Malaria

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): ____________________________
Investigation Start Date: __ / __ / __
Earliest date reported to LHD: __ / __ / __
Earliest date reported to DIDE: __ / __ / __

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: □ Laboratory □ Hospital □ HCP □ Public Health Agency □ Other
Report Source: __________________________
Report Source Phone: ______________________
Primary HCP Name: ________________________
Primary HCP Phone: ________________________

CLINICAL

Onset date: __ / __ / __
Diagnosis date: __ / __ / __
Recovery date: __ / __ / __

Symptoms and Clinical Findings

□ □ □ Fever (Highest measured temperature: _____ °F)
□ □ □ Chills
□ □ □ Sweats
□ □ □ Headache
□ □ □ Myalgia
□ □ □ Nausea
□ □ □ Vomiting
□ □ □ Fatigue
□ □ □ Confusion
□ □ □ Neurologic focal signs

Complications

□ □ □ Acute respiratory distress syndrome (ARDS)
□ □ □ Coma
□ □ □ Cerebral malaria
□ □ □ Kidney failure
□ □ □ Liver failure

Clinical Risk Factors

□ □ □ Underlying medical condition
□ □ □ History of malaria in previous 12 months (if yes, indicate species below)
□ Vivax □ Falciparum □ Ovale □ Malariae □ Unknown

Hospitalization

□ □ □ Patient hospitalized for this illness
If yes, hospital name: ______________________
Admit date: __ / __ / ___
Discharge date: __ / __ / ___

Death

□ □ □ Patient died due to this illness
If yes, date of death: __ / __ / ___

TREATMENT

□ □ □ Patient received therapy for this attack (If yes, indicate type below)
□ Chloroquine □ Tetracycline □ Doxycycline
□ Mefloquine □ Exchange transfusion □ Artesunate
□ Unknown □ Primaquine □ Quinine
□ Quinidine □ Atovaquone/proguanil □ Other: __________________________

LABORATORY (Please submit copies of all labs, including CBCs, associated with this illness to DIDE)

□ □ □ Anemia
□ □ □ Demonstration of Plasmodium species in blood films (parasitemia: _____ %)
□ □ □ Demonstration of Plasmodium species by molecular testing (e.g. PCR)
□ □ □ Detection of Plasmodium species by RDT without confirmation by microscopy or molecular testing (symptomatic or asymptomatic)
□ □ □ Specimen(s) sent to CDC for testing (□ Smear □ Whole blood □ Other: _____________)

If the species of Plasmodium has been identified from any of the above test methods, please specify:
□ Vivax □ Falciparum □ Ovale □ Malariae □ Unable to identify □ Other species (specify: __________________________)

Y=Yes  N=No  U=Unknown

Division of Infectious Disease Epidemiology

rev 2-17-12
### INFECTION TIMELINE

**Instructions:** Enter onset date in grey box. Count backward to determine probable exposure period.

<table>
<thead>
<tr>
<th>Days from onset</th>
<th>Calendar dates:</th>
<th>Onset date</th>
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<tbody>
<tr>
<td>-30 (Max Incubation)</td>
<td>__ / __ / ____</td>
<td>__ / __ / ____</td>
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<tr>
<td>-7 (Min Incubation)</td>
<td>__ / __ / ____</td>
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### EPIDEMIOLOGIC EXPOSURES (based on the above exposure period, unless otherwise noted)

**Y N U**

- History of travel during exposure period (if yes, complete travel history below):

<table>
<thead>
<tr>
<th>Destination (City, County, State and Country)</th>
<th>Arrival Date</th>
<th>Departure Date</th>
<th>Reason for travel</th>
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**Y N U**

- Patient traveled (or lived) outside of United States during the past 2 years
- Patient resided in United States prior to most recent travel
  - If no, please specify country:__________________________
- Foreign arrival (e.g. immigrant, adoptee, etc)
  - If yes, country:__________________________
- Blood transfusion recipient within last 12 months
  - If yes, date: __/__/__
- Organ transplant recipient within last 12 months
  - If yes, date: __/__/__

Where did exposure most likely occur? County:________ State:________ Country:________

### PUBLIC HEALTH ISSUES

**Y N U**

- Malaria chemoprophylaxis taken (if yes, indicate below)
  - Chloroquine
  - Mefloquine
  - Doxycycline
  - Primaquine
  - Atovaquone/proguanil
  - Other:________
- All chemoprophylaxis medications taken as prescribed
  - If doses were missed or not taken, please specify reason:
    - Forgot
    - Didn't think needed
    - Side effects
    - Told to stop
    - Prematurely stopped taking once home
    - Unknown
- Case donated blood products, organs or tissue in the 30 days prior to symptom onset
  - Date: __/__/__
  - Agency/location:__________________________
- Case is pregnant (Due date: __/__/__)
- Case knows someone who had shared exposure and is currently having similar symptoms
- Epi link to another confirmed case of same condition
- Case is part of an outbreak
- Other:

### PUBLIC HEALTH ACTIONS

**Y N U**

- Notify blood or tissue bank or other facility where organs donated
- Notify patient obstetrician
- Disease education and prevention information provided to patient and/or family/guardian
- Facilitate laboratory testing of other symptomatic persons who have a shared exposure
- Patient is lost to follow-up
- Other:

### WVEDSS

**Y N U**

- Entered into WVEDSS (Entry date: __/__/__)
- Case Status: □ Confirmed □ Probable □ Suspect □ Not a case □ Unknown

### NOTES

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

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