

**North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch**



ATTENTION HEALTH CARE PROVIDERS:

Please report relevant clinical findings about this disease event to the local health department.

MALARIA

**Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 21**

**ATTENTION Local Health Department Staff: There is no Part 2 Wizard for this disease.
Enter all information from this form into the NC EDSS question packages.**

If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN

NC EDSS LAB RESULTS Verify if lab results for this event are in NC EDSS. If not present, enter results.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name—City/State
/ /						/ /	
/ /						/ /	
/ /						/ /	

CLINICAL FINDINGS

Is/was patient symptomatic for this disease? Y N U

If yes, symptom onset date (mm/dd/yyyy): ___/___/___

CHECK ALL THAT APPLY:

Fever Y N U

Cerebral malaria Y N U

Acute Respiratory Distress Syndrome (ARDS) Y N U

Acute renal failure Y N U

Anemia Y N U

Hemoglobin < 11 Y N U

Hematocrit < 33 Y N U

Malaria in last 12 months (prior to this report) Y N U

If yes, date of previous illness (mm/dd/yyyy): _____

Species (check all that apply)

Vivax

Falciparum

Malariae

Ovale

Not determined

Other symptoms, signs, clinical findings, or complications consistent with this illness Y N U

If yes, specify: _____

Patient had no complications Y N U

TREATMENT

Did patient receive therapy for this attack? Y N U

Specify therapy:

Chloroquine

Doxycycline

Exchange transfusion

Malarone

Mefloquine

Primaquine

Pyrimethamine-sulfadoxine

Quinidine

Quinine

Tetracycline

Other, specify: _____

Unknown

Did patient receive an exchange transfusion for this attack? Y N U

Was malaria chemoprophylaxis taken? Y N U

If yes, which drugs were taken

Chloroquine

Primaquine

Doxycycline

Malarone

Mefloquine

Other

Unknown

Were all pills taken as prescribed?

Yes, missed no doses

No, missed one to a few doses

No, missed more than a few but less than half the doses

No, missed half or more of the doses

No, missed doses but not sure how many

Unknown

TREATMENT (continued)

Reason(s) for missed dose(s)

Forgot

Didn't think needed

Had a side effect

Specify: _____

Advised by others to stop

Prematurely stopped taking once home

Other

HOSPITALIZATION INFORMATION

Was patient hospitalized for this illness >24 hours? Y N U

Hospital name: _____

City, State: _____

Hospital contact name: _____

Telephone: (____) _____ - _____

Admit date (mm/dd/yyyy): ___/___/___

Discharge date (mm/dd/yyyy): ___/___/___

CLINICAL OUTCOMES

Discharge/Final diagnosis: _____

Survived? Y N U

Died? Y N U

Died from this illness? Y N U

Date of death (mm/dd/yyyy): ___/___/___

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN

TRAVEL/IMMIGRATION

The patient is:

- Resident of NC
- Resident of another state or US territory
- Foreign Visitor
- Refugee
- Recent Immigrant
- Foreign Adoptee
- None of the above

Did patient have a travel history during the 40 days prior to onset of symptoms? Y N U

List travel dates and destinations _____

Has the patient traveled or lived outside of the US during the past 4 years? Y N U

If yes specify country _____

Date returned/arrived in US (mm/dd/yyyy): ____/____/____

Duration of stay in foreign country _____

Additional travel/residency information:

CASE INTERVIEWS/INVESTIGATIONS

Was the patient interviewed? Y N U

Date of interview (mm/dd/yyyy): ____/____/____

Medical records reviewed (including telephone review with provider/office staff)? Y N U

Specify reason if medical records were not reviewed:

Notes on medical record verification:

GEOGRAPHICAL SITE OF EXPOSURE

In what geographic location was the patient MOST LIKELY exposed?

Specify location:

- In NC
- City _____
- County _____
- Outside NC, but within US
- City _____
- State _____
- County _____
- Outside US
- City _____
- Country _____
- Unknown

Is the patient part of an outbreak of this disease? Y N

Notes:

HEALTH CARE FACILITY AND BLOOD & BODY FLUID EXPOSURE RISKS

From 12 months prior to onset of symptoms, did the patient have any of the following health care exposures?

- Blood or blood products (transfusion) – recipient
Date received: _____
- Transplant recipient (tissue/organ/bone/bone marrow)
Date received: _____
- No
- Unknown

Malaria (*Plasmodium spp.*)

1995 CDC Case Definition

Clinical description

Signs and symptoms are variable; however, most patients experience fever. In addition to fever, common associated symptoms include headache, back pain, chills, sweats, myalgia, nausea, vomiting, diarrhea, and cough. Untreated *Plasmodium falciparum* infection can lead to coma, renal failure, pulmonary edema, and death. The diagnosis of malaria should be considered for any person who has these symptoms and who has traveled to an area in which malaria is endemic.

Asymptomatic parasitemia can occur among persons who have been long-term residents of areas in which malaria is endemic.

Laboratory criteria for diagnosis:

- Demonstration of malaria parasites in blood films

Case classification

Confirmed: an episode of microscopically confirmed malaria parasitemia in any person (symptomatic or asymptomatic) diagnosed in the United States, regardless of whether the person experienced previous episodes of malaria while outside the country.

Comment

A subsequent attack experienced by the same person but caused by a different *Plasmodium* species is counted as an additional case. A subsequent attack experienced by the same person and caused by the same species in the United States may indicate a relapsing infection or treatment failure caused by drug resistance.

Blood smears from questionable cases should be referred to the National Malaria Repository, CDC, for confirmation of the diagnosis.

Cases also are classified according to the following World Health Organization categories:

- *Autochthonous:*
 - *Indigenous:* malaria acquired by mosquito transmission in an area where malaria is a regular occurrence
 - *Introduced:* malaria acquired by mosquito transmission from an imported case in an area where malaria is not a regular occurrence
- *Imported:* malaria acquired outside a specific area (e.g., the United States and its territories)
- *Induced:* malaria acquired through artificial means (e.g., blood transfusion, common syringes, or malariotherapy)

- *Relapsing*: renewed manifestation (i.e., of clinical symptoms and/or parasitemia) of malarial infection that is separated from previous manifestations of the same infection by an interval greater than any interval resulting from the normal periodicity of the paroxysms
- *Cryptic*: an isolated case of malaria that cannot be epidemiologically linked to additional cases