

RWANDA BIOMEDICAL CENTER/ MALARIA AND OTHER PARASITIC DISEASES DIVISION
MALARIA CASES SURVEILLANCE REPORT
TO BE COMPLETED FOR ALL MALARIA POSITIVE PATIENTS

Province _____ District _____ Municipality/Sub-District _____
Name of public or private health facility: _____ Date (DD/MM/YY) _____

If **HOSPITAL** please indicate OR

Is the patient going to be referred?, If YES why? Other? _____

Or, was the patient referred? If YES, from which facility? _____

Or, patient died ☐

PATIENT INFORMATION

First name _____ Surname _____ Gender
Age: _____ yrs ☐ or mo Birthdate (DD/MM/YY): _____ pregnant
Nationality Other (Specify) _____

Physical home address (Plot N°, street, Municipality/sub-District, District, Province, Country): _____

Next to landmark (e.g. police station, school, etc) if appreciable _____

Patient's number (mobile) _____ Patient's number (alternative) _____

Contact person (if different from patient) _____ Contact person's number _____

If working or studying away (include plot n°, street, Municipality/ sub-District, District, Province, Country): _____

Physical work address _____ and _____

Sleep address (if different from physical home address above) _____

If working away how often does the patient return home?

HISTORICAL INFORMATION

Date of onset of illness (DD/MM/YY)? _____

Where did the patient travel during the period before falling ill?
0-7 days before falling ill (please circle or complete all that applies)

Other (specify: country, farm, locality, etc) _____

8-21 days before falling ill (please circle or complete all that applies):

Other (specify: country, farm, locality, etc) _____

Other countries 22 days to 1 year before falling ill? _____

DIAGNOSIS AND TREATMENT

Diagnosis method Date test performed (DD/MM/YY) _____ Result (RDT)

Date smear performed (DD/MM/YY) _____ Smear examination date: _____

Type of infection Other (specify): _____ Lab Ref no: _____ Result (smear)

Treatment (indicate drugs used) Other: _____

COMMENTS

Completed by (please print) _____ Signature _____ Date _____

MALARIA PROGRAMME OFFICE USE ONLY

Probable country of infection _____
Probable province of infection _____
Probable Locality of infection _____
Case's residence Latitude _____
Verified by (1) _____

Probable case classification
Local ☐ Imported ☐

CASE NUMBER _____

Longitude _____
Verified by (2) _____

Altitude

Latitude Longitude