NATIONAL SURVEILLANCE UNIT
15 Knutsford Boulevard,
Kingston 5 Jamaica, West
Indies *Tel:(876) 633-7937*

Date of Reporting: DD/MM/YYYY Care Institution: Parish:
Last Name: First Name: Contact #: (876)
Address: Sex:
Date of Birth: DD/MM/YYYY Date of Onset of Illness: DD/MM/YYYY Age: (months/years)
Healthcare received before admission: Health Centre □ Private Practitioner □ A&E □ N/A □ Date: DD/MM/YYYY
Admitted to Hospital? Yes □ No □ Date of Admission: DD/MM/YYYY Ward:
Outcome: Survived □ Died □ Date of Discharge: DD/MM/YYYY Date of Death: DD/MM/YYYY
Place of Death: HOME □ DOA □ A&E □ WARD □ ICU □ Time of Death: : AM/PM
History of overseas travel in past 4-6 weeks? Yes □ No □ Specify area/Country:

CLINICAL & EPIDEMIOLOGICAL PROFILE

CLINICAL PROFILE

Dengue Without Warning Signs	*Yes*	*No*	*Dengue With Warning Signs*	*Yes*	*No*
Fever Recorded temperature: ____ °C Duration:			**Date of onset of warning signs:** Intense Abdominal Pain or tenderness		
Nausea			Persistent vomiting		
Vomiting			Fluid Accumulation		
Exanthema			Ascites		
Headache			Pleural Effusion		
Retro-orbital Pain			Pericardial Effusion		
Myalgia			Mucosal Bleed		
Arthralgia			Lethargy/Restlessness		
Petechiae			Postural Hypotension		
Tourniquet Test Positive			Hepatomegaly (>2 cm above the normal range)		
Leukopenia			Progressive Increase in Hematocrit		
Other:			Other:		

CLINICAL PROFILE *Severe Dengue*	*Yes*	*No*
Shock or respiratory Distress Due to severe plasma leakage		
1. Shock evidenced by:		
Weak or undetectable pulse		
Tachycardia		
Cold extremities		
Capillary perfusion >2 seconds		
Pulse pressure ≤ 20mm Hg/Hypotension		
2. Severe bleeding:		
Hematemesis		
Melena		
Metrorrhagia		
(CNS) Bleeding		
3. Severe Organ involvement:		
Liver impairment (AST or ALT≥1000 IU) or failure		
Myocarditis		
Encephalitis (Impaired mental state)		
Kidney Failure		
Other:		

CLINICAL PROFILE *Risk Factors/Comorbid Conditions*	*Yes*	*No*
Pregnancy: if so, trimester?	1	2 3
Age <1		
Age >60		
Diabetes Mellitus		
Sickle Cell Disease		
Hypertension		
Kidney Failure		
Heart Disease		
HIV/AIDS		
Anticoagulant/ NSAID Use		
Other:		

Instructions: Please complete for Dengue Deaths ***ONLY***

CLINICAL MANAGEMENT

Investigations:	Yes	No	Not Done	Value	*Investigations:*	Yes	No	Not Done	Value
Dengue Titres:					BUN ↑				
Date Sample Taken: DD/MM/YYYY					Creatinine ↑				
					Glucose ↑↓				
PCR: Pos□ Neg □ **NS1Ag:** Pos□ Neg□					Deranged PT/PTT				
					Hyponatremia				
IgM: Pos□ Neg □ **IgG:** Pos□ Neg□					Hypokalemia				
					Hyperkalemia				
Lab Source: **NPHL** □ **CARPHA** □					Metabolic acidosis				
					Blood culture positive:				
Private Lab: _____					Pathogen Found				
Rising Hematocrit:					Urine culture positive:				
Falling Platelets:					Pathogen Found:				
Lowest Platelet Count:					Pleural Effusion on CXR				
WBC Value:					Ascites on abdominal US				
AST/ALT abnormal:									
Albumin <25 mg/dl					Other Lab Tests:				

Summary of Clinical Management:

OUTCOME

Final Classification:

Suspected:
- Dengue without Warning Signs □
- Dengue with Warning Signs □
- Severe Dengue □

Probable □
Confirmed □
Discarded □
Cannot Classify □

For Deaths *ONLY*:

Confirmed □
Suspected □
Discarded □
Cannot Classify □

Reporting Officer: Name: _____

Signature: _____

Institution/ Address: _____

Date: _____