

Republic of the Philippines  
CITY HEALTH DEPARTMENT  
City of Cebu

**EPIDEMIOLOGICAL CASE INVESTIGATION**

Date of Investigation \_\_\_\_\_

Investigator (Name / Position) \_\_\_\_\_

Informant / Relation \_\_\_\_\_

**I. PERSONAL DATA:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ C.S. \_\_\_\_\_

Complete Address \_\_\_\_\_

Length of Stay in above Address \_\_\_\_\_

Provincial / Previous Address \_\_\_\_\_

Occupation \_\_\_\_\_

School / Office Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

**II. CLINICAL DATA:**

Date of Onset \_\_\_\_\_ Duration (days) \_\_\_\_\_

Outcome : ( ) Still Sick ( ) Recovered ( ) Died

Consulted : ( Y ) ( N ) If yes, when \_\_\_\_\_ where \_\_\_\_\_

Admitted : ( Y ) ( N ) If yes, when \_\_\_\_\_ where \_\_\_\_\_

Treatment: ( ) Antipyretics ( ) IV Fluids ( ) Blood Transfusion

Others \_\_\_\_\_

Signs & Symptoms: ( ) Fever ( ) Chills ( ) Headache ( ) Abdo. Pain

( ) Epistaxis ( ) Cough Others \_\_\_\_\_

Complication (s): ( Y ) ( N ) What \_\_\_\_\_

Laboratory Exams: **When** **Where** **Result**

CBC \_\_\_\_\_

Platelet Det. \_\_\_\_\_

Others \_\_\_\_\_

Diagnosis: Tentative \_\_\_\_\_ Final \_\_\_\_\_

**III. EPIDEMIOLOGICAL NOTES:**

Do you use protection against mosquitoes ( Y ) ( N )

If yes, what \_\_\_\_\_

Presence of mosquito breeding places:

Stagnant water: ( ) Drainage canals ( ) Excavation ( ) Old tires  
( ) Empty containers ( ) Others \_\_\_\_\_

Shaded areas under trees

Knowledge of other Dengue cases in the area:  
\_\_\_\_\_  
\_\_\_\_\_

**IV. OTHER PERTINENT DATA:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. INTERVENTIONS DONE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBMITTED BY:**

\_\_\_\_\_  
(Printed name, Position & Signature) Medical Officer

Date submitted: \_\_\_\_\_

Received by: \_\_\_\_\_

Date Received \_\_\_\_\_

SUPPLEMENTAL FIGURE 1. Epidemiological case investigation.



Philippine Integrated Disease Surveillance and Response

Case Report Form  
**Dengue** (ICD 10 Code: A90-A91)



Region: \_\_\_\_\_ Province: \_\_\_\_\_ Municipality/City: \_\_\_\_\_  
 Name of DRU: \_\_\_\_\_ Type: RHU CHO Gov't Hospital Private Hospital Clinic  
 Address: \_\_\_\_\_ Private Laboratory Public Laboratory Seaport/Airport

Patient No.	Patient's Full Name	Age	Sex (F/M)	Date of Birth	Complete Address	Admitted?	Date admitted/seen/consulted	Date onset of illness	Type	Case classification	Outcome
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
				___/___/___			___/___/___	___/___/___			
<b>Response Codes / Instructions</b>	Indicate First name, Middle name, Last name	Age: Indicate D - days M - months Yr. - years Sex: F - Female M - Male		mm/dd/yy	Specify Street/Purok/Subdivision, House #, Barangay, Municipality/City, Province	Y - Yes N - No	mm/dd/yy	mm/dd/yy	W - with warning signs N - no warning signs S - Severe Dengue	S - Suspect P - Probable C - Confirmed	A - Alive D - Died (specify date) U - Unknown

**Clinical Case Definition/Classification:**  
Dengue without Warning signs

- Suspect**  
A previously well person with acute febrile illness of 2-7 days duration plus two of the following:  
Headache, Body malaise, Myalgia, Arthralgia, Retro-orbital pain, Anorexia, Nausea, Vomiting, Diarrhea, Flushed skin, Rash (petechial, Herman's sign)
- Probable**  
A suspect case plus:  
Laboratory test, at least CBC (leucopenia with or without thrombocytopenia) and/or Dengue NS1, antigen test or dengue IgM antibody test (optional)
- Confirmed:**  
- Viral culture isolation,  
- Polymerase Chain Reaction

Dengue with Warning Signs

- A previously well person with acute febrile illness of 2-7 days duration plus any one of the following:  
- Abdominal pain or tenderness  
- Persistent vomiting  
- Clinical signs of fluid accumulation  
- Mucosal bleeding  
- Lethargy, restlessness  
- Liver enlargement  
- Laboratory: increase in Hct and/or decreasing platelet count

Severe Dengue

- A previously well person with acute febrile illness of 2-7 days duration and any of the clinical manifestations for dengue with or without warning signs.  
Plus any of the following:  
Severe plasma leakage leading to  
- Shock  
- Fluid accumulation with respiratory distress  
Severe bleeding  
Severe organ impairment  
- Liver: AST or ALT  $\geq$ 1000  
- CNS: e.g. seizures, impaired consciousness  
- Heart: e.g. myocarditis  
- Kidneys: e.g. renal failure



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				___/___/___			___/___/___	___/___/___			
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SUPPLEMENTAL FIGURE 2. Case report form dengue (ICD 10 Code: A90-A91).