**MALARIA CASE SURVEILLANCE REPORT**  
Department of Health and Human Services, Centers for Disease Control and Prevention  
Division of Parasitic Diseases (MS F-22), 4770 Buford Highway, N.E. Atlanta, Georgia 30341

**Part I**

<table>
<thead>
<tr>
<th>Patient name (last, first):</th>
<th>Age: _______ yrs. mos. wks. days (circle units)</th>
<th>Sex:</th>
<th>Date of Birth: / /</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of symptom onset of <strong>this</strong> attack (mm/dd/yyyy): / / /</td>
<td>Is patient pregnant?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician name (last, first):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number: ( ) ___  ___  ___</td>
<td>Ethnicity:</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Positive** lab test result (check all that apply):  
- Smear  
- PCR  
- RDT  
- No test done/unknown

| Species (check all that apply): | | |
|--------------------------------| | |
- Vivax  
- Falciparum  
- Malariae  
- Ovale  
- Not Determined  
- Other species (specify): ___________

| Parasitemia (%): | |
|------------------| |

| Laboratory name: | |
|------------------| |
| Telephone Number: ( ) ___  ___  ___ | |

Specimens being sent to CDC? Yes No Unknown  
If yes: Smears Whole Blood Other: ___________

Has the patient traveled or lived outside the U.S. during the past 2 years? Yes No If yes, specify:

<table>
<thead>
<tr>
<th>Country:</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration in country yrs. mos. wks. days (circle units)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did patient reside in U.S. prior to most recent travel?  
- Yes
- No, (specify country): ___________
- Unknown

Principal reason for travel from U.S. for most recent trip:

- Tourism
- Visiting friends/relatives
- Student/teacher
- Military
- Airline/ship crew
- Other: ___________
- Business
- Missionary or dependent
- Unknown
- Peace Corps
- Refugee/immigrant

Was malaria chemoprophylaxis taken? Yes No Unknown  
If yes, which drugs were taken? Chloroquine Mefloquine Doxycycline Primaquine Atovaquone/proguanil Unknown

Was chemoprophylaxis taken as prescribed?  
- If doses were missed, what was the reason?  
- History of malaria in last 12 months (prior to this report)?  
- Yes | No | Unknown
- Date of previous illness: / / /  
- If yes, species (check all that apply):
- Vivax Falciparum Malariae Ovale
- Not Determined Other (specify) ___________

Blood transfusion/organ transplant within last 12 months: Yes No Unknown  
If yes, date: / / /  
Clinical Cerebral malaria ARDS None Was illness fatal? Yes No Unknown  
Complications: Renal failure Severe anemia(Hb<7) Other: ___________  
If yes, date of death: / / /  
Therapy for this attack (check all that apply):

- Chloroquine Tetracycline Doxycycline Mefloquine Exchange transfusion Artesunate Artemether/lumefantrine Unknown
- Primaquine Quinine Quinidine Clindamycin Atovaquone/proguanil Other (specify): ___________

Person submitting report: Telephone No. : 

Affiliation:  
For CDC Use Only.  
Classification Imported Induced Introduced Congenital Cryptic

State/territory reporting this case: |
| County: | |
| Patient admitted to hospital: Yes No Unknown |
| Hospital: |
| Date: / / / |

Public reporting burden of this collection of information is estimated to average 15 minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Rd., NE (MS D-24); Atlanta, GA 30333; ATTN: PRA (0920-0009).

CDC 54.1 11/2011 (Front) OMB 0920-0009
If sending specimens, please forward blood smears (thick and thin) with this report.
Physicians and other health care providers with questions about diagnosis and treatment of malaria cases can call CDC’s Malaria Hotline:
- Monday – Friday, 9:00 am to 5 pm, EST: call 770-488-7788 or 855-856-4713 (Fax: 404-718-4815)
- Off-hours, weekends, and federal holidays: call 770-488-7100 and ask to have the malaria clinician on call paged.

Information on malaria risk, prevention, and treatment is available at:
CDC’s Malaria Web site http://www.cdc.gov/malaria

Part II (to be complete 4 weeks after treatment)

Please list all prescription and over the counter medicines the patient had taken during the 2 weeks before starting their treatment for malaria.

Please list all prescription and over the counter medicines the patient had taken during the 4 weeks after starting their treatment for malaria.

Was the medicine for malaria treatment taken as prescribed?  □ No, doses missed  □ Yes, no doses missed  □ Unknown

Did all signs or symptoms of malaria resolve without any additional malaria treatment within 7 days after treatment start?  □ Yes  □ No  □ Unknown

If yes, did the patient experience a recurrence of signs or symptoms of malaria during the 4 weeks after starting malaria treatment?  □ Yes  □ No  □ Unknown

Did the patient experience any adverse events within 4 weeks after receiving the malaria treatment?  □ Yes  □ No  □ Unknown

(If Yes): Event description  Relationship to treatment suspected*  Time to Onset since treatment start  Fatal?  Life-Threatening?  Other Seriousness?**

1
2
3
4
5

* Suspected means that a causal relationship between the treatment and an adverse event is at least a reasonable possibility, i.e., the relationship cannot be ruled out.

** A serious adverse event is defined as an event which is fatal or life-threatening, results in persistent or significant disability/incapacity, constitutes a congenital anomaly/birth defect, is medically significant (i.e., jeopardizes the patient or may require medical or surgical intervention), or requires inpatient hospitalization or prolongation of existing hospitalization.