

Malaria

COUNTY

FOR STATE USE ONLY

#

____/____/____ case report

☐ confirmed

☐ presumptive

____/____/____ interstate

☐ suspect

CASE IDENTIFICATION

Name _____ Phone(s) _____
LAST, first, initials (a.k.a.) indicate home (H); work (W); message (M)

Address _____
Street City Zip

ALTERNATIVE CONTACT: ☐ Parent ☐ Spouse ☐ Household Member ☐ Friend ☐ e-mail address _____

Name _____ Phone(s) _____
indicate home (H); work (W); message (M)

Address _____
Street City Zip

SOURCES OF REPORT (check all that apply)

☐ Lab ☐ Infection Control Practitioner

☐ Physician ☐ _____

Name _____

Phone _____ Date ____/____/____
(first report)

Primary M.D. _____
(if different)

Phone _____ OK to talk to patient? ☐

DEMOGRAPHICS

SEX
☐ female ☐ male

HISPANIC
☐ yes ☐ no ☐ unknown

DATE OF BIRTH ____/____/____
m d y

or, if unknown, AGE _____

RACE
☐ white ☐ Am. Indian/Alaska Native
☐ black ☐ Asian/Pac. Islander
☐ unknown ☐ _____

Worksites/school/daycare _____

Occupations/grade _____

BASIS OF DIAGNOSIS

CLINICAL DATA

Country of first onset: ☐ U.S. ☐ _____

Country of first diagnosis: ☐ U.S. ☐ _____

ONSET on ____/____/____ or ☐ asymptomatic
m d y

CLINICAL DETAILS

☐ patient pregnant ☐ liver failure
☐ fever ☐ pulmonary failure
☐ hemolysis ☐ cerebral edema
☐ renal failure ☐ coma

Hospitalized: ☐ yes ☐ no
if yes, name of hospital _____

date of admission ____/____/____

date of discharge ____/____/____

Died: ☐ yes ☐ no if yes, date ____/____/____
m d y

LABORATORY DATA

Specimen date ____/____/____
m d y

Type ☐ smear ☐ _____

Lab _____

Phone _____

sent to PHL? ☐ yes ☐ no

LAB RESULTS

☐ P. vivax

☐ P. ovale

☐ P. falciparum

☐ P. malariae

☐ indeterminate

☐ indeterminate, but not *falciparum*

☐ smear negative

☐

EPILINKS

Does the case know about anyone else with a similar illness?

☐ yes ☐ no ☐ could not be interviewed

If yes, give names, contact information, and other details:

PROPHYLAXIS

If the case was a traveller, did they obtain information about malaria protection before arriving in endemic areas? ☐ yes ☐ no ☐ not sure

If so, specify source(s) ☐ CDC web page ☐ other internet sources ☐ books ☐ travel medicine clinic ☐ primary care doc
☐ travel agent ☐ health department ☐ _____

When in endemic areas, did they use... MOSQUITO NETS

☐ consistently

☐ intermittently

☐ no

☐ not applicable*

BUG REPELLENT

☐ consistently

☐ intermittently

☐ no

☐ not applicable

CHEMOPROPHYLAXIS

☐ consistently

☐ intermittently

☐ no

Where were chemoprophylactic meds obtained?

☐ U.S.

☐ _____

Describe chemoprophylactic regimen, if any

☐ none

DRUG(s)

☐ chloroquine (Aralen)

☐ mefloquine (Lariam)

☐ doxycycline

☐ primaquine

☐ atovaquone-proguanil (Malarone)

☐ _____

SCHEDULE

☐ weekly

☐ daily

☐ _____

DOSE

How long before arriving in malarious areas did they begin chemoprophylaxis?

☐ 2 weeks ☐ 1 week ☐ _____

How soon after leaving malarious areas did they discontinue chemoprophylaxis?

☐ 4 weeks ☐ 2 weeks ☐ 1 week ☐ _____

If no chemoprophylaxis, why not?



POTENTIAL EXPOSURES

<p><i>yes no</i></p> <p>a <input type="checkbox"/> <input type="checkbox"/> travel outside U.S./Canada in month before onset</p> <p>b <input type="checkbox"/> <input type="checkbox"/> travel outside U.S./Canada in 4 years before onset</p> <p>c <input type="checkbox"/> <input type="checkbox"/> previous history of malaria</p> <p>d <input type="checkbox"/> <input type="checkbox"/> visitor/refugee/immigrant/adoptee from endemic area</p> <p>e <input type="checkbox"/> <input type="checkbox"/> injection drug use</p> <p>f <input type="checkbox"/> <input type="checkbox"/> transfusion/transplant in year <onset</p> <p>g <input type="checkbox"/> <input type="checkbox"/> _____</p>	<p>REASON FOR TRAVEL TO MALARIOUS AREA</p> <p>j <input type="checkbox"/> tourism</p> <p>k <input type="checkbox"/> study</p> <p>l <input type="checkbox"/> business</p> <p>m <input type="checkbox"/> visiting family/friends</p> <p>n <input type="checkbox"/> Peace Corps/relief work</p> <p>o <input type="checkbox"/> airline/ship crew</p> <p>p <input type="checkbox"/> missionary or dependent</p> <p>q <input type="checkbox"/> military or dependent</p> <p>r <input type="checkbox"/> _____</p>	<p>MALARIOUS AREAS VISITED IN MONTH <ONSET</p> <p>t <input type="checkbox"/> Mexico</p> <p>u <input type="checkbox"/> Central America</p> <p>v <input type="checkbox"/> South America</p> <p>w <input type="checkbox"/> sub-Saharan Africa</p> <p>x <input type="checkbox"/> S Asia (Indian subcontinent)</p> <p>y <input type="checkbox"/> SE Asia</p> <p>z <input type="checkbox"/> _____</p>
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Provide details about potential exposures, including, where applicable, travel dates, specific countries and regions visited or lived in, etc.

TREATMENT

Where was the patient treated for this illness? ☐ U.S. ☐ _____

Did patient self-medicate before seeking medical attention? ☐ yes ☐ no

MEDICATION(S) AFTER SYMPTOMS BEGAN*

- | | |
|--|--|
| <input type="checkbox"/> chloroquine (Aralen®) | <input type="checkbox"/> halofrantrine (Halfan®) |
| <input type="checkbox"/> mefloquine (Lariam®) | <input type="checkbox"/> atovaquone-proguanil (Malarone®) |
| <input type="checkbox"/> quinine/quinidine | <input type="checkbox"/> pyrimethamine-sulfadoxine (Fansidar®) |
| <input type="checkbox"/> artemisinin (qinghaosu) | <input type="checkbox"/> hydroxychloroquine fulfate (Plaquenil®) |
| <input type="checkbox"/> doxycycline | <input type="checkbox"/> unknown |
| <input type="checkbox"/> proguanil (Paludrine®) | <input type="checkbox"/> _____ |

* Not all of these meds are available in the U.S.

Details about dose, schedule, etc.

Was primaquine given to prevent recurrences? ☐ yes ☐ no

If not, why not? ☐ not necessary (*falciparum* or *malariae*)

- ☐ contraindicated because... ☐ pregnant ☐ breastfeeding ☐ G6PD negative
- ☐ apparently nobody thought about it ☐ _____

Primaquine is the only drug effective against liver-stage parasites. It prevents relapses in persons who have had primary attacks of vivax or ovale malaria. (There are no persistent liver-stage parasites in the other species.)

Was chloroquine used to treat non-*falciparum* malaria? ☐ yes ☐ no

if not, why not? ☐ species not known at time of treatment

- ☐ patient unable to take chloroquine because of... _____
- ☐ thought more expensive drug must be better
- ☐ _____

ADMINISTRATION

Malaria/June 2003

Remember to copy patient's name to the top of this page.

Completed by _____ Date _____ Phone _____ Investigation sent to OHS on ____/____/____

Initial report sent to OHS on ____/____/____

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