

INVESTIGATION REPORT FOR DEATH DUE TO MALARIA

Investigation to be done by District Malaria Officer/AMO/ District VBD Consultants in consultation with a Medical Officer

Date of Investigation: _____

1. Basic information:

- Name of the deceased _____ Age (in years) _____ Sex _____
- In adult female, indicate status of pregnancy and its complications, if any: _____
- Date of onset of illness _____ Date of Death _____
- Date of first contact with health care provider (ASHA/MPW/SC/PHC/CHC/District Hospital/ Other (specify) _____)
- Occupation of the deceased: _____
- Complete address (usual place of residence) _____

- Place where disease started _____
- History of movements (within 3 weeks preceding from the date of onset of illness) _____

- Source of information: Relatives/Paramedical staff/ Treating physician/ Specialist/other (specify) _____

2. Major Signs and symptoms (S/S) with duration:

S/S	Duration	S/S	Duration	S/S	Duration	S/S	Duration
Fever		Anaemia		Jaundice		Rash	
Bleeding		Diarrhoea		Dyspnoea		Oliguria/anuria	
Neck rigidity		Altered Sensorium		Convulsions		Coma	

Other signs/symptoms: _____

H/O of chronic illnesses (Diabetes, hypertension, asthma, HIV etc) _____

Relevant History in the past: _____

H/O of similar illness in family/neighbourhood in the past: _____

3. Parasitological Investigation:

Date	Date of RDT Testing/Collection of slide	Place of test	Results (Pf/Pv/Other)	Date of Receipt of result
RDT				
Blood slide				

4. Other Biochemical/Pathological investigations done (specify): _____

5. Diagnosis: Clinical Diagnosis: _____

Confirmed Diagnosis: Malaria (Pf or PV specify) _____ other _____

6. Treatment before hospitalization: Date of starting treatment _____

Details of Treatment given before hospitalization:

Name of Drug	Dose	Date		Route of Administration
		From	To	

7. Treatment after admission to hospital:

Name of Drug	Dose	Date		Route of Administration
		From	To	

▪ Other supporting treatment _____

8. Cause of Death:

Confirmed Malaria (Pf/Pv/Others)	Clinically suspected Malaria	Others (Specify)

▪ Post-mortem diagnosis (if undertaken) _____

9. Public health follow-up preventive/control actions taken by State/District/local health authorities in affected area:

10. Remarks of the investigating officers:

**Name and Signature of DMO/
Assistant DMO/VBD Consultant**

Name/ Signature Medical Officer