

CASE REPORT FORM

Meningococcal Disease

	EpiSurv No. <input style="width: 80%;" type="text"/>
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Reporting Authority

Name of Public Health Officer responsible for case *OfficerName*

Notifier Identification (i)

Reporting source* *ReportSrc*

General Practitioner
 Hospital-based Practitioner
 Laboratory
 Self-notification
 Outbreak Investigation
 Other

Name of reporting source *ReportName* **Organisation** *ReportOrganisation*

Date reported* *ReportDate* **Laboratory sample date** *SampleDate* **Contact phone** *ReportPhone*

Usual GP *UsualGP* **Practice** *GPPPracticeName* **GP phone** *GPPhone*

GP/Practice address *GPAAddress*

Number Street Suburb

Town/City Post Code GeoCode

Case Identification (i)

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

NHI number* *NHINumber* **Email** *Email*

Current address* *CaseAddress*

Number Street Suburb

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 Unknown

Occupation* *Occupation*

Occupation location *PlaceOfWork1Type* Place of Work School Pre-school

Name *PlaceOfWork1*

Address *PlaceOfWork1Address*

Number Street Suburb

Town/City Post Code GeoCode

Alternative location *PlaceOfWork2Type* Place of Work School Pre-school

Name

Address *PlaceOfWork2Address*

Number Street Suburb

Town/City Post Code GeoCode

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

NZ European *EthNZEuroean*
 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*

Basis of Diagnosis**CLINICAL CRITERIA**

Fits clinical description* **FitClinDes** Yes No Unknown (i)

Clinical features

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

Petechial or purpuric rash* **PretRash** Yes No Unknown **Other invasive illness* (specify)** **OthInvIll**

Other clinical features

Gastrointestinal symptoms **Gastro** Yes No Unknown If yes, specify **GastroSpec**

Respiratory symptoms **Respiratory** Yes No Unknown If yes, specify **RespSpec**

LABORATORY CRITERIA

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

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

Isolation of *N.meningitidis* from other site* **IsolSite** Yes No Not Done Awaiting Results

IsolSpec (specify site*)

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

GramNegSite (specify site*)

Detection of meningococcal antigen in CSF(latex test)* **Latex** Yes No Not Done Awaiting Results

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

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

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

PCRSite (specify site*)

Other positive test* (specify) **OthPosTest**

CLASSIFICATION* **Status** Under investigation Probable Confirmed Not a case (i)

ADDITIONAL LABORATORY DETAILS

Group **NmGroup** **PorA type** **PorA**

Multi locus sequence type **MLST**

ESR Updated **AutoUpdated** **Laboratory** **Laboratory**

Date result updated **DateResultUpdated** **Sample number** **SampleNumber**

Other laboratory details* **OthLab**

Clinical Course and Outcome

Date of onset* **OnsetDt** Approximate **OnsetDtApprox** Unknown **OnsetDtUnknown**

Time of onset* **OnsetTime** Unknown **OnsetTimeUnknown**

Hospitalised* **Hosp** Yes No Unknown

Date hospitalised* **HospDt** Unknown **HospDtUnknown**

Time Hospitalised* **HospTime** Unknown **HospTimeUnknown**

Hospital* **HospName**

Clinical Course and Outcome

Died* Died Yes No Unknown

Date died* DiedDt Unknown **DiedDtUnknown**

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

If no, specify the primary cause of death* DiedOther

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 **Outbrk**

If yes, specify Outbreak No.* OutbrkNo

Risk Factors

Contact with a confirmed or probable case of meningococcal disease during the incubation period for this disease* ContCase Yes No Unknown

If yes, was prophylaxis offered?* **ProphOffer**

Yes No Unknown

If yes, was prophylaxis taken?* **ProphTake**

Yes No Unknown

If yes, specify type of prophylaxis* (tick all that apply)

Antibiotic **ProphAbx** Vaccine **ProphVacc**

EpiSurv number of confirmed or probable case* **ContName**

Nature of contact with confirmed or probable case* **NatuContCase**

(see contact management categories below)

Attendance at school, preschool or childcare* AttendSch

Yes No Unknown

Was the case overseas during the incubation period for meningococcal disease?* Overseas

Yes No 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 Yes No Unknown

If yes, specify which vaccine*

No. of Doses*

Date of Last Dose*

Source of Information*

Meningococcal B four-component recombinant **MenB4C**

MenB4CNumDoses

DtMenB4CGiven

Patient/caregiver recall Documented **SceMenB4C**

Meningococcal ACWY conjugate **Quadrivalent**

QVNumDoses

DtQuadGiven

Patient/caregiver recall Documented **SceQuadV**

Meningococcal group C conjugate **CConjugate**

CCNumDoses

DtCCVGiven

Patient/caregiver recall Documented **SceCConjugate**

Other* **OthMenSpec**
(specify) **OthMen**

OMNumDoses

DtOthMenGiven

Patient/caregiver recall Documented **SceOthMen**

Management**CASE MANAGEMENT**

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

If yes, specify antibiotic and route **AbxSpec**

AbxRoute

Intravenous Intramuscular

If yes, date given* **DateAbx**

Unknown

Time given* **TimeAbx**

Unknown

DateAbx

DateAbxUnknown

TimeAbx

TimeAbxUnknown

Management**CONTACT MANAGEMENT**

Type of contact	Number identified	Number offered abx	Number given abx	Number offered vaccination	Number vaccinated
Household contacts	NoHhold <input type="checkbox"/>	NoHholdAbx <input type="checkbox"/>	NoHHoldGivAbx <input type="checkbox"/>	NoHholdVac <input type="checkbox"/>	NoHholdVaxd <input type="checkbox"/>
Childcare/pre-school contacts	NoCCare <input type="checkbox"/>	NoCCareAbx <input type="checkbox"/>	NoCCareGivAbx <input type="checkbox"/>	NoCCareVac <input type="checkbox"/>	NoCCareVaxd <input type="checkbox"/>
Close institutional contacts	NoInstute <input type="checkbox"/>	NoInstAbx <input type="checkbox"/>	NoInstGivAbx <input type="checkbox"/>	NoInstVac <input type="checkbox"/>	NoInstVaxd <input type="checkbox"/>
Contacts exposed to oral secretions	NoExpOral <input type="checkbox"/>	NoExpAbx <input type="checkbox"/>	NoExpGivAbx <input type="checkbox"/>	NoExpVac <input type="checkbox"/>	NoExpVaxd <input type="checkbox"/>
Other close contacts	NoOthr <input type="checkbox"/>	NoOthrAbx <input type="checkbox"/>	NoOthrGivAbx <input type="checkbox"/>	NoOthrVac <input type="checkbox"/>	NoOthrVaxd <input type="checkbox"/>

(specify) ContOtherSpec If contacts were vaccinated, name of the vaccine(s) given ContVaccine **Comments***