

Questionnaire for initial investigation of non-standard malaria cases where the route of transmission is unclear or unusual (cryptic malaria)
 Health Protection Agency

Form completion details	
Completed by:	
Position:	
Organisation:	
Telephone number:	
Fax number:	
E-mail address:	
Date form completed:	
Patient details	
Name:	
Date of birth:	
Country of birth:	No years in UK if not UK born:
Address:	
Postcode:	
Telephone number:	
General practitioner (include phone number):	
Occupation:	
Ethnic group:	
White <input type="checkbox"/>	Indian/Pakistani/Bangladeshi <input type="checkbox"/>
African Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Black African <input type="checkbox"/>	Other <input type="checkbox"/>
Black other <input type="checkbox"/>	(specify _____)

Malaria details										
Type of malaria	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><i>P. falciparum</i> <input type="checkbox"/></td> <td style="width: 50%;"><i>P. ovale</i> <input type="checkbox"/></td> </tr> <tr> <td><i>P. malariae</i> <input type="checkbox"/></td> <td><i>P. vivax</i> <input type="checkbox"/></td> </tr> <tr> <td><i>P. knowlesi</i> <input type="checkbox"/></td> <td></td> </tr> </table>	<i>P. falciparum</i> <input type="checkbox"/>	<i>P. ovale</i> <input type="checkbox"/>	<i>P. malariae</i> <input type="checkbox"/>	<i>P. vivax</i> <input type="checkbox"/>	<i>P. knowlesi</i> <input type="checkbox"/>				
<i>P. falciparum</i> <input type="checkbox"/>	<i>P. ovale</i> <input type="checkbox"/>									
<i>P. malariae</i> <input type="checkbox"/>	<i>P. vivax</i> <input type="checkbox"/>									
<i>P. knowlesi</i> <input type="checkbox"/>										
Percentage parasitaemia at peak:										
Date of symptom onset:										
Date of diagnosis:										
Hospital of diagnosis and treatment:	Patient's hospital number:									
Ward if admitted:										
Consultant:										
Date of admission: _____										
Date of discharge: _____										
Laboratory where diagnosis made:										
Has diagnosis been confirmed by HPA Malaria Reference Laboratory?										
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Yes</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 60%;"></td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>Date sample sent: _____</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>		Yes	<input type="checkbox"/>		No	<input type="checkbox"/>	Date sample sent: _____	Don't know	<input type="checkbox"/>	
Yes	<input type="checkbox"/>									
No	<input type="checkbox"/>	Date sample sent: _____								
Don't know	<input type="checkbox"/>									

Patient medical history

Has the patient ever had confirmed malaria before?

Yes No Don't know

If yes,

When? _____

What type? _____

Where acquired? _____

How treated? _____

Has the patient ever previously had symptoms consistent with malaria (e.g. febrile paroxysms, anaemia, splenomegaly and hepatomegaly) but not formally diagnosed as such?

Yes No Don't know

If yes, please give details (when, where, what treatment):

Are there any factors in the medical history of possible relevance to malaria infection or activation (e.g. pregnancy, immunosuppression, haemoglobinopathies/ genetic blood disorders)?

Yes No Don't know

If yes, please give details:

Risk of contact in UK with imported infected mosquito

Does the patient work at an airport?

Yes No Don't know

If yes, nature of work: _____

Does the patient live near an airport?

Yes No Don't know

If yes, which? _____

How far away from airport? _____

Has the patient visited an airport (e.g. to collect/meet someone) in the two months prior to developing symptoms?

Yes No Don't know

If yes, please give details:

Is it possible that the patient may have had contact with 'stowaway' mosquitoes in baggage (e.g. belonging to a household member/visitor having travelled from or through a malarious region)?

Possible Improbable Don't know

If 'possible' is indicated, please give details:

Does the patient remember being bitten by mosquitoes at all in the last three months?

Yes No Don't know

If yes, when? _____

Where (geographically)? _____

Risk of person to person transmission by direct contact with infected blood/tissues

Has the patient undergone any invasive procedures (including blood tests, immunisations, surgical procedures, blood transfusion, etc) in a medical establishment in the last year?

Yes No Don't know

If yes, please complete table below:

Date	Establishment and country	Procedure

Has the patient undergone any invasive procedures (e.g. tattoos, acupuncture, etc) in any other establishment in the last year?

Yes No Don't know

If yes, please give details:

Could the patient have had direct contact in any other way (e.g. injecting drug use, sharing a razor/toothbrush, occupational/laboratory exposure), with the blood of another person who may have had clinical/sub-clinical malaria infection in the last year?

Yes No Don't know

If yes, please give details:

If the patient is an infant, give details of travel of the mother to malarious areas (use page 4 above with a note below).

Please give any other information which may be of relevance to this case

Communications	
Please complete the following details of those involved in this case.	
<p>Local Health Protection Team</p> <p>Organisation _____ Address _____ _____ _____</p> <p>CCDC _____ Telephone _____ Mobile _____ Fax _____ E-mail _____</p> <p>Date of report of case to local health protection team __/__/__</p> <p>Has case been formally notified to the local health protection team?</p> <p>Yes/No/Don't know</p> <p>If yes, date of notification __/__/__</p>	<p>Regional Epidemiologist</p> <p>Region _____ Address _____ _____ _____</p> <p>RE _____ Telephone _____ Mobile _____ Fax _____ E-mail _____</p> <p>Press office contact for local press issues</p> <p>Name _____ Organisation _____ Telephone _____ Fax _____ E-mail _____</p>
<p>Travel and Migrant Health Section Health Protection Services 61 Colindale Avenue, London, NW9 5EQ Tel 0208 200 6868 Fax 0208 200 7868 E-mail: tmhs@hpa.org.uk</p> <p>Contact _____</p> <p>Press office contact _____</p>	<p>HPA Malaria Reference Laboratory London School of Hygiene and Tropical Medicine, Keppel Street, London, WC1E 7HT Tel: 020 7636 3924</p> <p>Contact _____</p> <p>Press office contact _____</p>
FOR CfI TRAVEL AND MIGRANT HEALTH SECTION/MRL USE	
Date informed of case _____	
Source of information _____	

Thank you for completing this form. **Please report the case to the Travel and Migrant Health Section (0208 200 6868 or tmhs@hpa.org.uk)** and return copies of the form to both TMHS and to MRL.