

Malaria Case Surveillance Report form **(OMB 0920-0009)**

This form is used for reporting smear-confirmed cases of malaria to the National Malaria Surveillance System. Completed forms should be sent to the attention of malaria surveillance at the address at the top of the form.

To complete the form:

The form is largely self-explanatory; however below are a few descriptions of variables to assist in completing the form.

State Case No: Space provided for states that assign their own case numbers.
DASH No: Please leave blank (for CDC use only).
Case No: Please leave blank (for CDC use only).
County: Space provided for states that classify cases by the reporting county.

Patient name:

Please provide, if allowed by local patient confidentiality regulations. No personal identifiers are used in the reporting of the surveillance summary. Because CDC often receives more than one report on a malaria case, names are useful to remove duplicate reports. If names are not permissible, then the patient's initials or birth date would be helpful.

Date of birth:

Will help identify duplicate cases if patient name or other identifiers have not been provided.

Is patient pregnant?

An attack of malaria in a pregnant woman may be more severe than in a non-pregnant woman. In addition, therapy recommendations may be different.

Lab results:

CDC defines a case of malaria as any smear-positive malaria diagnosed within the United States. Please report all smear-confirmed cases, even if other surveillance information is not available. Please note: A person who was diagnosed overseas but whose diagnosis was not confirmed in the United States by malaria smear, is not considered a U.S. case.

Specimens being sent to CDC?

This information allows CDC to coordinate its laboratory results with the surveillance form.

Country:

Please include all countries of travel or residence outside the United States. If the specific countries are unknown, then the region of the world may be used, i.e. southern Africa, Central America, etc.

Did patient reside in U.S. prior to most recent travel?

Yes, for ≥12 months: If the patient resided in the U.S. for 12 months or more before travel outside of the U.S.

Yes, for <12 months: If the patient resided in the U.S. before travel, but had lived in the U.S. less than 12 months before their travel.

No, (specify country): If the patient did not reside in the U.S. before traveling to the U.S.; specify the country of residence.

Unknown: If this information is not available.

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

These categories apply to U.S. residents traveling overseas and to non-U.S. residents arriving in the U.S.

Tourism: If the travel was primarily for pleasure.

Military: If the traveler was either in the U.S. military and stationed overseas, or a member of foreign military while traveling to the U.S.

Business: If travel was primarily business related, e.g. oil companies, archeologists, etc.

Peace Corps: If the traveler was a member of the Peace Corps while overseas.

Visiting friends/relatives: If the travel overseas was primarily to visit family or friends (i.e. holidays, funeral, etc.).

Airline/ship crew: If the person traveled overseas as a part of flight or ship's crew.

Missionary or dependent: If the traveler or a family member was traveling for missionary purposes.

Refugee/immigrant: If the traveler arrived in the U.S. with the intention to establish residency in this country.

Student/teacher: If the travel was primarily for educational purposes.

Was malaria chemoprophylaxis taken?

This information captures whether an antimalarial drug was taken for prevention during travel. (Do **not** include treatment drugs used for this attack of malaria.) The questions on chemoprophylaxis are useful for determining compliance and the reasons for non-compliance with CDC antimalarial drug recommendations.

If yes, which drugs were taken?

Please check all drugs and drug combinations that apply.

History of malaria in last 12 months (prior to this report)?

Check "Yes" if malaria was diagnosed either overseas or in the U.S. in the past year.

Blood transfusion/organ transplant within last 12 months:

Information about previous transfusions is used to identify possible transfusion-induced malaria, especially among patients with no history of foreign travel. Do **not** check "Yes" if the transfusion was used to treat **this** attack of malaria. That information should be noted under "*Therapy for this attack*".

The back of the Malaria Case Surveillance form contains useful telephone numbers for contacting the Malaria Branch for treatment and prevention information.

If you have any questions or concerns about completing this form, please call CDC, Malaria Branch at 770-488-7788 (8 am - 4:30 pm, EST).