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# Imported Malaria in Children

BRITISH PAEDIATRIC SURVEILLANCE UNIT

(VERSION 17) (24<sup>th</sup> AUGUST 2005)

## General Information

Hospital: .....

Consultant Responsible for Reported Case: .....

Person completing Questionnaire: .....

Contact Telephone Number: .....

Date form completed: .....

### 1.0 Patient details:

1.1. Sex (please circle):

Male / Female

1.2. Date of Birth (dd/mm/yy):

		/			/		
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1.3. Post-code (first part only):

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### 2.0 Patient ethnicity (please tick):

WHITE:  British  
 Irish  
 Other (describe below)

BLACK:  African  
 Caribbean  
 Other (describe below)

MIXED:  White and Black Caribbean  
 White and Black African  
 White and Asian  
 Other (describe below)

ASIAN:  Bangladeshi  
 Indian  
 Pakistani  
 Other (describe below)

CHINESE:  Chinese

OTHER:  Other (describe below)

**2.1. If "Other" chosen, please describe:** .....

**For further information or queries, please contact:**

Dr Shamez Ladhani on 020 7882 2618 (phone) or s.ladhani@qmul.ac.uk (e-mail).

**Please return completed form in the pre-paid envelope to:** Dr Shamez Ladhani,  
Centre for Child Health, 38 New Road, Royal London Hospital, London E1 2AX.

**SECTION A: TRAVELLER OR IMMIGRANT** (complete question 1 or 2 as appropriate)

**QUESTION 1: to complete if patient travelled from UK to a malaria endemic country:**

1.1. Was the patient born in the UK? Yes  No  Not known

*If no, please give country of birth: .....*

1.2. Country (-ies) travelled to: ..... Not known

1.3. Number of weeks travelled   Not known

1.4. What was the time interval between returning to the UK and developing symptoms? .....

*Tick here if not known*

1.5. Reason for travel (please tick all that apply):

Visiting relatives  Holiday   
Visiting friends  Not known  Other (specify)  .....

1.6. Antimalarial prophylaxis (please tick multiple if combination used):

Chloroquine (Nivaquine/Avloclor)  Malarone   
Mefloquine (Lariam)  Doxycycline   
Proguanil (Paludrine)  Other (specify)  .....

Taken, but antimalarial not specified  None taken

Not known if taken

**OR**

**QUESTION 2: to complete if patient is a new entrant to the UK from a malaria endemic country:**

2.1. Country travelled from: ..... Not known

2.2. How long has the patient been living in the UK? ..... Not known

2.3. Reason for travel

Foreign visitor on holiday in UK  New immigrant   
Foreign student studying in UK  Other (specify)  .....

Not known

**SECTION B: MEDICAL HISTORY**

1. Past history of malaria: Yes  No  Not known

2. Number of days symptomatic before diagnosis made:   Not known

3. Date of diagnosis (dd/mm):     Not known

## SECTION C: DIAGNOSIS AND INVESTIGATIONS

**1. Presenting features** (please tick all that apply):

Fever <input type="checkbox"/>	Cough <input type="checkbox"/>	Respiratory distress <input type="checkbox"/>
Vomiting <input type="checkbox"/>	Diarrhoea <input type="checkbox"/>	Abdominal pain <input type="checkbox"/>
Pallor <input type="checkbox"/>	Jaundice <input type="checkbox"/>	Bleeding <input type="checkbox"/>
Sweating <input type="checkbox"/>	Rigors <input type="checkbox"/>	Drowsy / Lethargy <input type="checkbox"/>
Headaches <input type="checkbox"/>	Convulsions <input type="checkbox"/>	Other ( <i>please specify</i> ) <input type="checkbox"/> .....

**Liver:** ..... cm below costal margin      **Spleen:** ..... cm below costal margin

**2. Diagnosis :**    Thick and thin films       Antigen detection       Both

**3. Malaria Species** (tick multiple if mixed): Falciparum     Malariae     Ovale     Vivax     Unknown

**4. Laboratory results on admission:**

Haemoglobin (g/dl): .....    White count ( $\times 10^9/l$ ): .....    Platelets ( $\times 10^9/l$ ): .....  
 Sodium (mmol/l): .....    Potassium (mmol/l): .....    Parasite % .....

**5. Please tick if the following investigations were performed and give details of any positive results:**

4.1.  Blood cultures: .....

4.2.  Cerebrospinal fluid (CSF) cultures: .....

4.3.  Urine Dipstick:    blood (0-4): .....    protein (0-4): .....

4.4.  Blood Gas:                      pH: .....    Base Excess:.....

**6. Please tick the appropriate box if the patient had any of the following:**

5.1. Sickle Cell Disease    Yes     No     Not known

5.2. G6PD deficiency        Yes     No     Not known

5.3. HIV positive            Yes     No     Not known

5.4. Other immunodeficiency (*specify*): .....

## SECTION D(1): CLINICAL FEATURES OF SEVERE MALARIA

Please tick the appropriate box if the patient had any of the following **at any time**:

1. <b>Pulmonary oedema / ARDS</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
2. <b>Shock</b> ( <i>systolic BP &lt;70 mmHg if &lt;1yr or &lt;80 mmHg if &gt;1yr</i> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
3. <b>Coma</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
4. <b>Fever &gt; 40°C</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
5. <b>Convulsions</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>

**SECTION D(2): LABORATORY FEATURES OF SEVERE MALARIA**

Please tick the appropriate box if the patient had any of the following **at any time**:

- |  |                              |                             |   |
|--|------------------------------|-----------------------------|---|
| 1. Parasitaemia $\geq$ 2%              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not known <input type="checkbox"/> - If yes, maximum %: .....       |
| 2. Creatinine > 100 $\mu$ mol/l        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not known <input type="checkbox"/>                                  |
| 3. Haemoglobin < 5 g/dl                | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not known <input type="checkbox"/>                                  |
| 4. Platelets < 50 x 10 <sup>9</sup> /l | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not known <input type="checkbox"/> - If yes, bleeding or DIC? ..... |
| 5. Blood glucose < 2.2 mmol/l          | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not known <input type="checkbox"/>                                  |

**SECTION E: MANAGEMENT AND OUTCOME**

1. **Treatment:** (please tick all that apply)
- |   |  |
|---|--|
| IV quinine <input type="checkbox"/>                           | Primaquine <input type="checkbox"/>            |
| oral quinine <input type="checkbox"/>                         | Malarone <input type="checkbox"/>              |
| Chloroquine <input type="checkbox"/>                          | Not known <input type="checkbox"/>             |
| Sulfadoxine-pyrimethamine (Fansidar) <input type="checkbox"/> | Other (specify) <input type="checkbox"/> ..... |

2. Were antimalarials changed during hospital admission? Yes  No  Not known

3. Transfer to PICU? Yes  No  Not known

If yes, reason for transfer: .....

4. Duration of in-patient stay:   days

5. Outcome at hospital discharge: Alive  Died

If died, cause of death: .....

6. Any complications at hospital discharge? Yes  No

If yes, specify: .....

7. Relapse (symptoms re-appearing within 1 month of starting therapy):

Lab-confirmed (positive repeat malaria slide) <input type="checkbox"/>	Suspected (lab-negative) <input type="checkbox"/>
No <input type="checkbox"/>	Not known <input type="checkbox"/>

8. Have you reported any other case to the BPSU that is related to this patient (e.g. sibling or cousin)?

Yes  No

Any further comments: