

## SURVEILLANCE OF DF/DHF – CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

*To be completed by the ICNO or any other responsible officer in the ward on discharge or removal of the patient. Necessary data should be obtained from the Consultant, Medical Officers, BHT, diagnosis card of the patient or from the parent/guardian.*

Name of hospital:  BHT No:

Date of notification:   20    
d d m m y y

Case No. given in the Hospital notification register:

**A. PARTICULARS OF THE PATIENT** (please mark ✓ in the box where appropriate)

- 1) Name: .....
- 2) Age:  years  months (if applicable)
- 3) Date of birth:     
d d m m y y y y
- 4) Sex: 1. Male  2. Female  3. Unknown
- 5) Ethnicity: 1. Sinhala  2. Tamil  3. Moor  4. Others  5. Unknown
- 6) Occupation:.....
- 7) Residential address No: ..... Street : ..... Village : .....
- 8) DPDHS area: .....
- 9) MOH area: .....
- 10) GN area : .....

**B. PRESENT ILLNESS/OUTCOME**

- 11) Date of onset:   20    
d d m m y y
- 12) Where was the patient treated initially?  1. Government hospital  
 2. Private hospital / practitioners  
 3. Other (specify) .....
- 13) Mode of admission  Direct  
 Transferred
- 14) Date of admission:   20    
d d m m y y
- 15) Ward no .....
- 16) Outcome: 1. Discharged  2. Transferred  3. Died  4. Unknown
- 17) Date of discharge, transfer or death:   20    
d d m m y y
- 18) If transferred, name of hospital: .....

**C. CLINICAL AND LABORATORY DATA**

- 19) Fever or history of fever  Yes  No
- 20) Haemorrhagic tendencies manifested by
- (a) positive tourniquet test  Yes  No
  - (b) petechiae  Yes  No
  - (c) ecchymoses or purpura  Yes  No
  - (d) bleeding from mucosa  Yes  No
  - (e) bleeding from gastrointestinal tract  Yes  No
  - (f) bleeding from injection sites  Yes  No
  - (g) others (specify) .....
- 21) Evidence of plasma leakage manifested by
- (a) pleural effusion  Yes  No
  - (b) ascites  Yes  No
- 22) liver enlargement/tenderness  Yes  No
- 23) Was there shock at any stage?  Yes  No If yes, On admission  During hospital stay
- shock is suggested by** : rapid, weak pulse & pulse pressure < 20mmHg or hypotension & cold, clammy skin and restlessness
- 24) Warning Signs \*  Yes  No
- \*If any of the following occur on / beyond day three:**
- Clinical deterioration with settling of fever
  - Inability to tolerate oral fluids (severe vomiting)
  - Not passing urine for more than 6 hrs
  - Severe abdominal pain
  - Lethargy, irritability / restlessness

**D. CLINICAL AND LABORATORY DATA**

Investigation	Highest value		Lowest value		Office use only
	Date (dd/mm)	Value	Date (dd/mm)	Value	
25) Total WBC count	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	/mm <sup>3</sup>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	/mm <sup>3</sup>	
26) Platelet count	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	/mm <sup>3</sup>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	/mm <sup>3</sup>	
27) PCV	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	%	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	%	
28) SGOT (AST)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	IU/L	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	IU/L	

**Results of serological investigations for DF/DHF**

Test	Date of collection of blood (dd/mm)	How many days after the onset of illness?	Result (✓)		
			Positive	Negative	Inconclusive
29) Ag Test (NSI)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>				
30) RT PCR	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>				
31) Ig M	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>				
32) Ig G	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>				

**E. DIAGNOSIS**

- 33) Initial clinical diagnosis: .....
- 34) Final diagnosis: .....

**For office use only**

<b>Final diagnosis:</b>	<u>Classification</u>
Compatible with DF/DHF case definition?	DF <input type="checkbox"/>
	DHF without shock <input type="checkbox"/>
	DHF with shock <input type="checkbox"/>
	Unusual Dengue <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	

**F. TYPE OF IV THERAPY**

- 35) Crystalloids (Normal Saline / Hartmann Solution)
- 36) Colloids (Dextran 40)
- 37) Blood transfusion
- 38) Others (specify) .....

Signature: ..... Name: .....

Date: ..... Designation: .....