

CASE REPORT FORM

Malaria

Malaria _____	EpiSurv No. _____
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Reporting Authority

Name of Public Health Officer responsible for case _____

Notifier Identification

Reporting source* General Practitioner Hospital-based Practitioner Laboratory
 Self-notification Outbreak Investigation Other

Name of reporting source _____ Organisation _____

Date reported* _____ Contact phone _____

Usual GP _____ Practice _____ GP phone _____

GP/Practice address Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Case Identification

Name of case* Surname _____ Given Name(s) _____

NHI number* _____ Email _____

Current address* Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Phone (home) _____ Phone (work) _____ Phone (other) _____

Case Demography

Location TA* _____ DHB* _____

Date of birth* _____ OR Age _____ Days Months Years

Sex* Male Female Indeterminate Unknown

Occupation* _____

Occupation location Place of Work School Pre-school

Name _____

Address Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Alternative location Place of Work School Pre-school

Name _____

Address Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Ethnic group case belongs to* (tick all that apply)

NZ European Maori Samoan Cook Island Maori
 Niuean Chinese Indian Tongan
 Other (such as Dutch, Japanese, Tokelauan) *(specify) _____

Basis of Diagnosis**LABORATORY CRITERIA****Demonstration of malaria parasites**(Plasmodium species) in a blood film* Yes No Not Done Awaiting Results**STATUS*** Under investigation Probable Confirmed Not a case**ADDITIONAL LABORATORY DETAILS****Plasmodium species (tick all that apply)***

- P. falciparum* *P. ovale*
 P. knowlesi *P. vivax*
 P. malariae Indeterminate

Clinical Course and Outcome**Date of onset*** _____ Approximate Unknown**Hospitalised*** Yes No Unknown**Date hospitalised*** _____ Unknown**Hospital*** _____**Died*** Yes No Unknown**Date died*** _____ Unknown**Was this disease the primary cause of death?*** Yes No UnknownIf no, specify the primary cause of death*
_____**Outbreak Details****Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*** Yes **If yes, specify Outbreak No.*** _____**Risk Factors****Was the case overseas during the incubation period (range = 7-30 days) for malaria?*** Yes No Unknown

If yes, date arrived in New Zealand* _____

Specify countries visited* (from most recent to least recent)

	Country/Region	Date Entered	Date Departed
Last:*	_____	_____	_____
Second Last:*	_____	_____	_____
Third Last:*	_____	_____	_____

Country/region where malaria probably acquired* _____

If the case has not been overseas recently, is there any prior history of overseas travel that might account for this infection?* Yes No Unknown

If yes, specify* _____

Other risk factors for disease* _____

Malaria

EpiSurv No. _____

Protective Factors

Was prophylaxis prescribed?* Yes No Unknown

Was prophylaxis taken as prescribed?* Yes No Unknown

Comments*

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