

Accompanying information for:

A global network for investigating the genomic epidemiology of malaria
The Malaria Genomic Epidemiology Network
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Further information at <http://www.malariagen.net>

CASE REPORT TEMPLATE FOR GENETIC STUDIES OF SEVERE MALARIA

Case report form starts on next page >>

MalariaGEN Case Report Form

Site Name	Site Number	Serial Number (site-specific)	Participant Number	Page Number 1

Site Numbers :

1. Patient name |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_|
2. Date of admission |_| |_| / |_| |_| / |_| |_| |_| |_|

D D M M Y Y Y Y
3. Time of admission (24-hour clock, exact time)..... |_| |_| : |_| |_|
4. Informed Consent obtained..... |_| **0=No, 1=Yes**

Demographic Data

5. Mother's ethnic group or language
6. Father's ethnic group or language
7. Current residence (name of village plus region, from a site-specific list of regions).....
8. Date of birth (record only if complete)..... |_| |_| / |_| |_| / |_| |_| |_| |_|

D D M M Y Y Y Y

or

If date of birth not known, **Estimated Age** (0-180 months, obtain best possible estimate)..... |_| |_|
(months)

9. Sex..... |_| **0=Female, 1=Male**
10. Weight (e.g. 12.3 kg)..... |_| |_| . |_|
11. Mid-Upper Arm Circumference (MUAC) (in cm) |_| |_|

History

12. History of fever with this illness (within the past 48 hours)..... |_| **0=No, 1=Yes**
13. Convulsions within 24 hrs prior to admission..... |_| **0=No, 1=Yes**
14. Any antimalarials taken before admission?
If yes, were they parenteral or orally administered?..... |_| **0=Parenteral, 1=Oral**
15. Any anticonvulsants given after admission? |_| **0=No, 1=Yes**

Clinical Data

16. Temperature (34.0-43.0 °C)..... |_| |_| . |_|
17. Site of temperature measure..... |_| **1=Rectal, 2=Tympanic, 3=Axillary, 4=Oral**
18. Blantyre Coma Score (BCS):
Motor (2=localizing, 1=withdrawing, 0=no response)..... |_|
Verbal (2=normal cry or speech, 1=abnormal cry, 0=no response)..... |_|
Eye movements (1=following, 0=not following)..... |_|
TOTAL (0-5)..... |_|

19. Was BCS assessed at least 30 min. after the last convulsion and when blood sugar was higher than 2.1 mm/l |_| **0=No, 1=Yes**

Please continue with more clinical data on the next page

MalariaGEN Case Report Form

Site Name	Site Number	Serial Number (site-specific)	Participant Number	Page Number 2

Clinical Data, continued

20. Respiratory rate (per minute).....|__| |__| |__|
21. Respiratory distress.....|__| **0=No, 1=Yes**
22. Can the child sit unaided/able to breastfeed?.....|__| **0=No, 1=Yes, 8=NA**
23. Bipedal oedema.....|__| **0=No, 1=Yes**
24. Generalised lymphadenopathy / oral candidiasis.....|__| **0=No, 1=Yes**
25. Neck stiffness or bulging fontanelle.....|__| **0=No, 1=Yes**
26. Spleen (cm below costal margin – write 0 if spleen is not enlarged)..... |__|
27. Is the child fitting now?.....|__| **0=No, 1=Yes**
28. Is the jaundice now (i.e., is there scleral icterus)?.....|__| **0=No, 1=Yes**
29. Capillary refill time >2 seconds.....|__| **0=No, 1=Yes**
30. Signs of dehydration: sunken eyes or decreased skin turgor|__| **0=No, 1=Yes**

Lab Data on Admission

31. Parasitemia (100-2,500,000 asexual parasite/ μ l blood).....|__| , |__| |__| |__| , |__| |__| |__|
32. Haemoglobin (1.0-18.0 g/dl).....|__| |__| . |__|
33. Hematocrit (5.0-45.0 %).....|__| |__| . |__|

Note: Haemoglobin preferred but haematocrit acceptable if haemoglobin is not available

34. Glucose (0.0-30.0 mmol/l).....|__| |__| . |__|
35. Lactate (0.0-20.0 mmol/l)..... (use Lactate Pro or YSI only)... |__| |__| . |__|

Note: lactate reading is preferred but not compulsory if equipment is not available

Outcomes

36. Was glucose given?..... |__| **0=No, 1=Yes, 9=Unknown**
37. If glucose was give, did coma resolve?.....|__| **0=No, 1=Yes, 9=Unknown**
38. Outcome.....|__| **0=Survived, 1=Died, 2=Absconded**
39. Were there convulsions after admission?.....|__| **0=No, 1=Yes, 9=Unknown**
40. Did the patient receive a blood transfusion?...|__| **0=No, 1=Yes, 2=ordered but died before, 9=Unknown**
41. Any other diagnosis?.....|__| **1=malaria 2=respiratory infection**
3=gastroenteritis 4=sickle cell
5=meningitis 6=malnutrition
7=other 9=Unknown

42. Date of discharge or death or absconding.....|__| |__| / |__| |__| / |__| |__| |__| |__|
- D D M M Y Y Y Y

43. In patients who die, time of death (24-hour clock, exact time).....|__| |__| : |__| |__|

End of form