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): ______
Date of Birth: ____/ ____/ ________
Is patient pregnant? ☐ Yes ☐ No

Sex: ☐ Male ☐ Female

Physician name (last, first):

Telephone Number: (   ) ________ – __________

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 Number: (   ) ________ – __________

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 < 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 : _____/____/________

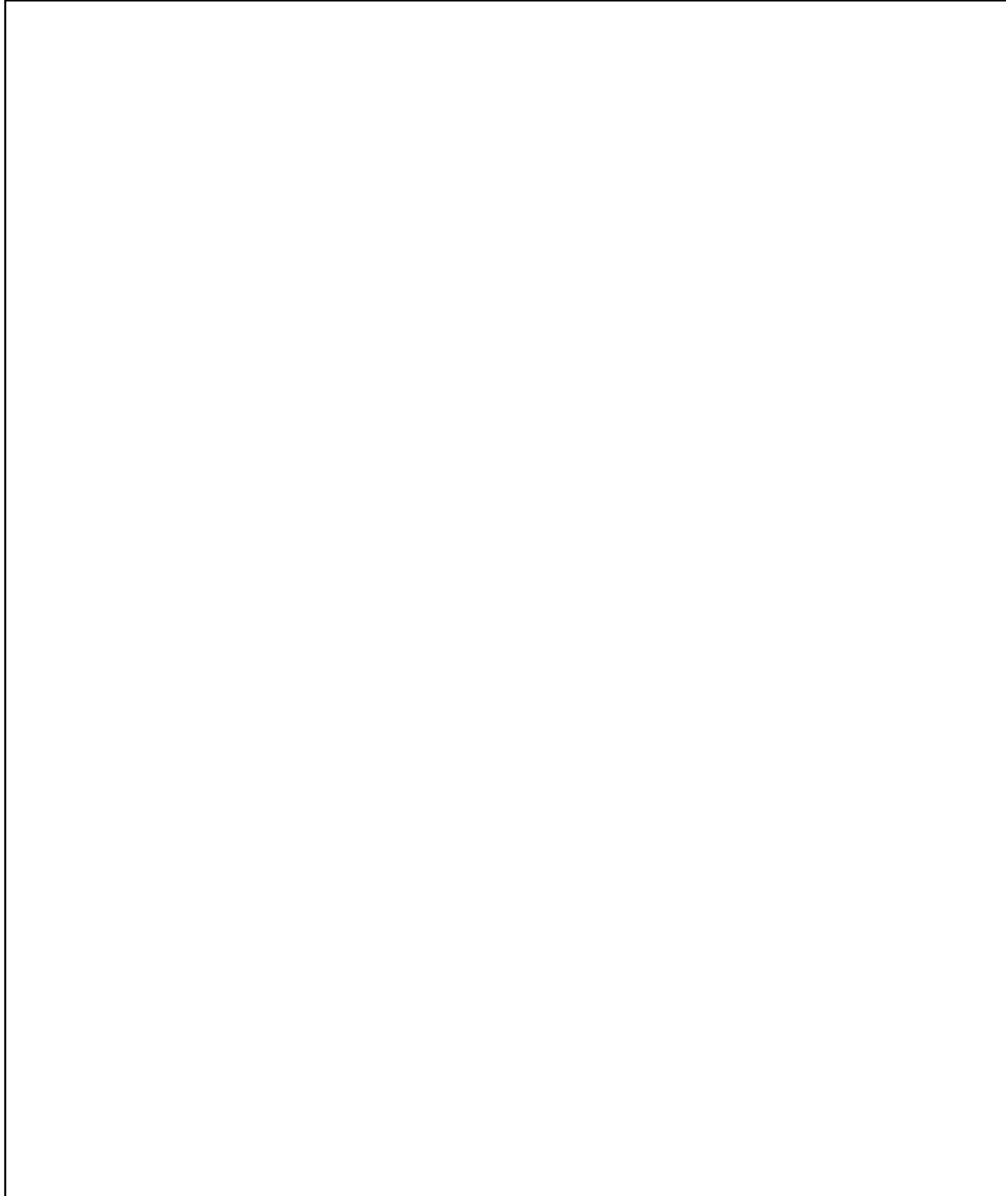
Therapy for this attack (check all that apply):
☐ Chloroquine ☐ Tetracycline/doxycycline ☐ Mefloquine ☐ Exchange transfusion ☐ Unknown
☐ Primaquine ☐ Quinine/quinidine ☐ Pyrimethamine-sulfadoxine ☐ Malarone ☐ Other (specify): ___________

Person submitting report: ________________________________ Telephone No. : ________________________
Affiliation: ________________________________ Date: __________/__________/__________

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

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).

 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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