

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 Part I



State Case No: CSID No		Case No:						
Patient name (last, first):		Age: yrs. mos. wks. days (circle units) Sex:						
Date of symptom onset of this attack (mm/dd/yyyy)://								
		Height:ft. andin. Weight:lbs./kgs (circle units) [] Unknown						
Physician name (last, first):		Ethnicity: Race (select one or more): ☐ Hispanic or Latino ☐ American Indian/Alaska Native						
Telephone Number: ()		□ Not Hispanic or □ Native Hawaiian/Other Pacific Islander □ Black or African American						
Telephone Number: ()		\neg \Box Asian \Box White \Box Unknown						
Positive lab test result (<i>check all that apply</i>):								
□ Smear □ PCR □ RDT □ No test done/unknown		State/territory reporting this case: County:						
Species (check all that apply):		Patient admitted to hospital: 🗆 Yes 🛛 No 📄 Unknown						
□ Vivax □ Falciparum □Malariae □ □ Other species (specify)		Hospital:						
Parasitemia (%):		Date:// Hospital record No.:						
Laboratory name:		Specimens being sent to CDC? □ Yes □ No □ Unknown						
Telephone Number: ()		If yes: \Box Smears \Box Whole Blood \Box Other:						
Has the patient traveled or lived outside the U.S. during the past 2 years? 🗆 Yes 🔅 No 🛛 If yes, specify:								
Country:	1	2 3						
Date returned/ arrived in U.S. (mm/dd/y	уууу):///	//////						
Duration in country yrs. mos. wks. days								
Did patient reside in U.S. prior to most		ipal reason for travel from/ to U.S. for most recent trip:						
□ Yes								
□ No, (specify country):		litary □ Airline/ship crew □ Other: usiness □ Missionary or dependent □ Unknown						
🗆 Unknown		ice Corps Refugee/immigrant						
Was malaria chemoprophylaxis taken?	🗆 Yes 🗆 No 🗀 Unknown							
If yes, which drugs were taken? \Box Chlo		cycline Primaquine Cycline Primaquine Cycline Cycline Primaquine Cycline Primaquine Primaquin						
Was chemoprophylaxis If doses were	e missed, what was the reason?	History of malaria in last 12 months (prior to this report)?						
taken as prescribed? □ Forgot		Yes 🗆 No 🗌 Unknown						
	nk needed e effect (specify):	Date of previous illness://						
\square No, missed doses \square Was advised doses	sed by others to stop	If yes, species (check all that apply):						
	ely stopped taking once home	□Vivax □ Falciparum □Malariae □ Ovale □						
Unknown	:ciiy)	Not Determined □□Other (specify)						
Blood transfusion/organ transplant with	in last 12 months: \Box Yes \Box No	□ Unknown If yes, date://						
Clinical Cerebral malaria	ARDS							
Complications: Renal failure	Severe anemia(Hb<7) Oth	her : If yes, date of death ://						
Therapy for this attack (check all that a								
Chloroquine Tetracycline Doxycycline Mefloquine Exchange transfusion Artesunate Artemether/lumefantrine Unknown								
Primaquine Quinine Quinice Quinice	dine Clindamycin Atovaquor							
Affiliation:		Telephone No. : Date Submitted: / /						
For CDC Use Only. Classification Imported Induced Congenital Cryptic								
Public reporting burden of this collection of information	is estimated to average 15 minutes per response	e. 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 for reducing this burden, to CDC/ATSDR Reports Clear		ng this burden estimate or any other aspect of this collection of information, including suggestions ; Atlanta, GA 30333; ATTN: PRA (0920-0009).						

CDC 54.1 XX/XXXX (Front) OMB 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, 9:00 am to 5 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 Malaria Web site http://www.cdc.gov/malaria

Part II (to be complete 4 weeks after treatment)								
l prescription and over the counter medi	cines the patient h	ad taken during th	ie 2 weeks	before starting	their treatme	ent for malaria.		
l prescription and over the counter medi	cines the patient h	ad taken during th	ie 4 weeks	after starting th	eir treatmen	t for malaria.		
edicine for malaria treatment taken as pre	escribed? 🗌 No,	doses missed	Yes, no do	oses missed	Unknown			
s or symptoms of malaria resolve withou ment within 7 days after treatment start? Yes <u>No</u> Unknown ent experience any adverse events within	If yes, did the patient experience a recurrence of signs or symptoms of malaria during the 4 weeks after starting malaria treatment?							
ent description	Relationship to treatment suspected*	Time to Onset since treatment start	Fatal?	Life- Threatening?	Other Seriousnes	s?** 1		
	, ,							

eans that a causal relationship between the treatment and an adverse event is at least a reasonable possibility, i.e., the relationship cannot be ruled out.

adverse event is defined as an event which is fatal or life-threatening, results in persistent or significant disability/incapacity, constitutes a congenital defect, is medically significant (i.e., jeopardizes the patient or may require medical or surgical intervention), or requires inpatient hospitalization or f existing hospitalization