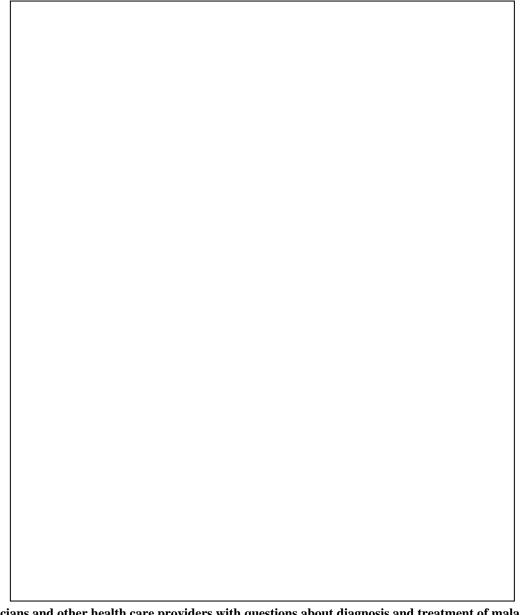


MALARIA CASE SURVEILLANCE REPORT

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: 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)://	Date of Birth:/
Physician name (last, first):	Ethnicity: Race (select one or more): Hispanic or Latino Not Hispanic or Native Hawaiian/Other Pacific Islander
Telephone Number: ()	Latino Black or African American Asian White 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): ☐ Vivax ☐ Falciparum ☐ Malariae ☐ Ovale ☐ Not Determined ☐ Other species (specify)	Patient admitted to hospital: Yes No Unknown Hospital:
Parasitemia (%):	Date:/ Hospital record No.:
Laboratory name:	Specimens being sent to CDC? ☐ Yes ☐ No ☐ Unknown
	If yes: ☐ Smears ☐ Whole Blood ☐ Other:
Has the patient traveled or lived outside the U.S. during the past 2 years? ☐ Yes ☐ No If yes, specify:	
Country: 2 3	
Date returned/ arrived in U.S. (mm/dd/yyyy)://	
Duration in country yrs. mos. wks. days (circle units)	
Did patient reside in U.S. prior to most recent travel? □ Yes □ Tourism □ Visiting friends/relatives □ Student/teacher	
	siness
☐ Unknown ☐ Peace Corps ☐ Refugee/immigrant Was malaria chemoprophylaxis taken? ☐ Yes ☐ No ☐ Unknown	
If yes, which drugs were taken? Chloroquine Mefloquine Doxycycline Primaquine Atovaquone/proguanil Unknown	
Were all pills taken as prescribed? If doses were missed, what was the reason? ☐ Forgot	History of malaria in last 12 months (prior to this report)? Yes No Unknown
☐ Didn't think needed☐ Yes, missed no doses☐ Had a side effect (specify):	Date of previous illness://
☐ No, missed doses ☐ Was advised by others to stop ☐ Prematurely stopped taking once home	If yes, species (check all that apply):
☐ Unknown ☐ Other (specify):	□ Vivax □ Falciparum □ Malariae □ Ovale
Unknown	□Not Determined □ Other (specify)
Blood transfusion/organ transplant within last 12 months: Yes No Unknown If yes, date://	
Clinical Cerebral malaria ARDS None Was illness fatal: Yes No Unknown Complications: Renal failure Severe anemia(Hb<7) Other: If yes, date of death://	
Therapy for this attack (check all that apply): ☐ Chloroquine ☐ Tetracycline ☐ Doxycycline ☐ Mefloquine ☐ Primaquine ☐ Quinine ☐ Quinidine ☐ Clindamycin	
Person submitting report:	Telephone No.:
Affiliation:	Date Submitted://
For CDC Use Only. Classification	ed 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: 770-488-4465)
- 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