CASE REPORT FORM

Malaria

Malaria EpiSurv No. **EpiSurvNumber**

Reporting Authority

Name of Public Health Officer responsible for case OfficerName

Notifier Identification

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

Name of reporting source ReportName **Organisation** ReportOrganisation

Date reported* ReportDate **Laboratory sample date** SampleDate **Contact phone** ReportPhone

Usual GP UsualGP **Practice** GPPracticeName **GP phone** GPPhone

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

Case Identification

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

NHI number* NHINumber **Email** Email

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

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 ○ Unknown ○ Other

Occupation* Occupation

Occupation location PlaceOfWork1Type ○ Place of Work ○ School ○ Pre-school

Name PlaceOfWork1

Address PlaceOfWork1Address
Number Street Suburb
Town/City Post Code ☐ GeoCode

Alternative location PlaceOfWork2Type ○ Place of Work ○ School ○ Pre-school

Name PlaceOfWork2

Address PlaceOfWork2Address
Number Street Suburb
Town/City Post Code ☐ GeoCode

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

☐ NZ European EthNZEuropean ☐ Maori EthMaori ☐ Samoan EthSamoan ☐ Cook Island Maori EthCookIslandMaori
☐ Niuean EthNiuean ☐ Chinese EthChinese ☐ Indian EthIndian ☐ Tongan EthTongan
☐ Other (such as Dutch, Japanese) EthOther *(specify) EthSpecify1 EthSpecify2

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Basis of Diagnosis

LABORATORY CRITERIA

Demonstration of *Plasmodium* species in a blood film* DemoParas ○ Yes ○ No ○ Not Done ○ Awaiting Results

Detection of *Plasmodium* species in a nucleic acid by NAAT* NAAT ○ Yes ○ No ○ Not Done ○ Awaiting Results

CLASSIFICATION* Status ○ Under investigation ○ Confirmed ○ Not a case

ADDITIONAL LABORATORY DETAILS

Plasmodium species (tick all that apply)*

☐ *P. falciparum* PFalcip ☐ *P. ovale* POvale

☐ *P. knowlesi* PKnowlesi ☐ *P. vivax* PVivax

☐ *P. malariae* 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)

	Country/Region	Date Entered	Date Departed
Last:* LastCountry		LastDtEntered	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

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Protective Factors

Was prophylaxis prescribed?* ProphOffer	○ Yes	○ No	○ Unknown
Was prophylaxis taken as prescribed?* ProphTake	○ Yes	○ No	○ Unknown

Comments*

Comments