Eligibility Form – Dengue Study

Name Patient: ________________________________  Study Nurse: ________________________________
Age: ___ ___  Ward: □ I  □ E
Date of Admission: ___ ___ ___ ___ ___ ___ ___  Time of Admission: ___ ___ ___ ___ ___
Temperature: ___ ___ ___ ___ ___
Fever duration prior admission: ___ ___ ___ days

Fever lasting 2-7 days: □ No  □ Yes
WHO Case Definition 1997

Criteria 1: Headache: □ No  □ Yes  □ Don’t know (cannot express)
Criteria 2: Retro orbital pain: □ No  □ Yes  □ Don’t know (cannot express)
Criteria 3: Arthralgia: □ No  □ Yes  □ Don’t know (cannot express)
Criteria 4: Myalgia: □ No  □ Yes  □ Don’t know (cannot express)
Criteria 5: Rash: □ No  □ Yes
Criteria 6: Hemorrhagic Manifestations: □ No  □ Yes
Criteria 7: Leukopenia: □ No  □ Yes (< 5 x 10⁹ / L)
Eligibility WHO 1997: □ No  □ Yes (fever 2-7 days, plus at least 2 criteria)

Fever lasting 2-7 days: □ No  □ Yes
WHO Case Definition 2009

Criteria 1: Nausea, vomiting: □ No  □ Yes
Criteria 2: Rash: □ No  □ Yes
Criteria 3: Aches and pains: □ No  □ Yes
Criteria 4: Tourniquet test: □ Neg.  □ Pos.  □ Not performed
Criteria 5: Leukopenia: □ No  □ Yes (< 5 x 10⁹ / L)
Criteria 6: Warning signs: □ No  □ Yes (specify which ones below)

| □ | Abdominal pain, tenderness | □ | Persistent vomiting |
| □ | Clinical fluid accumulation (ascites, pleural effusion …) |
| □ | Lethargy, restlessness | □ | Liver enlargement > 2 cm |
| □ | Mucosal bleed (bleeding nose, bleeding gums…) |
| □ | Increased haematocrit and / or rapid decrease of platelets |

Eligibility WHO 2009: □ No  □ Yes (fever lasting 2-7 days, and at least 2 criteria)

Outcome: □ Not Eligible  □ Eligible but Refusal  □ Eligible: ID ___ I ___ I ___ I ___ I

Validation: Dr ________________________________

Signature
REFUSAL BOX

If parents refuse the inclusion of the child, fill the eligibility card, and report below the reason for the refusal:

I__I My child is too young

I__I My child is too sick

I__I Other reason, please specify: ........................................