



# Chikungunya Case Report Form

North Carolina Department of Health and Human Services  
Division of Public Health, 1902 Mail Service Center • Raleigh, NC 27699-1902

Please complete form and fax to 919-733-9555

State Case No.: .....

Date of Report: .....

## Demographics

Patient name (Last, First): ..... Patient DOB: .....

Sex:  Male  Female

Race:  American Indian/Alaska Native

Asian

Ethnicity:  Hispanic or Latino

Native Hawaiian/Other Pacific Islander

Not Hispanic or Latino

Black or African American

White

Resident of North Carolina?  Yes  No

Other: .....

Unknown

Patient Address: .....

City:..... County:..... State:.....

Phone number: .....

**Clinical:** Onset of illness: ...../...../..... Date of first consultation: ...../...../.....

Fever .....°F  Arthralgia of small joint  Arthralgia of large joints  Headache  Myalgia

Maculopapular rash  Nausea/Vomiting  Conjunctivitis  Other\*.....

\*Note – Atypical disease manifestations may include: Uveitis; Retinitis; Hepatitis; Nephritis; Myocarditis; Hemorrhage; Myelitis; Cranial nerve palsies; Guillain-Barre syndrome; Meningoencephalitis; Bullous skin lesion (primarily in neonates)

Emergency Department Visit:  Yes  No ED Name:..... Date .....

Hospitalized:  Yes  No Hospital:..... Admit Date: .....

Discharge Date: .....

Patient died of this illness:  Yes  No Date of Death:.....

**Laboratory:** Test results pending:  Yes  No ---  CDC  NC SLPH  Commercial lab --- Date submitted:.....

Chikungunya: ...../...../.....  culture pos  PCR pos  IgM.....  IgG.....  
(Specimen collection date) (Laboratory) (EIA or IFA result) (EIA or IFA results)

Chikungunya: ...../...../.....  culture pos  PCR pos  IgM.....  IgG.....  
(Specimen collection date) (Laboratory) (EIA or IFA result) (EIA or IFA result)

Dengue: ...../...../.....  culture pos  PCR pos  IgM.....  IgG.....  
(Specimen collection date) (Laboratory) (EIA or IFA result) (EIA or IFA result)

...../...../.....  culture pos  PCR pos  IgM.....  IgG.....  
(Other) (Specimen collection date) (Laboratory) (EIA or IFA result) (EIA or IFA result)

Lymphopenia.....  Thrombocytopenia.....  
(value) (value)

Elevated Creatinine.....  Elevated ALT .....  Elevated AST .....





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