DENGUE FEVER CASE REPORT, CONNECTICUT FOLLOW-UP

Patient Name:_____ **MAVEN ID**:_____

1. Demographic Information:

Address (street, city, State):_____

Telephone:_____

Date of Birth: _____ Sex: ☐ Male ☐ Female ☐ Other_____

Race: ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander ☐ Other, specify_____ ☐ Unknown

Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown

2. Laboratory Information:

Date of Collection:_____ Specimen source:_____ Test method:_____

Result:_____ Normal value range:_____

Testing laboratory:_____

Ordering provider name/address/telephone:_____
_____
_____
_____

3. Clinical Information:

Date of symptom onset:_____

Was patient hospitalized?

☐ Yes ☐ No ☐ Unknown

If yes, name of Hospital:_____

Outcome: ☐ survived ☐ died ☐ unknown

4. Risk Factor/Exposure Information:

In the 14 days prior to onset of illness, did the case travel?

☐ Yes, within the United States** ☐ Yes, outside of the United States ☐ No** ☐ Unknown

Where did you travel?

Location:_____ Dates:_____

Location:_____ Dates:_____

Location:_____ Dates:_____

Was the case a recent blood donor or organ donor?

If yes, please explain:_____

Comments: _____
_____
_____
_____

*** If case reports no travel, or travel within the US only:*

- Complete the CDC Dengue Case Investigation Report: http://www.cdc.gov/dengue/resources/dengueCaseReports/DCIF_English.pdf
- Fax de-identified form to CDC Dengue Branch
- Report case to ArboNet: https://wwwn.cdc.gov/arbonet/Login.aspx