



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:
DASH No:

Case No:
County:

Form Approved
OMB 0920-0009

Patient name (last, first): Date of symptom onset of this attack (mm/dd/yyyy): ____/____/____	Age (yrs): ____ (mos): ____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ____/____/____ Is patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Physician name (last, first): Telephone Number: () _____ - _____	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race (select one or more): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unknown

Lab results: <input type="checkbox"/> Smear positive <input type="checkbox"/> Smear Negative <input type="checkbox"/> No Smear Taken Species (check all that apply): <input type="checkbox"/> Vivax <input type="checkbox"/> Falciparum <input type="checkbox"/> Malariae <input type="checkbox"/> Ovale <input type="checkbox"/> Not Determined	State/territory reporting this case: _____ Patient admitted to hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No Hospital: _____ Date: ____/____/____ Hospital record No.: _____
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Laboratory name: Telephone Number: () _____ - _____	Specimens being sent to CDC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Smears <input type="checkbox"/> Whole Blood <input type="checkbox"/> Other: _____
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Has the patient traveled or lived outside the U.S. during the past 4 years? Yes No If yes, specify:
Country: 1. _____ 2. _____ 3. _____
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? <input type="checkbox"/> Yes, for ≥12 months <input type="checkbox"/> Yes, for <12 months <input type="checkbox"/> No, (specify country): _____ <input type="checkbox"/> Unknown	Principal reason for travel from/ to U.S. for most recent trip: <input type="checkbox"/> Tourism <input type="checkbox"/> Visiting friends/relatives <input type="checkbox"/> Student/teacher <input type="checkbox"/> Military <input type="checkbox"/> Airline/ship crew <input type="checkbox"/> Other: _____ <input type="checkbox"/> Business <input type="checkbox"/> Missionary or dependent <input type="checkbox"/> Peace Corps <input type="checkbox"/> Refugee/immigrant
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Was malaria chemoprophylaxis taken? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Chloroquine <input type="checkbox"/> Mefloquine <input type="checkbox"/> Doxycycline	If yes, which drugs were taken? <input type="checkbox"/> Primaquine <input type="checkbox"/> Malarone® <input type="checkbox"/> Other: _____
Were all pills taken as prescribed? <input type="checkbox"/> Yes, missed no doses <input type="checkbox"/> No, missed one to a few doses <input type="checkbox"/> No, missed more than a few but < half of the doses <input type="checkbox"/> No, missed half or more of the doses <input type="checkbox"/> No, missed doses but not sure how many <input type="checkbox"/> Don't know	If doses were missed, what was the reason? <input type="checkbox"/> Forgot <input type="checkbox"/> Didn't think needed <input type="checkbox"/> Had a side effect (specify): _____ <input type="checkbox"/> Was advised by others to stop <input type="checkbox"/> Prematurely stopped taking once home <input type="checkbox"/> 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: ____/____/____

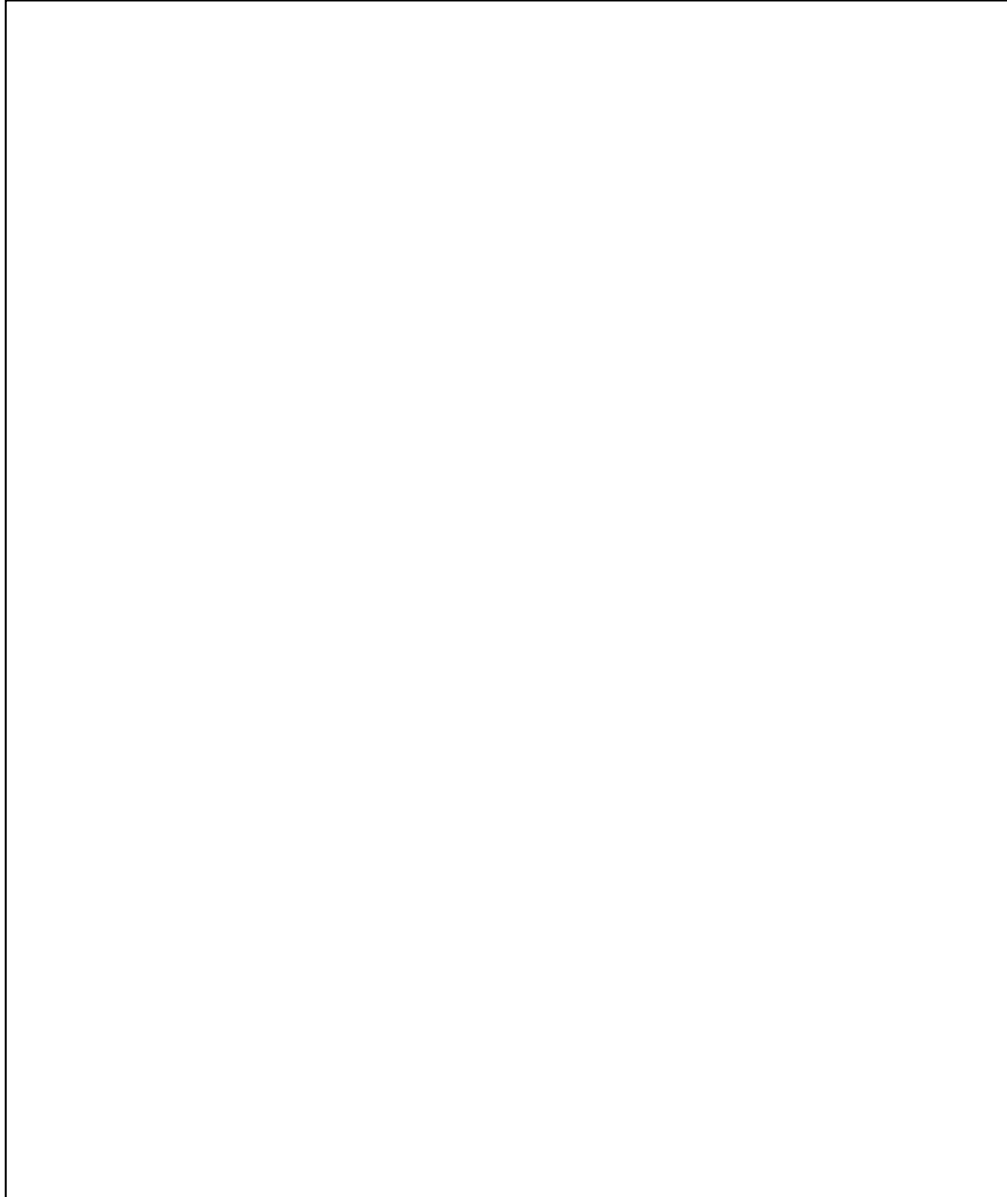
Clinical complications for this attack: <input type="checkbox"/> Cerebral malaria <input type="checkbox"/> ARDS <input type="checkbox"/> None <input type="checkbox"/> Renal failure <input type="checkbox"/> Anemia <input type="checkbox"/> Other: _____ (Hb<11, Hct<33)	Was illness fatal: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, date of death: ____/____/____
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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

Public reporting burden of this collection of information is estimated to average 15 minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Rd., NE (MS D-24); Atlanta, GA 30333; ATTN: PRA (0920-0009).



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>