



**Basis of Diagnosis****CLINICAL CRITERIA**Fits Clinical Description\*  Yes  No  Unknown

## Clinical features

Meningitis\*  Yes  No  Unknown \*Septicaemia\*  Yes  No  UnknownPetechial or purpuric rash\*  Yes  No  Unknown Other invasive illness\* (specify) \_\_\_\_\_**LABORATORY CRITERIA**Isolation of *N.meningitidis* from CSF\*  Yes  No  Not Done  Awaiting ResultsIsolation of *N.meningitidis* from blood\*  Yes  No  Not Done  Awaiting ResultsIsolation of *N.meningitidis* from nasopharynx\*  Yes  No  Not Done  Awaiting ResultsIsolation of *N.meningitidis* from other site\*  Yes  No  Not Done  Awaiting Results

(specify site\*) \_\_\_\_\_

Detection of Gram-negative intracellular diplococci\*  Yes  No  Not Done  Awaiting Results

(specify site\*) \_\_\_\_\_

Detection of meningococcal antigen in CSF (latex test)\*  Yes  No  Not Done  Awaiting ResultsDetection of *N.meningitidis* DNA by PCR in blood\*  Yes  No  Not Done  Awaiting ResultsDetection of *N.meningitidis* DNA by PCR in CSF\*  Yes  No  Not Done  Awaiting Results

Other positive test\* (specify) \_\_\_\_\_

**STATUS\***  Under investigation  Probable  Confirmed  Not a case**ADDITIONAL LABORATORY DETAILS**Group\*  A  B  C  Y  Not groupable  Other (\*specify) \_\_\_\_\_

Type (Serotype)\* \_\_\_\_\_ PorA (Subtype)\* \_\_\_\_\_

ESR Updated  Laboratory \_\_\_\_\_

Date result updated \_\_\_\_\_ Sample number \_\_\_\_\_

Other laboratory details\* \_\_\_\_\_

**Clinical Course and Outcome**Date of onset\* \_\_\_\_\_  Approximate  UnknownTime of onset\* \_\_\_\_\_  UnknownHospitalised\*  Yes  No  UnknownDate hospitalised\* \_\_\_\_\_  UnknownTime Hospitalised\* \_\_\_\_\_  Unknown

Hospital\* \_\_\_\_\_

Died\*  Yes  No  UnknownDate died\* \_\_\_\_\_  UnknownWas this disease the primary cause of death?\*  Yes  No  Unknown

If no, specify the primary cause of death\* \_\_\_\_\_

**Outbreak Details**

Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?\*

Yes If yes, specify Outbreak No.\* \_\_\_\_\_

**Risk Factors**

Contact with a presumptive case of meningococcal disease in 60 days before onset\*  Yes  No  Unknown

If yes, was prophylaxis offered?\*  Yes  No  Unknown

If yes, was prophylaxis taken?\*  Yes  No  Unknown

If yes, specify type of prophylaxis\*  Antibiotic  Vaccine

Name of presumptive case\* \_\_\_\_\_

Nature of contact with presumptive case\* \_\_\_\_\_ *(see contact management categories below)*

Attendance at school, preschool or childcare\*  Yes  No  Unknown

Was the case overseas during the incubation period (range = 2 - 60 days) for meningococcal disease?\*  Yes  No  Unknown

Other risk factors for meningococcal disease, specify\* \_\_\_\_\_

**Protective Factors**

At any time prior to onset, had the case been immunised with meningococcal vaccine?\*  Yes  No  Unknown

If yes, specify which vaccine*	No. of Doses*	Date of Last Dose*	Source of Information*
<input type="checkbox"/> C conjugate	_____	_____	<input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented
<input type="checkbox"/> Quadrivalent (A,C,Y,W135)	_____	_____	<input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented
<input type="checkbox"/> MeNZB (record details below)			
<input type="checkbox"/> Other (*specify) _____			<input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented

**If MeNZB, record each dose and the date given\***

**First dose MeNZB administered\***  Yes  No  No documented evidence  
 Date given\* \_\_\_\_\_ Or age when first dose given \_\_\_\_\_  Weeks  Months  Years  
 Documented source of information\* (tick all that apply)  National Immunisation Register (NIR)  Well-child (Plunket) book  
 MeNZB card  GP record

**Second dose MeNZB administered\***  Yes  No  No documented evidence  
 Date given\* \_\_\_\_\_ Or age when second dose given \_\_\_\_\_  Weeks  Months  Years  
 Documented source of information\* (tick all that apply)  National Immunisation Register (NIR)  Well-child (Plunket) book  
 MeNZB card  GP record

**Third dose MeNZB administered\***  Yes  No  No documented evidence  
 Date given\* \_\_\_\_\_ Or age when third dose given \_\_\_\_\_  Weeks  Months  Years  
 Documented source of information\* (tick all that apply)  National Immunisation Register (NIR)  Well-child (Plunket) book  
 MeNZB card  GP record

**Fourth dose MeNZB administered\***  Yes  No  No documented evidence  
 Date given\* \_\_\_\_\_ Or age when fourth dose given \_\_\_\_\_  Weeks  Months  Years  
 Documented source of information\* (tick all that apply)  National Immunisation Register (NIR)  Well-child (Plunket) book  
 MeNZB card  GP record

