



Name of DRU:	Type: <input type="checkbox"/> RHU <input type="checkbox"/> CHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic
DRU Complete Address:	

I. PATIENT INFORMATION

Patient Number	EPI ID	Patient's First Name	Middle Name	Last Name
PhilHealth Number:		Passport ID Number:		
Current Address: Reg/Prov/Mun/Bgy		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U If Yes, weeks of pregnancy _____	Date of Birth: MM DD YY ____/____/____	Age: _____ <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
Permanent Address: Reg/Prov/Mun/Bgy		Name of Caregiver:	Contact details:	
Occupation: <input type="checkbox"/> OFW <input type="checkbox"/> Armed Forces PHL <input type="checkbox"/> Forest Worker <input type="checkbox"/> Farmer <input type="checkbox"/> Fisherman <input type="checkbox"/> Student <input type="checkbox"/> Others _____		Name of Company/Employer:		Address of Workplace :

II. CLINICAL DATA

Reason for Consultation: <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Others _____	Date of Onset of Symptoms/ Illness : ____/____/____ mm/dd/yy	Patient admitted? <input type="checkbox"/> Y <input type="checkbox"/> N Date of Admission: ____/____/____ mm/dd/yy
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III. LABORATORY TESTS DONE AND RESULTS

Slide Date Taken: MM DD YY ____/____/____	RDT Date Taken: MM DD YY ____/____/____
Result (check all parasite seen) <input type="checkbox"/> <i>P. falciparum</i> <input type="checkbox"/> <i>P. vivax</i> <input type="checkbox"/> <i>P. malariae</i> <input type="checkbox"/> <i>P. ovale</i> <input type="checkbox"/> <i>P. Knowlesi</i> <input type="checkbox"/> NMPS (no malaria parasite seen)	Result: <input type="checkbox"/> <i>P. falciparum</i> <input type="checkbox"/> <i>P. vivax</i> <input type="checkbox"/> Negative <input type="checkbox"/> Others _____

IV. Other signs and symptoms during hospitalization:

- ☐ Jaundice
- ☐ Severe Weakness
- ☐ Convulsion
- ☐ Respiratory Distress
- ☐ Poor urine output
- ☐ Coffee-colored Urine
- ☐ Impaired Consciousness
- ☐ Abdominal Bleeding

V. MALARIAL DRUGS ADMINISTERED

Drug Name	Date:	Date:	Date:	Date:
Arthemether-Lumefantrine				
Artesunate Suppository				
Primaquine				
Chloroquine				
Quinine Tablet				
Quinine Ampule				
OTHERS				

VI. CASE CLASSIFICATION & OUTCOME

- ☐ Suspect
- ☐ Probable
- ☐ Confirmed

- ☐ Alive
- ☐ Death

Date died: ____/____/____

Final Diagnosis:

Concomitant Disease :

(If Died) Underlying Cause of Death:

Malaria

Case Investigation Form

Version 2016

VII. EXPOSURE HISTORY					
History of blood transfusion in the past 2 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Details: _____					
History of travel before onset in the past 2months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, indicate places visited below:					
Places Visited:	From—To (Date)	Any Fever? Yes/No		Any Treatment? Specify:	
History of malaria infection in the past 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was the malaria diagnosis confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what laboratory test was done? <input type="checkbox"/> Microscopy <input type="checkbox"/> RDT <input type="checkbox"/> PCR <input type="checkbox"/> Others _____					
VIII. Activities After Onset of Symptoms – Possible onward transmission:					
Did the patient stay overnight away from home since the onset of symptoms and before completion of treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide exact place visited and the duration of stay: _____					
Did any of the family member/s, visitor/s in the house or neighbors have similar symptoms or illness during the last 6 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details below:					
Name	Age	Address		Describe illness/ symptoms	Contact Number
IX. TRANSMISSION CLASSIFICATION		X. CASE TYPE		XI. CASE TYPE	
<input type="checkbox"/> Local <input type="checkbox"/> Imported, specify: province / country _____ <input type="checkbox"/> Induced		<input type="checkbox"/> Uncomplicated Case <input type="checkbox"/> Severe Case		<input type="checkbox"/> Old Case <input type="checkbox"/> New Case / Infection <input type="checkbox"/> Relapse <input type="checkbox"/> Recrudescence	
Brief story about when and where patient got malaria:					
Date of Report:	<u>MM</u>	<u>DD</u>	<u>YY</u>	Name of the Investigator	
Date of Investigation:	<u>MM</u>	<u>DD</u>	<u>YY</u>	Designation of the Investigator	Contact Nos.:

Malaria

Case Investigation Form

Case Classification (Source:

- **Suspect Malaria Case*** - Malaria is suspected if a patient has fever and any of the following:
 - 1) living in/travel to a malaria endemic area/country;
 - 2) blood transfusion in the past 2 weeks/intravenous drug user (IVDU);
 - 3) history of malaria infection.
- **Probable Malaria Case**** - (Clinically diagnosed) Suspected malaria case without a laboratory test to confirm malaria infection but nevertheless given/administered with malarial drugs.
- **Confirmed Malaria Case*** - Suspected malaria case in which malaria parasites have been confirmed to be present in a patient's blood by microscopy or a rapid diagnostic test.

Case Classification by Transmission

- **Local*** — malaria case due to mosquito-borne transmission and acquired within the provincial territory, without strong evidence of a direct link to an imported case.
- **Imported*** — malaria case due to mosquito-borne transmission and acquired outside the province or the Philippines. The origin of imported cases can be traced to a known malarious area outside the province or the Philippines to which the patient has traveled.
- **Induced*** — malaria case not due to mosquito-borne transmission. Induced cases may arise from a congenital infection or by contamination with infected blood.

Case Severity

- **Uncomplicated Case*** — malaria case with no manifestations of the following symptoms e.g. jaundice, severe weakness, convulsion, respiratory distress, poor urine output, coffee-colored urine, impaired consciousness, abdominal bleeding).
- **Severe Case*** — malaria case among children less than 1 year old and pregnant women, and / or;
 - malaria case with at least one or more symptoms e.g. jaundice, severe weakness, convulsion, respiratory distress, poor urine output, coffee-colored urine, impaired consciousness, abdominal bleeding).

Case Type:

- **Old Case** — Established through a malaria patient database review; this is a malaria case that can be directly linked to an existing malaria record. They can be classified into two:
 - A. **Relapse*** — Renewed manifestation of an infection after temporary latency, arising from activation of hypnozoites; therefore limited to infections with *P. vivax* and *P. ovale*. (Malaria Elimination Guide book)
 - B. **Recrudescence** — ***In the absence of hypnozoites, there is a renewed manifestation of the parasite. Often in a *P. falciparum* malaria patient, the parasites can be present within 4-12 weeks from previous infection as a result of the parasite either not being eliminated by the immune system or treatment failure. Information on treatment management and/or patients treatment compliance and/or follow-up smears need to be reviewed and investigated thoroughly.***
- **New Case** — Established through a malaria patient database review; the patient has no record of malaria infection in the past 28 days for *P. falciparum*, and 3 years for *P. vivax* or the malaria case cannot be directly linked to any of the existing malaria patient records.

Definitions derived from:

* *Malaria Manual Of Operations, 2014, Malaria Control and Elimination Program, Department of Health, Philippines*

***Disease Surveillance for Malaria Elimination, An Operational Manual 2012, World Health Organization.*