

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** _____ Contact phone **ReportPhone** _____

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

GP/Practice address 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** Street **streetname** 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** Street **streetname** 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** Street **streetname** 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** _____

| | |
|---|--|
| Malaria | EpiSurv No. EpiSurvNumber |
| Basis of Diagnosis | |
| LABORATORY CRITERIA | |
| Demonstration of malaria parasites | |
| (Plasmodium species) in a blood film* DemoParas <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results | |
| STATUS* Status <input type="radio"/> Under investigation <input type="radio"/> Probable <input type="radio"/> Confirmed <input type="radio"/> Not a case | |
| ADDITIONAL LABORATORY DETAILS | |
| Plasmodium species (tick all that apply)* | |
| <input type="checkbox"/> <i>P. falciparum</i> PFalcip | <input type="checkbox"/> <i>P. ovale</i> POvale |
| <input type="checkbox"/> <i>P. knowlesi</i> PKnowlesi | <input type="checkbox"/> <i>P. vivax</i> PVivax |
| <input type="checkbox"/> <i>P. malariae</i> PMalar | <input type="checkbox"/> Indeterminate Indeterm |
| Clinical Course and Outcome | |
| Date of onset* OnsetDt _____ | <input type="checkbox"/> Approximate OnsetDtApprox <input type="checkbox"/> Unknown OnsetDtUnknown |
| Hospitalised* Hosp | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
| Date hospitalised* HospDt _____ | <input type="checkbox"/> Unknown HospDtUnknown |
| Hospital* HospName | _____ |
| Died* Died | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
| Date died* DiedDt _____ | <input type="checkbox"/> Unknown DiedDtUnknown |
| Was this disease the primary cause of death?* DiedPrimary | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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)?* | |
| <input type="checkbox"/> 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 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown | |
| If yes, specify* PriorSpec | |
| _____ | |
| Other risk factors for disease* RiskSpec | |
| _____ | |

