

HEALTH PROTECTION SCOTLAND / SMiRL

Malaria Enhanced Surveillance Form

This form should be printed and completed in hard copy by the haematology laboratory where the initial positive malaria diagnosis is made.

<p>Where a confirmatory test <u>is</u> required sections 1 and 2 should be completed and the form sent with appropriate specimens to:</p> <p style="margin-left: 20px;"> Scottish Microbiology Reference Laboratories (SMiRL), Glasgow New Lister Building Glasgow Royal Infirmary Alexandra Parade Glasgow G31 2ER Tel: 0141 242 9623 Results will be sent to the requesting haematology laboratory and ECOSS. </p>	<p>Where a confirmatory test is <u>NOT</u> required from SMiRL, Glasgow then sections 1 and 2 should be completed and the form should be sent directly to:</p> <p style="margin-left: 20px;"> Malaria Enhanced Surveillance Travel & International Health Team Public Health Scotland Meridian Court 5 Cadogan Street Glasgow G2 6QE Tel: 0141 282 2012/ 0141 300 1166 Email: phs.travelteam@phs.scot </p>
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MALARIA (PLASMODIUM) IS A NOTIFIABLE ORGANISM. PLEASE NOTIFY TO PHS VIA ECOSS OR EMAIL (nss.ecoss@nhs.scot)

SECTION 1:

PATIENT DETAILS

Family name:

All other name:

Address in U.K:

Post Code:

Date of birth/...../..... Age:

Gender Male Female CHI number:

Country of birth:

Country of usual residence:

Ethnicity (mark one)	Reason for travel (mark one)	Malaria prophylaxis taken: (mark all relevant)
White British <input type="checkbox"/>	New entrant to UK <input type="checkbox"/>	NONE <input type="checkbox"/>
Other White background <input type="checkbox"/>	Visiting family in country of origin <input type="checkbox"/>	Mefloquine (Lariam) <input type="checkbox"/>
Black African <input type="checkbox"/>	UK citizen living abroad <input type="checkbox"/>	Malarone <input type="checkbox"/>
Black Caribbean <input type="checkbox"/>	Civilian sea/air crew <input type="checkbox"/>	Doxycycline <input type="checkbox"/>
Other Black background <input type="checkbox"/>	British armed forces <input type="checkbox"/>	Chloroquine (Nivaquine/Avloclor) <input type="checkbox"/>
Indian Sub-Continent <input type="checkbox"/>	Business/Professional travel <input type="checkbox"/>	Proguanil (Paludrine) <input type="checkbox"/>
South-East Asian <input type="checkbox"/>	Foreign student studying in UK <input type="checkbox"/>	Unknown <input type="checkbox"/>
Other Asian background <input type="checkbox"/>	Holiday / tourist <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
Mixed Ethnicity <input type="checkbox"/>	Foreign visitor ill while in UK <input type="checkbox"/>	Prophylaxis taken regularly? Yes / No
Other (please specify) <input type="checkbox"/>	Children visiting parents Living abroad <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	Continued on return for weeks

Countries visited:

For India, please specify areas visited:

Date of arrival in UK from malarious country/...../.....

Duration of stay abroad (weeks):

CLINICAL DETAILS

Name of treating physician:

Hospital address:

Contact phone number / Email:

Where was the patient treated (circle all that apply): Outpatient / Inpatient / HDU / ITU

Duration of Hospital Stay (days):

Was the patient pregnant? Yes No. weeks /40 No

Date of onset of illness/...../.....

Date of starting treatment/...../.....

Outcome of illness (tick): Recovered Died Not known

Any other relevant information:

SECTION 2:

DETAILS OF REQUESTING HAEMATOLOGY LABORATORY

Name of requesting person:

Laboratory address:

Contact phone number:

Email:

Date of diagnosis/...../.....

Method of diagnosis: Blood film

Antigen test Please specify:

Other Please specify:

Species of malaria parasite:

P. falciparum

P. knowlesi

P. vivax

More than one species seen

P. malariae

Species unknown

P. ovale

No malaria parasites found

but strong suspicion of malaria

% Parasitaemia (*P. falciparum* and *P. knowlesi* only)

If sending to the SMiRL, Glasgow, please provide the following information on specimens:

Haematology Lab. no.

Date of Sample:/...../.....

Type of specimen:

Blood Blood films

Other (please specify)

SECTION 3:

To be completed by SMiRL (Glasgow)

SMiRL (Glasgow) Laboratory Number:

Method of diagnosis:

Blood film

PCR

Species of malaria parasite:

P. falciparum

P. knowlesi

P. vivax

More than one species seen

P. malariae

Species unknown

P. ovale

No malaria parasites found
but strong suspicion of malaria

% Parasitaemia (*P. falciparum* and *P. knowlesi* only)

Additional information:

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