



INVESTIGATION WORKSHEET

Confirmed

Probable

Not a Case

Dengue Virus Infection

Entered in DRSi?

Reported to health dept?

<https://drsi.health.mil/ADRSi>

Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference

Outbreak investigations must be reported immediately to DRSi through the outbreak module.

DEMOGRAPHICS

NAME: (Last) _____ (First) _____ (MI) _____ PARENT/GUARDIAN: _____

DOB: ____/____/____ AGE: _____ FMP: _____ SEX: M F Unk RACE: _____

UNIT: _____ SERVICE: _____ RANK: _____ DUTY STATUS: _____

ADDRESS: (Street) _____ DoD ID: _____

(City) _____ (State) _____ (Zip) _____ (____) - _____ - _____ (h)

(County) _____ (Country) _____ PHONE: _____ (____) - _____ - _____ (c)

CLINICAL INFORMATION

Provider: _____ Clinic/hospital: _____

Y N

Hospitalized Admit date: ____/____/____ Discharge date: ____/____/____

Deceased Date of death: ____/____/____ Cause of death: _____

Y N

Symptomatic Onset date: ____/____/____ Clinic date: ____/____/____ Diagnosis date: ____/____/____

Fever Max Temp: _____ °F/°C (unk)

Headaches Y N

Muscle pain Tourniquet test positive

Joint pain Bleeding from gastrointestinal tract or vagina

Bone pain Leukopenia

Retro-orbital pain Serotype 1

Anorexia Serotype 2

Nausea Serotype 3

Vomiting Serotype 4

Skin rashes

TREATMENT

Treated with pain relievers Y N

Date Started

Duration

1. _____ /____/____ _____

2. _____ /____/____ _____

3. _____ /____/____ _____

LABORATORY RESULTS

COMMENTS

Test <small>(type of test performed)</small>	Collection Date	Source <small>Circle Type</small>	Result			
Antibody	___/___/___	Serum Urine	CSF Other	Positive	Negative	
Antigen	___/___/___	Serum Urine	CSF Other	Positive	Negative	
PCR (DNA)	___/___/___	Serum Urine	CSF Other	Positive	Negative	
Culture	___/___/___	Serum Urine	CSF Other	Positive	Negative	
Screen	___/___/___	Serum Urine	CSF Other	Positive	Negative	
Other <small>Describe below</small>	___/___/___	Serum Urine	CSF Other	Positive	Negative	Rapid ICT detecting NS1, IgM, and IgG. Confirmed by enzyme-linked immunosorbent assay (ELISA).

TRAVEL HISTORY

In the **(INCUBATION PERIOD)*** before illness onset (when symptoms started), did the case.....

1. Recently travel?	Y	N	Unk	<i>(If yes)</i> Reason for travel	Deployment	Visiting Friends
2. Was travel out of country?	Y	N	Unk		TDY	Business (non-DoD)
3. Did case receive theater/ country clearance before recent out-of-country trip?	Y	N	Unk		Vacation	Other: _____

*Incubation period: typically 3–14 days

Travel History (Deployment history) - Details (start with most recent travel/deployment)

Location (City, State, Country)	# In Group (if applicable)	Principal reason for trip	Date Travel Started	Date Travel Ended

Documented exposure to other flaviviruses? (e.g., Yellow Fever, Japanese Encephalitis, West Nile Virus)

Recent receipt of a flavivirus vaccine?
