

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) _____	

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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)*													
☐ <i>P. falciparum</i>	☐ <i>P. ovale</i>												
☐ <i>P. knowlesi</i>	☐ <i>P. vivax</i>												
☐ <i>P. malariae</i>	☐ 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 ☐ Unknown												
If 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)													
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">Country/Region</th> <th style="width: 25%; text-align: left;">Date Entered</th> <th style="width: 25%; text-align: left;">Date Departed</th> </tr> </thead> <tbody> <tr> <td>Last:*</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Second Last:*</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Third Last:*</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Country/Region	Date Entered	Date Departed	Last:*	_____	_____	Second Last:*	_____	_____	Third Last:*	_____	_____
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*			