MALARIA CASE SURVEILLANCE REPORT

Department of Health and Human Services, Centers for Disease Control and Prevention
Division of Parasitic Diseases (MS F-22), 4770 Buford Highway, N.E.
Atlanta, Georgia 30341

State Case No: ..... Case No: ..... Form Approved
DASH No: ..... County: ..... OMB 0920-0009

Patient name (last, first):

Date of symptom onset of this attack (mm/dd/yyyy): ___/___/____

Age (yrs): _____ (mos): _____ Sex: ☐ Male ☐ Female
Date of birth: ___/___/_____
Is patient pregnant? ☐ Yes ☐ No

Physician name (last, first):

Telephone No: ( ) _____ - _____

Ethnicity:
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (select one or more):
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ Asian ☐ White ☐ Unknown

Lab results:
☐ Smear positive ☐ Smear Negative ☐ No Smear Taken
Species (check all that apply):
☐ Vivax ☐ Falciparum ☐ Malariae ☐ Ovale ☐ Not Determined

State/territory reporting this case: _____
Patient admitted to hospital: ☐ Yes ☐ No
Hospital: _____
Date: ___/___/_____ Hospital record No.: _____

Laboratory name:
Telephone No: ( ) _____ - _____

Specimens being sent to CDC? ☐ Yes ☐ No
If yes: ☐ Smears ☐ Whole Blood ☐ Other: _____

Has the patient traveled or lived outside the U.S. during the past 4 years? ☐ Yes ☐ No If yes, specify:

	1.	2.	3.
Country:			
Date returned/arrived in U.S. (mm/dd/yyyy):	___/___/_____	___/___/_____	___/___/_____
Duration of stay in foreign country (days):			

Did patient reside in U.S. prior to most recent travel?
☐ Yes, for ≥12 months
☐ Yes, for <12 months
☐ No, (specify country): _____
☐ Unknown

Principal reason for travel from/to U.S. for most recent trip:
☐ Tourism ☐ Visiting friends/relatives ☐ Student/teacher
☐ Military ☐ Airline/ship crew ☐ Other: _____
☐ Business ☐ Missionary or dependent
☐ Peace Corps ☐ Refugee/immigrant

Was malaria chemoprophylaxis taken? ☐ Yes ☐ No If yes, which drugs were taken?
☐ Chloroquine ☐ Mefloquine ☐ Doxycycline ☐ Primaquine ☐ Malarone® ☐ Other: _____

Were all pills taken as prescribed?
☐ Yes, missed no doses
☐ No, missed one to a few doses
☐ No, missed more than a few but less than half of the doses
☐ No, missed half or more of the doses
☐ No, missed doses but not sure how many
☐ Don't know

If doses were missed, what was the reason?
☐ Forgot
☐ Didn't think needed
☐ Had a side effect (specify): _____
☐ Was advised by others to stop
☐ Prematurely stopped taking once home
☐ Other (specify): _____

History of malaria in last 12 months (prior to this report)? ☐ Yes ☐ No Date of previous illness: ___/___/_____
If yes, species (check all that apply): ☐ Vivax ☐ Falciparum ☐ Malariae ☐ Ovale ☐ Not Determined

Blood transfusion/organ transplant within last 12 months: ☐ Yes ☐ No If yes, date: ___/___/_____

Clinical complications for this attack:
☐ Cerebral malaria ☐ ARDS ☐ None
☐ Renal failure ☐ Anemia (Hb<11, Hct<33) ☐ Other : _____

Was illness fatal: ☐ Yes ☐ No ☐ Unknown
If yes, date of death : ___/___/_____

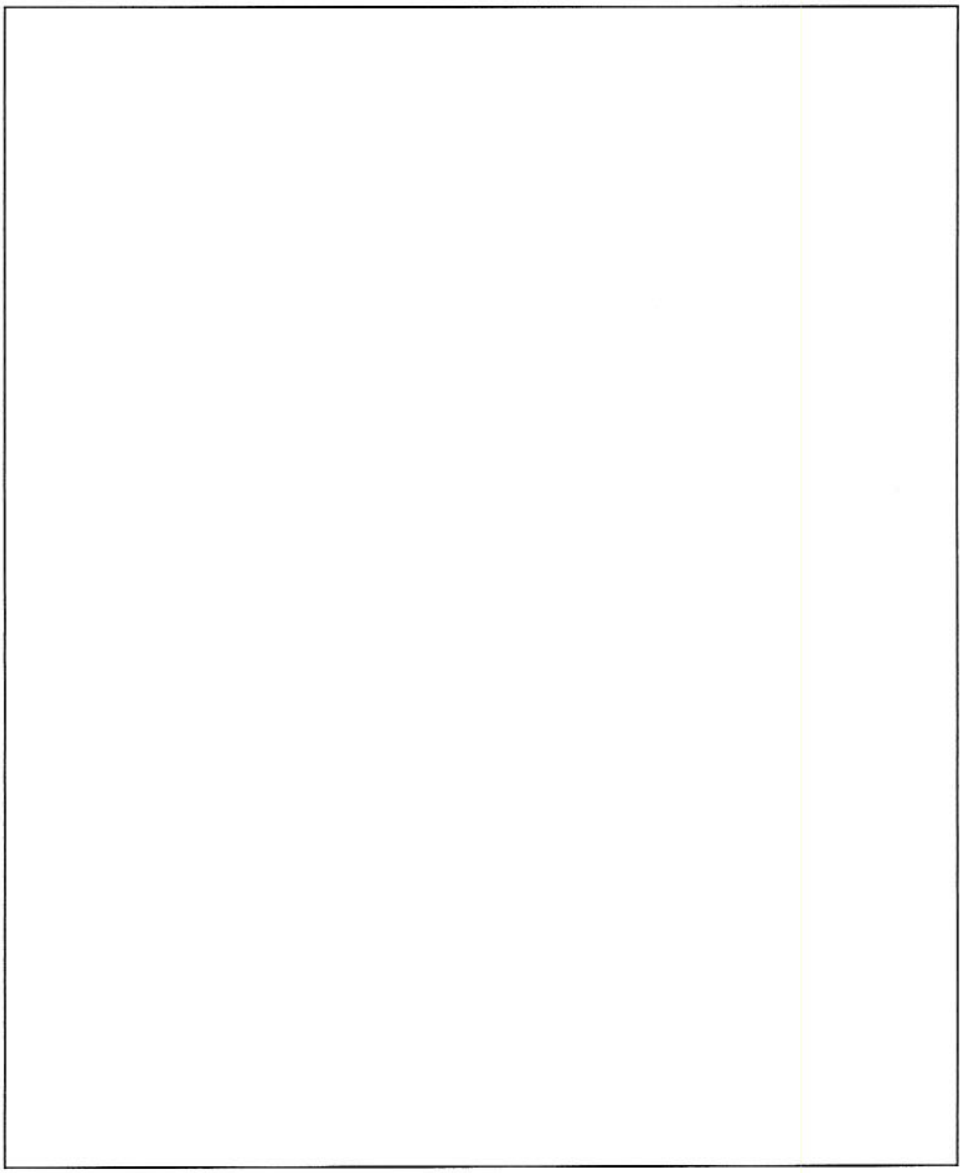
Therapy for this attack (check all that apply):
☐ Chloroquine ☐ Tetracycline/doxycycline ☐ Mefloquine ☐ Exchange transfusion ☐ Unknown
☐ Primaquine ☐ Quinine/quinidine ☐ Pyrimethamine-sulfadoxine ☐ Malarone ☐ Other (specify): _____

Person submitting report: _____ Telephone No. : _____

Affiliation: _____ Date: ___/___/_____

For CDC Use Only. Classification ☐ Imported ☐ Induced ☐ Introduced ☐ Congenital ☐ Cryptic

 If sending specimens, please forward blood smears (thick and thin) with this report.



Physicians and other health care providers with questions about diagnosis and treatment of malaria cases can call CDC's Malaria Hotline:

- Monday – Friday, 8:00 am to 4:30 pm, EST: call 770-488-7788 (Fax: 770-488-4206)
- Off-hours, weekends, and federal holidays: call 770-488-7100 and ask to have the malaria clinician on call paged

Information on malaria risk, prevention, and treatment is available at:

- CDC's Travelers' Health Web site http://www.cdc.gov/travel
- CDC's Travelers' Health Information Service: call 1-877-FYI-TRIP
- CDC's Malaria Web site http://www.cdc.gov/malaria

Health Information for International Travel **is available from the Public Health Foundation:**
Call 1-877-252-1200, or order on line at http://www.phf.org

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