

CASE REPORT FORM

Malaria

Malaria _____	EpiSurv No. EpiSurvNumber _____
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Reporting Authority			
Name of Public Health Officer responsible for case OfficerName _____			
Notifier Identification			
Reporting source* ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory ReportSrc ☐ Self-notification ☐ Outbreak Investigation ☐ Other			
Name of reporting source ReportName _____		Organisation ReportOrganisation _____	
Date reported* ReportDate _____		Contact phone ReportPhone _____	
Usual GP UsualGP _____		Practice GPPracticeName _____	
GP/Practice address		GP phone GPPhone _____	
Number houzenumber _____	Street streetname _____	Suburb suburb _____	
Town/City towncity _____	Post Code postcode _____	☐ GeoCode geocode _____ addressmatchaccuracy _____	
Case Identification			
Name of case* Surname Surname _____		Given Name(s) GivenName _____	
NHI number* NHINumber _____		Email Email _____	
Current address* Number houzenumber _____		Suburb suburb _____	
Town/City towncity _____		Post Code postcode _____	
		☐ GeoCode geocode _____ addressmatchaccuracy _____	
Phone (home) PhoneHome _____		Phone (work) PhoneWork _____	
		Phone (other) PhoneOther _____	
Case Demography			
Location TA* TA _____		DHB* DHB _____	
Date of birth* DateOfBirth _____ OR Age Age _____ ☐ Days ☐ Months ☐ Years AgeUnits			
Sex* Sex ☐ Male ☐ Female ☐ Indeterminate ☐ Unknown			
Occupation* Occupation _____			
Occupation location occupation_place_type _____		☐ Place of Work ☐ School ☐ Pre-school	
Name occupation_place_name _____			
Address Number houzenumber _____		Suburb suburb _____	
Town/City towncity _____		Post Code postcode _____	
		☐ GeoCode geocode _____ addressmatchaccuracy _____	
Alternative location occupation_place_type _____		☐ Place of Work ☐ School ☐ Pre-school	
Name occupation_place_name _____			
Address Number houzenumber _____		Suburb suburb _____	
Town/City towncity _____		Post Code postcode _____	
		☐ GeoCode geocode _____ addressmatchaccuracy _____	
Ethnic group case belongs to* (tick all that apply)			
☐ NZ European EthNZEuropan ☐ Maori EthMaori ☐ Samoan EthSamoan ☐ Cook Island Maori EthCookIslandMaori ☐ Niuean EthNiuean ☐ Chinese EthChinese ☐ Indian EthIndian ☐ Tongan EthTongan ☐ Other (such as Dutch, Japanese, Tokelauan) *(specify) EthOther EthSpecify1 _____ EthSpecify2 _____			

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Basis of Diagnosis	
LABORATORY CRITERIA	
Demonstration of malaria parasites	
(Plasmodium species) in a blood film* DemoParas ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
STATUS* Status ☐ Under investigation ☐ Probable ☐ Confirmed ☐ Not a case	
ADDITIONAL LABORATORY DETAILS	
Plasmodium species (tick all that apply)*	
☐ <i>P. falciparum</i> PFalcip	☐ <i>P. ovale</i> POvale
☐ <i>P. knowlesi</i> PKnowlesi	☐ <i>P. vivax</i> PVivax
☐ <i>P. malariae</i> PMalar	☐ Indeterminate Indeterm
Clinical Course and Outcome	
Date of onset* OnsetDt _____ ☐ Approximate OnsetDtApprox ☐ Unknown OnsetDtUnknown	
Hospitalised* Hosp ☐ Yes ☐ No ☐ Unknown	
Date hospitalised* HospDt _____ ☐ Unknown HospDtUnknown	
Hospital* HospName _____	
Died* Died ☐ Yes ☐ No ☐ Unknown	
Date died* DiedDt _____ ☐ Unknown DiedDtUnknown	
Was this disease the primary cause of death?* DiedPrimary ☐ Yes ☐ No ☐ Unknown	
If no, specify the primary cause of death* DiedOther _____	
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 Outbrk If yes, specify Outbreak No.* OutbrkNo _____	
Risk Factors	
Was the case overseas during the incubation period (range = 7-30 days) for malaria?* Overseas ☐ Yes ☐ No ☐ Unknown	
If yes, date arrived in New Zealand* DtArrived _____	
Specify countries visited* (from most recent to least recent)	
Last:*	Country/Region LastCountry _____ Date Entered LastDtEntered _____ Date Departed LastDtDeparted _____
Second Last:*	SecCountry _____ SecDtEntered _____ SecDtDeparted _____
Third Last:*	ThirdCountry _____ ThirdDtEntered _____ ThirdDtDeparted _____
Country/region where malaria probably acquired* AquireCountry _____	
If the case has not been overseas recently, is there any prior history of overseas travel that might account for this infection?* PriorTravel ☐ Yes ☐ No ☐ Unknown	
If yes, specify* PriorSpec _____	
Other risk factors for disease* RiskSpec _____	

Malaria	EpiSurv No. EpiSurvNumber
Protective Factors	
Was prophylaxis prescribed?* ProphOffer	☐ Yes ☐ No ☐ Unknown
Was prophylaxis taken as prescribed?* ProphTake	☐ Yes ☐ No ☐ Unknown
Comments*	
Comments	