

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION		INFECTIOUS AGENT (S)
MALARIA		<i>Plasmodium falciparum, P. vivax, P. ovale and P. malariae</i>
PREPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	<ul style="list-style-type: none"> • Read about Malaria in the CD Manual. • See the case definition for Malaria in the CD Manual. • Study APHA <i>Control of Communicable Diseases Manual</i>, 19th ed., pp 373 – 393. • Refer to CDC website: http://www.cdc.gov/malaria/. • Print and review reporting forms: <p style="margin-left: 20px;"><i>Part 1: Confidential Disease Report (DHHS 2124)</i> <i>Part 2: Malaria (DHHS/EPI #21)</i></p> 	
CONDUCTING INVESTIGATION		
COLLECT CLINICAL INFORMATION	<ul style="list-style-type: none"> • Look for evidence in the medical record that supports clinical findings described in the case definition. • Review surveillance or interview client to obtain travel history. A report of malaria in a North Carolina resident without a travel history outside of the United States should be questioned. 	
REVIEW LABORATORY INFORMATION	<ul style="list-style-type: none"> • Review laboratory report(s) specific to this disease. • Verify that you have a malaria parasite on a blood film or smear and that the species has been identified. 	
APPLY THE CASE DEFINITION	<ul style="list-style-type: none"> • Use the case definition to determine if the laboratory findings meet the case definition criteria. • An individual with a subsequent attack by a different plasmodium species is considered a new case. 	
IMPLEMENTING CONTROL MEASURES		
ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE	<ul style="list-style-type: none"> • If probable source of exposure is not evident in clinical information, interview patient to obtain additional information: <ul style="list-style-type: none"> ○ recent travel to malaria endemic area ○ recent blood transfusion/organ transplant ○ contaminated needle use • Consider the possibility of local transmission if none of the above risk factors apply. • Use the CDC website www.cdc.gov/malaria/ to educate individuals about the disease. 	

REPORTING INVESTIGATION	
REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)	<ul style="list-style-type: none"> • Enter Part 1 and Part 2 Communicable Disease Reports into NC EDSS as a new event, or update the existing event if already entered. • Assign event to State Disease Registrar when case investigation complete.
SPECIAL CONSIDERATIONS	
STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING	<ul style="list-style-type: none"> • If additional specimen is available, request that it be sent to the SLPH.
ADDITIONAL GUIDANCE	<ul style="list-style-type: none"> • Advise prompt medical evaluation/treatment if malaria is suspected. • 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. • Consider the possibility of malaria in infants presenting with fevers whose mothers have a history of travel to malaria endemic areas. • 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. • 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.