



# MALARIA CASE SURVEILLANCE REPORT

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Disease Control and Prevention (CDC)  
Division of Parasitic Diseases (MS F-22)  
4770 Buford Highway, N.E.  
Atlanta, Georgia 30341



Form Approved  
OMB 0920-0009

State Case No. \_\_\_\_\_

Case No. \_\_\_\_\_

Dash No. \_\_\_\_\_

County \_\_\_\_\_

Patient name (last, first): \_\_\_\_\_

Age (yrs): \_\_\_\_\_ (mos): \_\_\_\_\_ Sex:  Male  Female

Date of symptom onset of this attack (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is patient pregnant?  Yes  No

Physician name (last, first): \_\_\_\_\_

Race/ethnicity:

Telephone Number: ( ) \_\_\_\_\_ -- \_\_\_\_\_

- 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  Ovale  
 Falciparum  Not Determined  
 Malariae

State/territory reporting this case: \_\_\_\_\_

Patient admitted to hospital:  Yes  No

Hospital: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hospital record #: \_\_\_\_\_

Laboratory name: \_\_\_\_\_

Specimens being sent to CDC?  Yes  No

Telephone Number: ( ) \_\_\_\_\_ -- \_\_\_\_\_

If yes:  Smears  Whole Blood  Other: \_\_\_\_\_

Has patient traveled or lived outside the USA during the past 4 years?  Yes  No If 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?

Principal reason for travel from/to U.S. for most recent trip:

- Yes, for =>12 months
- Yes, for <12 months
- No, (specify country): \_\_\_\_\_
- Unknown
- 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<sup>TM</sup>  Other: \_\_\_\_\_

Were all pills taken as prescribed?

If doses were missed, what was the reason?

- 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 doses
- No, missed doses but not sure how many
- Don't know
- 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):

- 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).

**Physicians and other health care providers with questions about management and treatment of malaria cases should call CDC, Malaria Epidemiology Branch, (770-488-7788; fax 770-488-7761).**

**Information on malaria risk and prevention is available at:**

**CDC's Traveler's Health website <http://www.cdc.gov/travel>  
CDC's Traveler's Health Information Service 1-877-FYI-TRIP**

***Health Information for International Travel* is available from the Public Health Foundation, 1-877-252-1200. <http://www.phf.org>**