

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: Male Female
Date of Birth: ____ / ____ / ____
Is patient pregnant? Yes No

Physician name (last, first): _____
Telephone Number: (____) ____ - _____

Race/ethnicity:
 White Asian/Pacific Islander
 Black American Indian/Alaska Native
 Hispanic Unknown/Not specified

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 number: _____

Laboratory Name: _____
Telephone Number: (____) ____ - _____

Specimens being sent to CDC? Yes No
If yes: Smears Whole Blood Other: _____

Has patient traveled or lived outside the USA during the past 4 years? No 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?
 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/family 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 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

If yes, species (check all that apply): Vivax Falciparum Malariae Ovale Not Determined

Date of previous illness: ___ / ___ / _____

Blood transfusion/transplant within last 12 months: Yes No If yes, date: ___ / ___ / _____

Clinical complications for this attack:

- cerebral malaria
- ARDS
- none
- renal failure
- anemia
- other: _____
- (Hb<11, Hct<33)

Was illness fatal:

- Yes No Unknown
- If yes, date of death: ___ / ___ / _____

Therapy for this attack (check all that apply):

- tetracycline/doxycycline
- mefloquine
- exchange
- unknown
- chloroquine
- quinine/quinidine
- pyrimethamine-sulfadoxine
- transfusion
- other (specify): _____
- primaquine
- Malarone

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).

CDC 54.1 01/2002 (FRONT) If sending specimens, please forward blood smears (thick and thin) with this report.