

Malaria

Orpheus ID

- confirmed
- presumptive
- suspect
- no case

Name _____ COUNTY _____
LAST, first, initials (a.k.a.)

Address _____ Street _____ City _____ Zip _____ Special housing _____

Phone number _____ / _____
home (H), work (W), cell (C), message (M) home (H), work (W), cell (C), message (M)

ALTERNATIVE CONTACT

Name _____ Phone(s) _____
LAST, first, initials home (H), work (W), cell (C), message

DEMOGRAPHICS

DOB ____/____/____
m d y

if DOB unknown, AGE _____

Sex female male

Language _____

Country of birth _____

Worksites/school/day care center _____

Occupation/grade _____

RACE (check all that apply)

- White
- Black
- Asian
- Pacific Islander
- American Indian/Alaska Native
- unknown
- other _____

HISPANIC

- Yes No
- unknown declined

PROVIDERS, FACILITIES AND LABS

Reporter _____ Type (circle one)
 _____ name and phone number
 PMD Lab-fax
 MDx Lab-phone
 ER Lab-other
 ICP HCP
 Lab-ELR

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 _____ name and phone number
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Ok to contact patient (only list once)

Local epi name _____

Date report received by LHD ____/____/____

LHD completion date ____/____/____

BASIS OF DIAGNOSIS

CLINICAL DATA

Country of first onset: U.S. _____

Country of first diagnosis: U.S. _____

Onset on ____/____/____ or asymptomatic

CLINICAL DETAILS

- patient pregnant
- fever
- coma
- renal failure
- acute respiratory distress syndrome
- anemia
- other _____

Hospitalized yes no ____/____/____

if yes:

Hospital Name: _____

Date of admission date: ____/____/____

Date of discharge: ____/____/____

Died: yes no

if yes, date ____/____/____

LABORATORY TESTS

Laboratory Name: _____

Phone: _____

Sent to OSPHL: yes no

Type: smear _____
 percent parasitemia _____

Lab results

- P. vivax*
- P. ovale*
- P. falciparum*
- P. malariae*
- indeterminate
- indeterminate, but not *falciparum*
- smear negative



EPI-LINKS

Does the case know about anyone else with a similar illness? yes no could not be interviewed

If yes, give names, contact information and other details

PROPHYLAXIS

When in endemic areas did they use:

MOSQUITO NETS

- consistently
 intermittently
 no
 not applicable*

BUG REPELLENT

- consistently
 intermittently
 no
 not applicable

CHEMOPROPHYLAXIS

- consistently
 intermittently
 no

Where were chemoprophylaxis meds obtained?

- U.S.

* e.g. because they only stayed in air-conditioned hotels

Describe chemoprophylactic regime, if any

DRUGS

- chloroquine (Aralen)
 mefloquine (Lariam)
 doxycycline
 primaquine
 atovaquone-proguanil (Malarone)

SCHEDULE

- weekly
 daily

Was chemoprophylaxis taken as prescribed? y n r u

If doses were missed, what was the reason?

- forgot
 didn't think needed
 had side effect (specify) _____
 was advised by others to stop
 prematurely stopped taking at home
 other (specify) _____
 unknown

If no chemoprophylaxis, why not?

POTENTIAL EXPOSURES

Check all that apply. Provide relevant details (nature of contact names, dates, places, etc.). Name suspect or reported cases, even if reported in another county or state.

yes no ref unk

- travel outside U.S./Canada in month prior to symptom onset
if yes, where _____
- travel outside U.S./Canada in 2 years prior to symptom onset
if yes, where _____
- visitor/refugee/immigrant/adoptee from endemic area
- previous history of malaria
- injection drug use
- transfusion/transplant in year
- _____

REASON FOR TRAVEL TO MALARIOUS AREA

- tourism study
 business visiting family/friends
 airline/ship crew missionary or dependent
 military or dependent Peace Corp/relief work

MALARIOUS AREAS VISITED BEFORE ONSET

- Mexico Central America
 South America sub-Saharan Africa
 SE Asia
 S Asia (Indian subcontinent)

Details of exposures.

TREATMENT

Where was the patient treated for this illness? U.S. _____

Did the patient self-medicate before seeking medical attention? y n r u

MEDICATIONS AFTER SYMPTOMS BEGAN*	DETAILS ABOUT DOSE, SCHEDULE, ETC.
<input type="checkbox"/> Artemether/lumafantrine (Coartem) <input type="checkbox"/> Artemisinin (qinghaosu) <input type="checkbox"/> Atovaquone-proguanil (Malarone) <input type="checkbox"/> Chloroquine (Aralen) <input type="checkbox"/> Clindamycin <input type="checkbox"/> Doxycycline <input type="checkbox"/> Exchange transfusion <input type="checkbox"/> Mefloquine (Lariam) <input type="checkbox"/> Other (specify in notes) <input type="checkbox"/> Primaquine <input type="checkbox"/> Quinidine <input type="checkbox"/> Quinine <input type="checkbox"/> Tetracycline not all of these are available in the U.S.	

Was primaquine given to prevent recurrences? y n r u

If not, why not

not necessary (*faliciparum* or *malariae*)

contraindicated because pregnant breastfeeding G6PD negative

apparently nobody thought about it

Primaquine is the only drug effective against liver-stage parasites. It prevents relapses in persons who have had primary attacks of vivax or ovale malaria. (There are no persistent liver-stage parasites in the other species.)

Was chloroquine used to treat non-*faliciparum* malaria? y n r u

If not, why not

species not known at time of treatment

patient unable to take chloroquine because of _____

thought more expensive drug must be better

ADMINISTRATION

Orpheus January 2017

Remember to copy patient's name to the top of this page.

Completed by _____ Date _____ Phone _____

Case report sent to OHA on ____/____/____

Investigation sent to OHA on ____/____/____