

Case name: *First name* *Surname* DOB/...../..... Notification ID:



Malaria Case Report Form

..... **Public Health Unit** Outbreak ID:
Completed by: Date sent to NOCS:/...../.....
Telephone: Fax:

NOTIFICATION:

Date PHU notified:/...../..... Date initial response:/...../.....
Notifier: Organisation:
Telephone: Fax: Email:
Treating Dr:
Telephone: Fax: Email:

CASE DETAILS:

UR No:

Name: *First name* *Surname*
Date of birth:/...../..... Age: Years Months Sex: Male Female
Name of parent/carer:
 Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander Non-Indigenous Unknown
English preferred language: Yes No – *specify* Ethnicity – *specify*
Permanent address: Postcode:
Home tel: Mob: Email:
Occupation: Work telephone:
Temporary address in Queensland (*if different from permanent address*): Postcode:
Telephone: Mob: Email:
General Practitioner: Dr
Address: Postcode:
Telephone: Fax: Email:

CLINICAL DETAILS:

Onset of symptom:/...../..... Date of first consultation:/...../.....
Signs and symptoms:
 Fever °C Chills Sweats Abdominal pain Nausea/vomiting
 Diarrhoea Headache Myalgia Arthralgia Other– *specify*
Treatment commenced: Yes No Details: Date:/...../.....
Details/Notes:
Hospitalised: Yes No Unknown Hospital: Date:/...../..... to/...../.....
Complications: Yes – *specify* No Unknown

Case name: *First name* *Surname* DOB/...../..... Notification ID:

LABORATORY: Laboratory: First collection date:/...../.....

Lab No:	Date specimen collected	Positive	Negative	Not tested	Date result reported
Microscopy of blood smear/...../.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>/...../.....
PCR of blood/...../.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>/...../.....
Rapid Diagnostic Test (RDT) Specify RDT :/...../.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>/...../.....

P. falciparum *P. vivax* *P. malariae* *P. ovale* Not determined Unknown
 Gametocytes present in the blood sample: Yes No Not tested Unknown
 Diagnosis: Confirmed case Probable case Invalidated case, other- *specify*.....
 Outcome: Survived Died Date of death:/...../..... Died of condition Unknown

TRAVEL HISTORY:

Travel details:
 Was the case interstate or overseas three months prior to fever onset? Yes No Unknown
 Date of travel:/...../..... to/...../..... Places visited:
 Was any prophylaxis taken: Yes - *specify*..... No Unknown
 Was the prophylaxis taken appropriately as per guidelines? Yes No Unknown
 Has the case previously been diagnosed with malaria? Yes/...../..... No Unknown
 If Yes, *P.falciparum* *P.vivax* *P.malariae* *P.ovale* Not determined Unknown
 Did the case have any transplant within the last 12 months? Yes - *specify*..... No Unknown

PLACE ACQUIRED:

Queensland Other Australian state/territory - *specify*
 Unknown Other country - *specify*

NOTIFICATION DECISION: Confirmed - Malaria case Probable - Malaria case

COMMENTS: