of patient's last name: | | | |

EXPOSURES / RISK FACTORS

Did patient recall any mosquito bites during the incubation period? ☐ Yes ☐ No ☐ Unknown	*If Yes, specify all locations and dates below.*

MOSQUITO BITE HISTORY - DETAILS

Location (city, county, state, country)	**Date of Mosquito Bite (mm/dd/yyyy)**

NOTES / REMARKS

REPORTING AGENCY

Investigator Name	*Local Health Jurisdiction*	*Telephone Number*	*Date (mm/dd/yyyy)*

First Reported By
☐ Clinician ☐ Laboratory ☐ Other (specify):______________________

DISEASE CASE CLASSIFICATION

Case Classification (see case on page 7)
☐ Confirmed ☐ Probable ☐ Suspect

STATE USE ONLY

Case Classification
☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Need additional information

First three letters of patient's last name: | | |

CASE DEFINITION

DENGUE (CDPH, working definition 2024)

Dengue, Dengue-like Illness, and Severe Dengue Symptomatic cases
(adapted from the 2015 CSTE case definition https://ndc.services.cdc.gov/case-definitions/dengue-virus-infections-2015/)

CLINICAL DESCRIPTION

Dengue
Dengue is defined by fever as reported by the patient or healthcare provider and the presence of one or more of the following signs and symptoms:

- Nausea/vomiting
- Rash
- Aches and pains (e.g., headache, retro-orbital pain, joint pain, myalgia, arthralgia)
- Tourniquet test positive
- Leukopenia (a total white blood cell count of <5,000/mm^3), **OR**
- Any warning sign for severe dengue:
  - Abdominal pain or tenderness
  - Persistent vomiting
  - Extravascular fluid accumulation (e.g., pleural or pericardial effusion, ascites)
  - Mucosal bleeding at any site
  - Liver enlargement >2 centimeters
  - Increasing hematocrit concurrent with rapid decrease in platelet count.

Dengue-like Illness
Dengue-like illness is defined by fever as reported by the patient or healthcare provider and no other signs or symptoms listed for dengue and/or severe dengue.

Severe Dengue
Severe dengue is defined as dengue with any one or more of the following scenarios:

- Severe plasma leakage evidenced by hypovolemic shock and/or extravascular fluid accumulation (e.g., pleural or pericardial effusion, ascites) with respiratory distress. A high hematocrit value for patient age and sex offers further evidence of plasma leakage.
- Severe bleeding from the gastrointestinal tract (e.g., hematemesis, melena) or vagina (menorrhagia) as defined by requirement for medical intervention including intravenous fluid resuscitation or blood transfusion.
- Severe organ involvement, including any of the following:
  - Elevated liver transaminases: aspartate aminotransferase (AST) or alanine aminotransferase (ALT) ≥1,000 per liter (U/L)
  - Impaired level of consciousness and/or diagnosis of encephalitis, encephalopathy, or meningitis
  - Heart or other organ involvement including myocarditis, cholecystitis, and pancreatitis.

LABORATORY CRITERIA FOR DIAGNOSIS

Confirmatory:

- Detection of DENV nucleic acid in serum, plasma, blood, cerebrospinal fluid (CSF), other body fluid or tissue by validated reverse transcriptase-polymerase chain reaction (PCR), **OR**
- Detection of DENV antigens in tissue by a validated immunofluorescence or immunohistochemistry assay, **OR**
- Detection in serum or plasma of DENV NS1 antigen by a validated immunoassay; **OR**
- Cell culture isolation of DENV from a serum, plasma, or CSF specimen; **OR**
- Detection of IgM anti-DENV by validated immunoassay in a serum specimen or CSF in a person living in a dengue endemic or non-endemic area of the United States without evidence of other flavivirus transmission (e.g., WNV, SLEV, or recent vaccination against a flavivirus (e.g., YFV, JEV)); **OR**
- Detection of IgM anti-DENV in a serum specimen or CSF by validated immunoassay in a traveler returning from a dengue endemic area without ongoing transmission of another flavivirus (e.g., WNV, JEV, YFV), clinical evidence of co-infection with one of these flaviviruses, or recent vaccination against a flavivirus (e.g., YFV, JEV); **OR**
- IgM anti-DENV seroconversion by validated immunoassay in acute (i.e., collected <5 days of illness onset) and convalescent (i.e., collected >5 days after illness onset) serum specimens; **OR**
- IgG anti-DENV seroconversion or ≥4-fold rise in titer by a validated immunoassay in serum specimens collected >2 weeks apart, and confirmed by a neutralization test (e.g., plaque reduction neutralization test) with a >4-fold higher end point titer as compared to other flaviviruses tested.

Probable:

- Detection of IgM anti-DENV by validated immunoassay in a serum specimen or CSF in a person living in a dengue endemic or non-endemic area of the United States with evidence of other flavivirus transmission (e.g., WNV, SLEV), or recent vaccination against a flavivirus (e.g., YFV, JEV).
- Detection of IgM anti-DENV in a serum specimen or CSF by validated immunoassay in a traveler returning from a dengue endemic area with ongoing transmission of another flavivirus (e.g., WNV, JEV, YFV), clinical evidence of co-infection with one of these flaviviruses, or recent vaccination against a flavivirus (e.g., YFV, JEV).

Suspected:

- The absence of IgM anti-DENV by validated immunoassay in a serum or CSF specimen collected <5 days after illness onset and in which molecular diagnostic testing was not performed in a patient with an epidemiologic linkage.

(continued on page 7)

First three letters of patient's last name: | | | |

CASE DEFINITION (continued)

EPIDEMIOLOGIC LINKAGE

- Travel to a dengue endemic country or presence at location with ongoing outbreak within previous two weeks of onset of an acute febrile illness or dengue, **OR**
- Association in time and place (e.g., household member, family member, classmate, or neighbor) with a confirmed or probable dengue case.

CRITERIA TO DISTINGUISH A NEW CASE FROM AN EXISTING CASE

DENV infection results in long-lasting immunity to symptomatic infection (dengue) with that DENV-type. However, cross-protective (heterotypic) immunity is short-lived with estimated durations of 1-3 years. In dengue endemic areas where infection pressure is high, individuals have been shown to infrequently have sequential episodes of dengue with two different infecting serotypes.

Based on these data, a person with two clinical episodes of dengue occurring at least two weeks apart and shown to be due to different infecting DENV-types confirmed by molecular diagnostic testing would be classified as two different cases.

However, for two clinical episodes of dengue in the same person diagnosed only by IgM anti-DENV on the second episode; to be considered separate cases, they would have to occur >90 days apart due to the persistence of detectable IgM anti-DENV for ~90 days.

EXPOSURE

- During the two weeks prior to onset of fever, travel to a dengue endemic country or presence in a location experiencing an ongoing dengue outbreak, **OR**
- Association in time and place with a confirmed or probable dengue case.

ENDEMICITY

The largest burden of dengue in the United States is in the territories of Puerto Rico and the U.S. Virgin Islands where it is endemic. As such, the majority of reported dengue cases in the U.S. come from these two territories, where existing surveillance systems are in place to capture both the incidence and to some degree the spectrum of disease. Other areas of the US where dengue is or has been endemic include American Samoa, the Northern Marianas, and Guam. In addition, hundreds of travel-associated dengue cases occur each year, primarily in the 50 United States and the District of Columbia.

CASE CLASSIFICATION

Suspect: A clinically compatible case of dengue-like illness, dengue, or severe dengue with an epidemiologic linkage, as defined above.

Probable: A clinically compatible case of dengue-like illness, dengue, or severe dengue with laboratory results indicative of probable infection, as defined above.

Confirmed: A clinically compatible case of dengue-like illness, dengue, or severe dengue with confirmatory laboratory results, as defined above.

COMMENT

The 2009 CSTE Dengue Position Statement included the reporting of DENV-positive asymptomatic blood donors identified through pilot screening projects in dengue endemic areas. However, these screening projects have ended, no cases were reported, and the "Asymptomatic Blood or Tissue Donor" reporting category will be deleted, limiting reporting to persons with symptomatic DENV infection (i.e., dengue).

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in **any** of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa.

ASIAN GROUPS

- Bangladeshi
- Bhutanese
- Burmese
- Cambodian
- Chinese
- Filipino
- Hmong
- Indian
- Indonesian
- Iwo Jiman
- Japanese
- Korean
- Laotian
- Madagascar
- Malaysian
- Maldivian
- Nepalese
- Okinawan
- Pakistani
- Singaporean
- Sri Lankan
- Taiwanese
- Thai
- Vietnamese

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER GROUPS

- Carolinian
- Chamorro
- Chuukese
- Fijian
- Guamanian
- Kiribati
- Kosraean
- Mariana Islander
- Marshallese
- Melanesian
- Micronesian
- Native Hawaiian
- New Hebrides
- Palauan
- Papua New Guinean
- Pohnpeian
- Polynesian
- Saipanese
- Samoan
- Solomon Islander
- Tahitian
- Tokelauan
- Tongan
- Yapese

First three letters of patient's last name: | | |

OCCUPATION SETTING

- Childcare/Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

OCCUPATION

- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory/seasonal worker
- Agriculture - other/unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other/unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - waiter or waitress
- Food service - other/unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - registered nurse
- Medical - other/unknown
- Military - officer
- Military - recruit or trainee
- Protective service - police officer
- Protective service - other
- Professional, technical, or related profession
- Retired
- Sex worker
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high (secondary) school
- Student - college or university
- Student - other/unknown
- Teacher/employee - preschool or kindergarten
- Teacher/employee - elementary or middle school
- Teacher/employee - high (secondary) school
- Teacher/instructor/employee - college or university
- Teacher/instructor/employee - other/unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other/unknown
- Other
- Refused
- Unknown