

CASE REPORT FORM

Meningococcal Disease

Meningococcal disease _____

EpiSurv No. _____

Reporting Authority

Name of Public Health Officer responsible for case **OfficerName** _____

Notifier Identification

Reporting source* General Practitioner Hospital-based Practitioner Laboratory**ReportSrc** Self-notification Outbreak Investigation OtherName of reporting source **ReportName** _____Organisation **ReportOrganisation** _____Date reported* **ReportDate** _____Contact phone **ReportPhone** _____Usual GP **UsualGP** _____Practice **GPPpracticeName** _____GP phone **GPPhone** _____

GP/Practice address Number _____ Street _____ Suburb _____

GPAddress

Town/City _____

Post Code _____

 GeoCode _____

Case Identification

Name of case* Surname **Surname** _____Given Name(s) **GivenName** _____NHI number* **NHINumber** _____Email **Email** _____

Current address* Number _____ Street _____ Suburb _____

CaseAddress

Town/City _____

Post Code _____

 GeoCode _____Phone (home) **PhoneHome** _____Phone (work) **PhoneWork** _____Phone (other) **PhoneOther** _____

Case Demography

Location **TA* TA** _____**DHB* DHB** _____Date of birth* **DateOfBirth** _____OR **Age Age** _____ Days Months Years **AgeUnits**Sex* **Sex** Male Female Indeterminate UnknownOccupation* **Occupation** _____Occupation location **PlaceOfWork1Type** Place of Work School Pre-schoolName **PlaceOfWork1** _____

Address

Number _____

Street _____

Suburb _____

PlaceOfWork1Address

Town/City _____

Post Code _____

 GeoCode _____Alternative location **PlaceOfWork2Type** Place of Work School Pre-school

Name _____

Address

Number _____

Street _____

Suburb _____

PlaceOfWork2Address

Town/City _____

Post Code _____

 GeoCode _____

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

NZ European **EthNZEuropan**Maori **EthMaori**Samoan **EthSamoan**Cook Island Maori **EthCookIslandMaori**Niuean **EthNiuean**Chinese **EthChinese**Indian **EthIndian**Tongan **EthTongan**Other (such as Dutch, Japanese) **EthOther**

*(specify)

EthSpecify1 _____**EthSpecify2** _____

Meningococcal disease		EpiSurv No. _____	
Basis of Diagnosis			
CLINICAL CRITERIA			
Fits clinical description* FitClinDes <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
Clinical features			
Meningitis* Meningitis <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		Septicaemia* Septicaemia <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Petechial or purpuric rash* PretRash <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		Other invasive illness* (specify) OthInvIll _____	
LABORATORY CRITERIA			
Isolation of <i>N.meningitidis</i> from CSF* IsolCSF		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results	
Isolation of <i>N.meningitidis</i> from blood* IsolBlood		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results	
Isolation of <i>N.meningitidis</i> from nasopharynx* IsolNaso		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results	
Isolation of <i>N.meningitidis</i> from other site* IsolSite		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results	
IsolSpec (specify site*) _____			
Detection of Gram-negative intracellular diplococci* GramNeg		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results	
GramNegSite (specify site*) _____			
Detection of meningococcal antigen in CSF (latex test)* Latex		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results	
Detection of <i>N.meningitidis</i> DNA in blood* PCRBlood		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results	
Detection of <i>N.meningitidis</i> DNA in CSF* PCRCSF		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results	
Detection of <i>N.meningitidis</i> DNA in other site* PCROth		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results	
PCRSite (specify site*) _____			
Other positive test* (specify) OthPosTest _____			
CLASSIFICATION* Status <input type="radio"/> Under investigation <input type="radio"/> Probable <input type="radio"/> Confirmed <input type="radio"/> Not a case			
ADDITIONAL LABORATORY DETAILS			
Group* Serogroup <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> Y <input type="radio"/> Not groupable <input type="radio"/> Other (*specify) SeroGOther _____			
Type (Serotype)* SeroType _____		PorA (Subtype)* SubType _____	
ESR Updated <input type="checkbox"/> Laboratory Laboratory _____			
AutoUpdated Date result updated DateResultUpdated _____		Sample number SampleNumber _____	
Other laboratory details* OthLab _____			
Clinical Course and Outcome			
Date of onset* OnsetDt _____		<input type="checkbox"/> Approximate OnsetDtApprox <input type="checkbox"/> Unknown OnsetDtUnknown	
Time of onset* OnsetTime _____		<input type="checkbox"/> Unknown OnsetTimeUnknown	
Hospitalised* Hosp <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
Date hospitalised* HospDt _____		<input type="checkbox"/> Unknown HospDtUnknown	
Time Hospitalised* HospTime _____		<input type="checkbox"/> Unknown HospTimeUnknown	
Hospital* HospName _____			
Died* Died <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
Date died* DiedDt _____		<input type="checkbox"/> Unknown DiedDtUnknown	
Was this disease the primary cause of death?* DiedPrimary <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
If no, specify the primary cause of death* DiedOther _____			

Meningococcal disease	EpiSurv No. _____
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)?*	
<input type="checkbox"/> Yes Outbrk If yes, specify Outbreak No.* OutbrkNo _____	
Risk Factors	
Contact with a presumptive case of meningococcal disease in 60 days before onset* ContCase	
If yes, was prophylaxis offered?* ProphOffer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, was prophylaxis taken?* ProphTake	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, specify type of prophylaxis* ProphType	<input type="radio"/> Antibiotic <input type="radio"/> Vaccine
Name of presumptive case* ContName _____	
Nature of contact with presumptive case* NatuContCase _____ <i>(see contact management categories below)</i>	
Attendance at school, preschool or childcare* AttendSch	
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Was the case overseas during the incubation period (range = 2 - 60 days) for meningococcal disease?* Overseas	
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Other risk factors for meningococcal disease, specify* RiskOthSpecify _____	
Protective Factors	
At any time prior to onset, had the case been immunised with meningococcal vaccine?* Immunised	
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, specify which vaccine*	No. of Doses* Date of Last Dose*
<input type="checkbox"/> C conjugate CConjugate	_____
	CCNumDoses DtCCVGiven
<input type="checkbox"/> Quadrivalent(A,C,Y,W135) Quadrivalent	_____
	QVNumDoses DtQuadGiven
<input type="checkbox"/> MeNZB (record details below) MeNZB	
<input type="checkbox"/> Other(*specify) OthMen OthMenSpec _____	_____
	OMNumDoses DtOthMenGiven
<input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented	
<input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented	
<input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented	
If MeNZB, record each dose and the date given*	
First dose MeNZB administered* Dose1MeNZB	
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No documented evidence
Date given* DtFirstDose ____ Or age when first dose given AgeFirstDose __ YMWFirstDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years	
Documented source of information* <input type="checkbox"/> National Immunisation Register Sce1stDNIR <input type="checkbox"/> Well-child book Sce1stDWellChild	
(tick all that apply) <input type="checkbox"/> MeNZB card Sce1stDMeNZBCard <input type="checkbox"/> GP record Sce1stDGP	
Second dose MeNZB administered* Dose2MeNZB	
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No documented evidence
Date given* DtSecondDose ____ Or age when second dose given AgeSecondDose __ YMWSecondDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years	
Documented source of information* <input type="checkbox"/> National Immunisation Register Sce2ndDNIR <input type="checkbox"/> Well-child book Sce1stDWellChild	
(tick all that apply) <input type="checkbox"/> MeNZB card Sce2ndDMeNZBCard <input type="checkbox"/> GP record Sce2ndDGP	
Third dose MeNZB administered* Dose3MeNZB	
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No documented evidence
Date given* DtThirdDose ____ Or age when third dose given AgeThirdDose __ YMWThirdDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years	
Documented source of information* <input type="checkbox"/> National Immunisation Register Sce3rdDNIR <input type="checkbox"/> Well-child book Sce3rdDWellChild	
(tick all that apply) <input type="checkbox"/> MeNZB card Sce3rdDMeNZB <input type="checkbox"/> GP record Sce3rdDGP	
Fourth dose MeNZB administered* Dose4MeNZB	
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No documented evidence
Date given* DtFourthDose ____ Or age when fourth dose given AgeFourthDose __ YMWFourthDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years	
Documented source of information* <input type="checkbox"/> National Immunisation Register Sce4thDNIR <input type="checkbox"/> Well-child book Sce4thDWellChild	
(tick all that apply) <input type="checkbox"/> MeNZB card Sce4thDMeNZB <input type="checkbox"/> GP record Sce4thDGP	

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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?* NumNonDocDoses _____ *month/year of last dose MthLastNonDocDose _____ / _____ YrLastNonDocDose				
Management				
CASE MANAGEMENT				
Was case seen by a doctor prior to hospital admission?* SeenDoc <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown If yes, date seen* DateSeen _____ <input type="checkbox"/> Unknown DateSeenUnknown Time seen* TimeSeen _____ <input type="checkbox"/> Unknown TimeSeenUnknown Were IV/IM antibiotics given prior to hospital admission?* AbxGiven <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown If yes, date given* DateAbx _____ <input type="checkbox"/> Unknown DateAbxUnknown Time given* TimeAbx _____ <input type="checkbox"/> Unknown TimeAbxUnknown				
CONTACT MANAGEMENT				
Type of contact	Number identified	Number counselled	Number offered antibiotics	Number offered vaccination
Household contacts	_____ NoHhold	_____ NoHholdCou	_____ NoHholdAbx	_____ NoHholdVac
Childcare/pre-school contacts	_____ NoCCare	_____ NoCCareCou	_____ NoCCareAbx	_____ NoCCareVac
Close institutional contacts	_____ NoInstute	_____ NoInstCou	_____ NoInstAbx	_____ NoInstVac
Contacts exposed to oral secretions	_____ NoExpOral	_____ NoExpCou	_____ NoExpAbx	_____ NoExpVac
Other close contacts	_____ NoOthr	_____ NoOthrCou	_____ NoOthrAbx	_____ NoOthrVac
(specify) ContOtherSpec _____				
Comments*				
Comments				