



Malaria

County _____

Case name (last, first): _____
 Birth date / / Sex: F M Other Unk Alternate name: _____
 Phone: _____ Email: _____
 Address type: Home Mailing Other Temporary Work Lab
 Street address: _____
 City/State/Zip/County: _____
 Residence type: _____ Homeless WA resident: Y N
 Alternate contact: Parent/Guar. Spouse Other
 Contact name: _____ Contact phone: _____

ADMINISTRATIVE

Investigator: _____ Optional LHJ ID: _____
 LHJ notification date / /
 Classification: Confirmed Probable Suspect
 In Progress Ruled Out Not Reportable
 Investigation status: Not started Ready for CDC
 Not ready for CDC Complete
 Complete but: Not CDC reportable Not DOH reportable
 Unable to complete
 Investigation start date / /
 Investigation complete date / /
 Record complete date / /
 Case complete date / /
 Outbreak related: Yes No
 LHJ Cluster ID: _____ LHJ Cluster Name: _____
 DOH Cluster ID: _____ DOH Cluster Name: _____

ADDITIONAL PERSON INFORMATION

Age: Years Months Days
 Race (check all that apply):
 Unk Amer Ind/AK Native Asian Black/African Amer
 Native HI/other PI White Other: _____
 Ethnicity: Hispanic or Latino Not Hispanic or Latino Unk
 Primary language: _____
 Interpreter needed: Yes No Unk
 Employed: Yes: No Unk
 If yes, Occupation _____ Work site: _____
 Student/Daycare: Yes No Unk
 Type of school: Preschool/daycare K-12 College
 Graduate School Vocational Online Other
 School name _____
 School address _____
 City/State/Zip/County _____
 Phone number _____ Teacher's name _____

REPORT SOURCE

Initial report source (use selections below): _____
 LHJ/State: _____
 Reporter organization: _____
 Reporter name: _____
 Reporter phone: _____
 All reporting sources (check all that apply):
 Blood Center Citizen Child care Healthcare facility
 Healthcare provider Laboratory WA PHL Investigation
 School State vendor Veterinarian DOH Other state
 Other LHJ Death cert. CDC Other _____

Primary HCP name: _____
 Primary HCP phone: _____
 OK to talk to patient? (If later, provide time and date)
 Yes Later: AM/PM / / Never
 Date of interview attempt: / /
 Complete Interview Partial Interview
 Unable to reach
 Patient could not be interviewed

DURING 2017: IT IS OPTIONAL FOR COUNTY TO ENTER TO THIS POINT AND MAIL OR FAX FORM TO CDEPI: 206-418-5515 FOR BACK-ENTRY INTO THE PHIMS REPLACEMENT LATER IN 2017. QUESTIONS: 206-418-5433

CLINICAL INFORMATION

Complaint ill? Yes No Unk Illness duration: Days Weeks Months Years **Still ill?** Yes No Unk
 Symptom Onset: / / Derived **Diagnosis date:** / /

Signs and Symptoms

Y N Unk
 Any fever, subjective or measured Temperature measured? Yes No Highest measured temperature: °F
 Recurring fever
 Chills or rigors
 Sweats
 Malaria in past 12 months (prior to this report) Date of prior illness: / / Prior species: _____
 Complications:
Y N Unk
 Acute respiratory distress syndrome (ARDS) Cerebral malaria
 Kidney (renal) abnormality or failure Severe anemia (Hb < 7) Other: _____

Pregnancy – females only

Pregnancy status: Pregnant (Estimated) delivery date: ___/___/___ Weeks pregnant at symptom onset: _____

OB name, phone, address: _____

Postpartum Neither Unknown

Clinical testing

Y N Unk

Anemia (Hb<11, Hct<33)

Malaria parasites (blood films) % Parasitemia: _____ Species: _____

Species specific parasite DNA by PCR

Malaria antigens by rapid diagnostic test (RDT) [suspect unless further positive]

Hospitalization

Hospitalized at least overnight for this illness Yes No Unk Facility Name: _____

Hospital admission date: ___/___/___ Hospital discharge date: ___/___/___ Hospital record number: _____

Still hospitalized Yes As of: ___/___/___ No Unk

Died of this illness Yes No Unk Death date: ___/___/___ Autopsy performed Yes No Unk

Location of death (check one): Outside of hospital (e.g. home, in transit to the hospital) Emergency department (ED)

Inpatient ward ICU Other: _____

Death certificate lists illness as a cause of death or significant contributing condition Yes No Unk

RISK AND RESPONSE (Ask about exposures 7-30 days before symptom onset)

Travel: In Washington – county: _____ Other state: _____ Not in US: _____

Dates and specific locations: _____

Likely geographic region of exposure:

In Washington – county: _____ Other state: _____ Not in US: _____

International travel related: During entire exposure period During part of exposure period No international travel

Suspected exposure type: Vectorborne Blood products Other: _____

Is case a recent foreign arrival (e.g., immigrant, refugee, adoptee, visitor) Yes, country: _____ No Unknown

Y N Unk

Does the case know anyone sharing travel with similar symptoms of illness? Details: _____

In past 12 months before symptom onset had blood transfusion or organ transplant Yes: Date ___/___/___ Reason _____

No Unk

PUBLIC HEALTH ISSUES

Y N Unk

Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset or diagnosis

If yes: Agency: _____ Date: ___/___/___ Specify type: _____

PUBLIC HEALTH ISSUES

Y N Unk

Notified blood or tissue bank (if recent donation)

TREATMENT

Did patient receive prophylaxis? Yes No Unk If Yes:

Specify antimalarial: _____

Number of days actually taken: _____ Start date: ___/___/___ End date: ___/___/___

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

Reason if missed doses: Forgot Didn't think needed Had side effect (specify: _____)

Advised by others to stop Prematurely stopped taking once home Other (specify: _____) Unk

Did patient receive treatment? Yes No Unk If Yes:

Specify antimalarial: _____

Number of days actually taken: _____ Start date: ___/___/___ End date: ___/___/___

Notes: