



# Malaria

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_  
 Reported to DOH Date \_\_\_/\_\_\_/\_\_\_  
 LHJ Classification  Confirmed  
 Probable  
 By:  Lab  Clinical  
 Epi Link: \_\_\_\_\_

Outbreak-related  
 LHJ Cluster# \_\_\_\_\_  
 LHJ Cluster Name: \_\_\_\_\_  
 DOH Outbreak # \_\_\_\_\_

## REPORT SOURCE

LHJ notification date \_\_\_/\_\_\_/\_\_\_ Investigation start date \_\_\_/\_\_\_/\_\_\_  
 Reporter (check all that apply)  Lab  Hospital  HCP  
 Public health agency  Other

Reporter name \_\_\_\_\_  
 Reporter phone \_\_\_\_\_  
 Primary HCP name \_\_\_\_\_  
 Primary HCP phone \_\_\_\_\_

OK to talk to case?  Yes  No  DK Date of interview \_\_\_/\_\_\_/\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_  
 Address \_\_\_\_\_  Homeless  
 City/State/Zip \_\_\_\_\_  
 Phone(s)/Email \_\_\_\_\_  
 Alt. contact  Parent/guardian  Spouse  Other Name: \_\_\_\_\_  
 Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Occupation/grade \_\_\_\_\_  
 Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_  
 Gender  F  M  Other  Unk  
 Ethnicity  Hispanic or Latino  
 Not Hispanic or Latino  Unk  
**Race (check all that apply)**  
 Amer Ind/AK Native  Asian  
 Native HI/other PI  Black/Afr Amer  
 White  Other  Unk

## CLINICAL INFORMATION

Onset date: \_\_\_/\_\_\_/\_\_\_  Derived Diagnosis date: \_\_\_/\_\_\_/\_\_\_ Illness duration: \_\_\_\_\_ days

### Signs and Symptoms

Y N DK NA  
    Fever Highest measured temp: \_\_\_\_\_ °F  
 Type:  Oral  Rectal  Other: \_\_\_\_\_  Unk  
    Recurring fever  
 Number of attacks: \_\_\_\_\_  
 Days between attacks: \_\_\_\_\_  
    Chills  
    Sweats  
    Headache

### Hospitalization

Y N DK NA  
    Hospitalized at least overnight for this illness  
 Hospital name \_\_\_\_\_  
 Admit date \_\_\_/\_\_\_/\_\_\_ Discharge date \_\_\_/\_\_\_/\_\_\_  
 Y N DK NA  
    Died from illness Death date \_\_\_/\_\_\_/\_\_\_  
    Autopsy Place of death \_\_\_\_\_

### Predisposing Conditions

Y N DK NA  
    Malaria in past 12 months (prior to this report)  
 Date of prior malaria illness \_\_\_/\_\_\_/\_\_\_  
 Prior malaria species: \_\_\_\_\_  
    Pregnant  
 Estimated delivery date \_\_\_/\_\_\_/\_\_\_  
 OB name, address, phone: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Laboratory

Collection date \_\_\_/\_\_\_/\_\_\_  
 Source \_\_\_\_\_  
 P N I O NT  
     Anemia (Hb<11, Hct<33)  
     **Malaria parasites (blood films)**  
     **Species specific parasite DNA by PCR**  
     **Malaria antigens by rapid diagnostic test (RDT)**  
**[suspect unless further positive]**  
 Species: \_\_\_\_\_

P = Positive O = Other  
 N = Negative NT = Not Tested  
 I = Indeterminate

### Clinical Findings

Y N DK NA  
    Cerebral malaria  
    Kidney (renal) abnormality or failure  
    Liver abnormality or failure  
    Adult Respiratory Distress Syndrome (ARDS)  
    Other complications  
 Specify: \_\_\_\_\_

## NOTES

**INFECTION TIMELINE**

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

Exposure period\*  
 Days from onset: -30 -7  
 Calendar dates:

o  
n  
s  
e  
t

\* Incubation period for infection from transfusion may be up to 2 months. Some *P. vivax* strains have protracted incubation (8 to 10 months).

**EXPOSURE (Refer to dates above)**

Y N DK NA

Travel out of the state, out of the country, or outside of usual routine  
 Out of:  County  State  Country  
 Dates/Locations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Y N DK NA

Case knows anyone with similar symptoms

Y N DK NA

In area with mosquito activity  
 Date/Location: \_\_\_\_\_  
    Remember mosquito bite  
 Date/Location: \_\_\_\_\_  
    Any medical or dental procedure  
    Blood transfusion or blood products (e.g. IG, factor concentrates)  
 Date of receipt: \_\_/\_\_/\_\_  
    Organ or tissue transplant recipient  
 Date of receipt: \_\_/\_\_/\_\_

Where did exposure probably occur?  In WA (County: \_\_\_\_\_)  US but not WA  Not in US  Unk

Exposure details: \_\_\_\_\_

- No risk factors or exposures could be identified
- Patient could not be interviewed

**PATIENT PROPHYLAXIS / TREATMENT**

Y N DK NA

Malaria chemoprophylaxis taken  
 Specify type: \_\_\_\_\_  
 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 doses  
 No, missed doses but not sure how many  
 Unknown

Reasons for missed doses:

Forgot  Didn't think needed  
 Had side effect (specify below)  
 Advised by others to stop  
 Prematurely stopped taking once home  
 Other (specify below)  Unk  
 Specify \_\_\_\_\_

Y N DK NA

Antimalarial therapy for this attack  
 Type: \_\_\_\_\_

**PUBLIC HEALTH ISSUES**

Y N DK NA

Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset Date: \_\_/\_\_/\_\_  
 Agency and location: \_\_\_\_\_  
 Specify type of donation: \_\_\_\_\_

**PUBLIC HEALTH ACTIONS**

Notify blood or tissue bank  
 Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_/\_\_/\_\_  
 Local health jurisdiction \_\_\_\_\_ Record complete date \_\_/\_\_/\_\_