

--	--	--

Imported Malaria in Children

BRITISH PAEDIATRIC SURVEILLANCE UNIT

(VERSION 17) (24th 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): / /

1.3. Post-code (first part only):

2.0 Patient ethnicity (please tick):

- | | | | |
|----------|--|--------|---|
| WHITE: | <input type="checkbox"/> British | BLACK: | <input type="checkbox"/> African |
| | <input type="checkbox"/> Irish | | <input type="checkbox"/> Caribbean |
| | <input type="checkbox"/> Other (describe below) | | <input type="checkbox"/> Other (describe below) |
| MIXED: | <input type="checkbox"/> White and Black Caribbean | ASIAN: | <input type="checkbox"/> Bangladeshi |
| | <input type="checkbox"/> White and Black African | | <input type="checkbox"/> Indian |
| | <input type="checkbox"/> White and Asian | | <input type="checkbox"/> Pakistani |
| | <input type="checkbox"/> Other (describe below) | | <input type="checkbox"/> Other (describe below) |
| CHINESE: | <input type="checkbox"/> Chinese | OTHER: | <input type="checkbox"/> 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 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 μ 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 ⁹ /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: