

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS	
NC REPORTABLE DISEASE/CONDITION	INFECTIOUS AGENT (S)
<b>MALARIA</b>	<b><i>Plasmodium falciparum, P. vivax, P. ovale and P. malariae</i></b>
<b>PREPARING FOR INVESTIGATION</b>	
<b>KNOW THE DISEASE/CONDITION</b>	<ul style="list-style-type: none"> <li>• Read about Malaria in the CD Manual.</li> <li>• See the case definition for Malaria in the CD Manual.</li> <li>• Study APHA <i>Control of Communicable Diseases Manual</i>, 19<sup>th</sup> ed., pp 373 – 393.</li> <li>• Refer to CDC website: <a href="http://www.cdc.gov/malaria/">http://www.cdc.gov/malaria/</a>.</li> <li>• Print and review reporting forms: <ul style="list-style-type: none"> <li><i>Part 1: Confidential Disease Report (DHHS 2124)</i></li> <li><i>Part 2: Malaria (DHHS/EPI #21)</i></li> </ul> </li> </ul>
<b>CONDUCTING INVESTIGATION</b>	
<b>COLLECT CLINICAL INFORMATION</b>	<ul style="list-style-type: none"> <li>• Look for evidence in the medical record that supports clinical findings described in the case definition.</li> <li>• Review surveillance or interview client to obtain travel history. <b>A report of malaria in a North Carolina resident without a travel history outside of the United States should be questioned.</b></li> </ul>
<b>REVIEW LABORATORY INFORMATION</b>	<ul style="list-style-type: none"> <li>• Review laboratory report(s) specific to this disease.</li> <li>• Verify that you have a malaria parasite on a blood film or smear and that the species has been identified.</li> </ul>
<b>APPLY THE CASE DEFINITION</b>	<ul style="list-style-type: none"> <li>• Use the case definition to determine if the laboratory findings meet the case definition criteria.</li> <li>• An individual with a subsequent attack by a different plasmodium species is considered a new case.</li> </ul>
<b>IMPLEMENTING CONTROL MEASURES</b>	
<b>ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE</b>	<ul style="list-style-type: none"> <li>• If probable source of exposure is not evident in clinical information, interview patient to obtain additional information: <ul style="list-style-type: none"> <li>○ recent travel to malaria endemic area</li> <li>○ recent blood transfusion/organ transplant</li> <li>○ contaminated needle use</li> </ul> </li> <li>• Consider the possibility of local transmission if none of the above risk factors apply.</li> <li>• Use the CDC website <a href="http://www.cdc.gov/malaria/">www.cdc.gov/malaria/</a> to educate individuals about the disease.</li> </ul>

<b>REPORTING INVESTIGATION</b>	
<b>REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)</b>	<ul style="list-style-type: none"> <li>• Enter Part 1 and Part 2 Communicable Disease Reports into NC EDSS as a new event, or update the existing event if already entered.</li> <li>• Assign event to State Disease Registrar when case investigation complete.</li> </ul>
<b>SPECIAL CONSIDERATIONS</b>	
<b>STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING</b>	<ul style="list-style-type: none"> <li>• If additional specimen is available, request that it be sent to the SLPH.</li> </ul>
<b>ADDITIONAL GUIDANCE</b>	<ul style="list-style-type: none"> <li>• Advise prompt medical evaluation/treatment if malaria is suspected.</li> <li>• Health departments can refer clinicians to the CDC's Malaria Hotline (770) 488-7788 for assistance with diagnosis and management of malaria cases if needed.</li> <li>• Consider the possibility of malaria in infants presenting with fevers whose mothers have a history of travel to malaria endemic areas.</li> <li>• Pregnant women and young children are at risk for development of severe cases of malaria. Malaria can increase the risk of maternal death, miscarriage and stillbirth.</li> <li>• For individuals traveling to malaria endemic areas who are taking suppressive malaria drug therapy, this therapy should continue for 4 weeks after returning to non-malarious areas. Advise these individuals to consult with physician.</li> </ul>