CASE REPORT FORM — Malaria

Malaria — EpiSurv No.

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* **Laboratory sample date** **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 ○ Unknown ○ Other

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)

Malaria EpiSurv No.

Basis of Diagnosis

LABORATORY CRITERIA

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

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

CLASSIFICATION* ○ Under investigation ○ 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 ○ 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)

	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*