DENGUE

Australian Paediatric Surveillance Unit

Please contact the APSU by email at SCHN-APSU@health.nsw.gov.au if you have any questions about this form

APSU Office Use Only	
Study ID #:	

Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided. DK=Don't Know

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A confirmed case requires laboratory definitive evidence AND clinical evidence

- Has dengue virus been isolated or detected by nucleic acid testing? ☐ Yes ☐ No
- Has dengue non-structural protein 1 (NS1) antigen been detected in blood by enzyme immunoassay (EIA)? ☐ Yes ☐ No
- Is there IgG seroconversion or a significant increase in antibody level or a fourfold or greater rise in titre to dengue virus? ☐ Yes ☐ No
- Is there a detection of dengue virus-specific IgM in cerebrospinal fluid, in the absence of other viruses? ☐ Yes ☐ No
- Is there evidence of a clinically compatible dengue illness? ☐ Yes ☐ No

A Probable case requires laboratory suggestive evidence AND clinical evidence AND epidemiological evidence or clinical evidence and household epidemiological evidence

- Is there a detection of NS1 antigen in blood by a rapid antigen test or detection of dengue virus-specific IgM in blood? ☐ Yes ☐ No
- Is there a clinically suspected dengue illness? ☐ Yes ☐ No

REPORTING CLINICIAN'S DETAILS:

1. APSU Dr Code/Name: ☐☐☐☐ /_____

Provide your best organisational email address: _____

2. Date case report form completed: __ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*

PATIENT DETAILS:

3. First 2 letters of first name: ☐☐

4. First 2 letters of surname: ☐☐

5. Date of Birth: __ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*

6. Sex: ☐ Male ☐ Female

7. Postcode of family: ☐☐☐☐

8. Child's ethnicity: ☐ Indigenous ☐ Non-Indigenous ☐ DK

If Indigenous:

☐ Aboriginal ☐ Torres Strait Islander

☐ Both Aboriginal and Torres Strait Islander

9. Child's country of birth:

☐ Australia
☐ Other *(please specify):* _____
☐ DK

Mother's country of birth:

☐ Australia
☐ Other *(please specify):* _____
☐ DK

Father's country of birth:

☐ Australia
☐ Other *(please specify):* _____
☐ DK

If this patient is primarily cared for by another physician who you believe will report the case, please complete the details above this line and return to the APSU. Please keep the patient's name and other details in your records.
If no other report is received for this child we will contact you for information requested in the remainder of the questionnaire

The primary clinician caring for this child/young person is:

Name: ***Hospital:***

SECTION A: Diagnosis, Presentation and Treatment

10. Date of onset of symptoms: __ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*

11. Was the child admitted to hospital ☐ Yes ☐ No ☐ DK

If yes, date of 1st admission to hospital: __ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*

12. Admitted to ICU? ☐ Yes ☐ No ☐ DK

If yes, specify date of admission to ICU: __ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*

Duration of ICU admission: _____ days

13. Which of the following symptoms were apparent <u>on presentation</u>? *(please select all that apply)*

☐ Fever	☐ Vomiting	☐ Abnormal taste
☐ Headache	☐ Itchyness	☐ Abnormal bruising/bleeding
☐ Retro-orbital pain	☐ Rash	☐ Fatigue
☐ Myalgia/Arthralagia joint pains	☐ Severe abdominal pain	☐ Restlessness
☐ Nausea	☐ Diarrhoea	☐ Other:_____

14. Please tick all <u>complications present</u>

☐ Hepatomegaly	☐ Shock
☐ Splenomegaly	☐ Coagulopathy
☐ Pleural effusion	☐ Acute kidney injury
☐ Internal bleeding	☐ Seizure (specify type): _____

☐ Laboratory proven **bacterial co-infection**; specify organism and site of infection: _____

☐ Laboratory proven **viral co-infection**; specify organism and site of infection: _____

☐ Other (specify): _____

15. Indicate which of the following were present (*please select all that apply*)

- ☐ Low platelet count (< 150,000 x10^9 /L)
- ☐ Low serum albumin (<35g/L)
- ☐ High hematocrit (>0.48L/L)
- ☐ raised aspartate aminotransferase [AST] (>50 U/L)
- ☐ raised alanine aminotransferase [ALT] (>36 U/L)
- ☐ Low white blood cell count (<4x10^9 /L)
- ☐ raised white blood cell count (>14x10^9 /L)
- ☐ Normal full blood count
- ☐ DK

16. Which dengue serotype was identified?

- ☐ DENV-1
- ☐ DENV-2
- ☐ DENV-3
- ☐ DENV-4
- ☐ DK

17. Was the child treated with: *(please specify)* _____ ☐ DK

SECTION B: Underlying medical conditions and history

18. Are there any significant underlying medical conditions? ☐ Yes ☐ No ☐ DK

If yes, please specify: _____

_____

19. Does the child have a past history of Dengue? ☐ Yes ☐ No ☐ DK

20. Has the child been vaccinated against Dengue? ☐ Yes ☐ No ☐ DK

21. Has there been any recent history of travel?
☐ Overseas *(please specify country)*: _____
☐ Australia *(please specify)*: _____
☐ Unknown

SECTION C: Outcome

22. At the time of reporting, was the child:
☐ In ICU
☐ Hospitalised
☐ Discharged Alive
☐ Died
☐ DK

23. Date of Discharge: __ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*

24. Were there any ongoing problems on discharge? ☐ Yes ☐ No ☐ DK

If yes, specify: _____

_____

_____

25. If died, date of death: __ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*

Was a cause of death determined? ☐ Yes ☐ No ☐ DK

If yes, specify: _____

_____

Thank you for your help with this research project.

Please return this case report form to the APSU via email to SCHN-APSU@health.nsw.gov.au
or fax to 02 9845 3082
or mail to Australian Paediatric Surveillance Unit, Kids Research, Locked Bag 4001, Westmead NSW 2145

The APSU is affiliated with the Royal Australasian College of Physicians (Paediatrics and Child Health Division)
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This study has been approved by a Human Research Ethics Committee properly constituted under NHMRC guidelines.