CASE REPORT FORM — Meningococcal Disease

Meningococcal disease ______ EpiSurv No. ______

Reporting Authority

Name of Public Health Officer responsible for case ______

Notifier Identification

Reporting source* ○ General Practitioner ○ Hospital-based Practitioner ○ Laboratory ○ Self-notification ○ Outbreak Investigation ○ Other

Name of reporting source ______ **Organisation** ______

Date reported* ______ **Contact phone** ______

Usual GP ______ **Practice** ______ **GP phone** ______

GP/Practice address Number ______ Street ______ Suburb ______

Town/City ______ Post Code ______ ☐ GeoCode ______

Case Identification

Name of case* Surname ______ Given Name(s) ______

NHI number* ______ **Email** ______

Current address* Number ______ Street ______ Suburb ______

Town/City ______ Post Code ______ ☐ GeoCode ______

Phone (home) ______ **Phone (work)** ______ **Phone (other)** ______

Case Demography

Location TA* ______ **DHB*** ______

Date of birth* ______ **OR Age** ______ ○ Days ○ Months ○ Years

Sex* ○ Male ○ Female ○ Indeterminate ○ Unknown

Occupation* ______

Occupation location ○ Place of Work ○ School ○ Pre-school

Name ______

Address Number ______ Street ______ Suburb ______

Town/City ______ Post Code ______ ☐ GeoCode ______

Alternative location ○ Place of Work ○ School ○ Pre-school

Name ______

Address Number ______ Street ______ Suburb ______

Town/City ______ Post Code ______ ☐ GeoCode ______

Ethnic group case belongs to* (tick all that apply)

☐ NZ European ☐ Maori ☐ Samoan ☐ Cook Island Maori

☐ Niuean ☐ Chinese ☐ Indian ☐ Tongan

☐ Other (such as Dutch, Japanese, Tokelauan) *(specify) ______ ______

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Basis of Diagnosis

CLINICAL CRITERIA

Fits clinical description* ◯ Yes ◯ No ◯ Unknown

Clinical features

Meningitis* ◯ Yes ◯ No ◯ Unknown **Septicaemia*** ◯ Yes ◯ No ◯ Unknown

Petechial or purpuric rash* ◯ Yes ◯ No ◯ Unknown **Other invasive illness* (specify)** ____________

LABORATORY CRITERIA

Isolation of *N.meningitidis* from CSF* ◯ Yes ◯ No ◯ Not Done ◯ Awaiting Results

Isolation of *N.meningitidis* from blood* ◯ Yes ◯ No ◯ Not Done ◯ Awaiting Results

Isolation of *N.meningitidis* from nasopharynx* ◯ Yes ◯ No ◯ Not Done ◯ Awaiting Results

Isolation 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 Results

Detection of *N.meningitidis* DNA in blood* ◯ Yes ◯ No ◯ Not Done ◯ Awaiting Results

Detection of *N.meningitidis* DNA in CSF* ◯ Yes ◯ No ◯ Not Done ◯ Awaiting Results

Detection of *N.meningitidis* DNA in other site* ◯ Yes ◯ No ◯ Not Done ◯ Awaiting Results

(specify site*) ____________

Other positive test* (specify) ____________

CLASSIFICATION* ◯ 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 ☐ Unknown

Time of onset* ____________ ☐ Unknown

Hospitalised* ◯ Yes ◯ No ◯ Unknown

Date hospitalised* ____________ ☐ Unknown

Time Hospitalised* ____________ ☐ Unknown

Hospital* ____________

Died* ◯ Yes ◯ No ◯ Unknown

Date died* ____________ ☐ Unknown

Was this disease the primary cause of death?* ◯ Yes ◯ No ◯ Unknown

If no, specify the primary cause of death* ____________

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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*	
☐ C conjugate	______	______	○ Patient/caregiver recall	○ Documented
☐ Quadrivalent (A,C,Y,W135)	______	______	○ Patient/caregiver recall	○ Documented
☐ MeNZB (record details below)				
☐ Other (*specify) ______	______	______	○ Patient/caregiver recall	○ 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* ☐ National Immunisation Register (NIR) ☐ Well-child (Plunket) book

(tick all that apply) ☐ 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* ☐ National Immunisation Register (NIR) ☐ Well-child (Plunket) book

(tick all that apply) ☐ 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* ☐ National Immunisation Register (NIR) ☐ Well-child (Plunket) book

(tick all that apply) ☐ 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* ☐ National Immunisation Register (NIR) ☐ Well-child (Plunket) book

(tick all that apply) ☐ MeNZB card ☐ GP record

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Protective Factors continued

If there is no documented evidence of MeNZB, how many doses does the parent/caregiver or case think they've had?* ______

*month/year of last dose ______ / ______

Management

CASE MANAGEMENT

Was case seen by a doctor prior to hospital admission?* ◯ Yes ◯ No ◯ Unknown

If yes, date seen* ______ ☐ Unknown **Time seen*** ______ ☐ Unknown

Were IV/IM antibiotics given prior to hospital admission?* ◯ Yes ◯ No ◯ Unknown

If yes, date given* ______ ☐ Unknown **Time given*** ______ ☐ Unknown

CONTACT MANAGEMENT

Type of contact	Number identified	Number counselled	Number offered antibiotics	Number offered vaccination
Household contacts				
Childcare/pre-school contacts				
Close institutional contacts				
Contacts exposed to oral secretions				
Other close contacts				

(specify) ______

Comments*