Meningococcal Disease Surveillance Worksheet

NAME _____ (last) _____ (first) **ADDRESS (Street and No.)** _____ **Phone** _____ **Hospital Record No.** _____

This information will not be sent to CDC

REPORTING SOURCE TYPE
☐ physician ☐ PH clinic
☐ nurse ☐ laboratory
☐ hospital ☐ other clinic
☐ other source type _____

NAME _____
ADDRESS _____
ZIP CODE _____
PHONE (__ __ __) __ __ __ __ __ __ __

SUBJECT ADDRESS CITY _____
SUBJECT ADDRESS STATE _____
SUBJECT ADDRESS COUNTY _____
SUBJECT ADDRESS ZIP CODE __ __ __ __ __
LOCAL SUBJECT ID _____

CASE INFORMATION

Date of Birth __ __ __ __ __ __ __ __ (month day year) **Country of Birth** _____ **Other Birth Place** _____ **Country of Usual Residence** _____

Ethnic Group H=Hispanic or Latino N=Not Hispanic/Latino O=Other _____ U=Unknown ☐ **Sex** M=male F=female ☐

RACE												
	American Indian/Alaskan Native	☐	Asian	☐	Native Hawaiian/Pacific Islander	☐	Not asked	☐	Unknown	☐
	Black/African American	☐	White	☐	Other _____	☐	Refused to answer	☐		

Age at Case Investigation _____ **Age Unit*** _____ **Reporting County** _____ **Reporting State** _____

Date Reported __ __ __ __ __ __ __ __ (month day year) **Date First Reported to PHD** __ __ __ __ __ __ __ __ (month day year) **National Reporting Jurisdiction** _____

Earliest Date Reported to County __ __ __ __ __ __ __ __ (mm/dd/yyyy) **Earliest Date Reported to State** __ __ __ __ __ __ __ __ (mm/dd/yyyy)

Case Class Status ☐ Confirmed ☐ Probable ☐ Suspected ☐ Not a Case ☐ Unknown **Case Investigation Start Date** __ __ __ __ __ __ __ __ (mm/dd/yyyy)

CASE INVESTIGATION STATUS CODE												
	approved	☐	deleted	☐	Reviewed	☐	notified	☐	in progress	☐	unknown	☐
	closed	☐	rejected	☐	ready for review	☐	suspended	☐	other _____	☐		

CASE REPORT FORM STATUS ☐ Complete ☐ Incomplete ☐ Edited and correct ☐ Quality assurance review change ☐ Chart unavailable after 3 requests

CLINICAL INFORMATION

Illness Onset Date __ __ __ __ __ __ __ __ (month day year) **Illness End Date** __ __ __ __ __ __ __ __ (month day year) **Illness Duration** _____ **Duration Units*** _____

Illness Onset Age ☐☐☐ **Illness Onset Age Units*** ☐☐ **Diagnosis Date** __ __ __ __ __ __ __ __ (mm/dd/yyyy)

Hospitalized? Y=yes N=no U=unknown ☐ **Hospital Admission Date** __ __ __ __ __ __ __ __ (month day year) **Hospital Discharge Date** __ __ __ __ __ __ __ __ (month day year)

Duration of Hospital Stay 0 – 998 999=unknown ☐☐☐ (days) **Pregnancy Status** Y=yes N=no U=unknown ☐

***UNITS** a=year d=day h=hour min=minute mo=month s=second wk=week UNK=unknown

Did patient have any underlying causes or prior illnesses? Y=yes N=no U=unknown ☐ **If "yes" select conditions below:**

Underlying Conditions	Y	N	U		Y	N	U		Y	N	U		Y	N	U
AIDS				Congestive heart failure				Immunoglobulin deficiency				Parkinson's disease			
Alcohol abuse				Connective tissue disorder				Immunosuppressive therapy				Peptic ulcer			
Asthma				Coronary arteriosclerosis				Intravenous drug user				Peripheral neuropathy			
Blood cancer				Corticosteroids				Kidney disease				Peripheral vascular disease			
Bone marrow transplant				CSF leak				Leukemia				Premature birth			
Broken skin				Current chronic dialysis				Missing spleen				Renal failure/dialysis			
Cancer				Current smoker				Multiple myeloma				Seizure disorder			
Cancer treatment				Deaf/profound hearing loss				Multiple sclerosis				Sickle cell trait			
Cerebrovascular accident				Dementia				Myocardial infarction				Solid organ malignancy			
Chronic hepatitis C				Diabetes mellitus				Nephrotic syndrome				Solid organ transplant			
Chronic respiratory disease				Emphysema/COPD				Neuromuscular disorder				Splenectomy/asplenia			
Cirrhosis/liver failure				Former smoker				None				Systemic lupus erythematosus			
Cochlear prosthesis				Hodgkin's disease				Obesity				Trouble swallowing			
Complement deficiency				HIV infection				Paralysis				Unknown			

[Y=yes N=no U=unknown] **Other** (specify) _____

SYMPTOMS DURING COURSE OF ILLNESS

	Y	N	U		Y	N	U		Y	N	U		Y	N	U		Y	N	U
Chills				Fever				Gastrointestinal illness				Photophobia				Stiff neck			
Cough				Headache				Muscle pain				Pneumonia				Vomitind			
Diarrhea				Nausea				Other _____				Rash				Unknown			

[Y=yes N=no U=unknown]

BACTERIAL INFECTION SYNDROME (types of infection caused by organism):

	Abortion with sepsis		Cellulitis		Epiglottitis		Osteomyelitis		Pneumonia
	Abscess (not skin)		Chorioamnionitis		Hemolytic Uremic Syndrome		Other (specify)		Puerperal septicemia
	Asymptomatic bacteremia		Empyema		Infective arthritis		Otitis media		Septic shock
	Bacteremia without focus		Endocarditis		Meningitis		Pericarditis		Staphylococcal Toxic Shock
	Bacterial septicemia		Endometritis		Necrotizing fasciitis		Peritonitis		Unknown

Is this a secondary case? Y=yes N=no U=unknown ☐

Is this case epi-linked to a laboratory-confirmed case? Y=yes N=no U=unknown ☐

ABCs Case ID _____

Does this patient attend a day care facility? ☐ Y=yes N=no U=unknown **Facility Name** _____

Does this patient reside in a long-term care facility? ☐ Y=yes N=no U=unknown **Facility Name** _____

Was the patient taking eculizumab [Soliris] at the time of disease onset? Y=yes N=no U=unknown ☐

Was the patient taking ravulizumab-cwvz [Ultomirus] at the time of disease onset? Y=yes N=no U=unknown ☐

Is patient (15-24 years only) currently attending college? Y=yes N=no U=unknown ☐ **Name of College** _____

GRADE IN SCHOOL

Freshman		Senior	
Graduate student		Sophomore	
Junior		Unknown	
Other (specify) _____			

COLLEGE LIVING SITUATION

Dormitory		On campus private room	
Off campus at home		Other _____	
Off campus private housing		Unknown	
Off campus house/apartment with roommate(s)			

Weight at Diagnosis ☐☐☐ **WEIGHT UNITS** ☐ gram ☐ kilogram ☐ ounce ☐ pound

Height at Diagnosis ☐☐☐ **HEIGHT UNITS** ☐ centimeter ☐ Inch

Pregnancy status at time of first positive culture ☐ Not pregnant nor postpartum ☐ Currently Pregnant ☐ Postpartum ☐ Unknown

If pregnant or postpartum, what was the outcome of the fetus? (select below)

Live birth/neonatal death		Survived, clinical infection		Still pregnant		Unknown	
Induced abortion		Survived, no apparent illness		Abortion/still birth			

Subject Died? ☐ yes ☐ no ☐ unknown

Deceased Date __ __ __ __ __ __ __ __ mm/dd/yyyy

If patient <1 month of age: ▪ **Gestational age** (weeks) ☐☐ ▪ **Birth weight** ☐☐☐

BIRTH WEIGHT UNITS ☐ Gram ☐ Kilogram ☐ Ounce ☐ Pound

Was the patient homeless at time of symptom onset? ☐ yes ☐ no ☐ unknown

RESIDENCE LOCATION AT TIME OF INITIAL CULTURE

College dorm		Homeless		Long-term acute care		Nonmedical ward		Other _____	
Home		Incarcerated		Long-term care		Unknown			

Has patient had sex with a male in the past 12 months? ☐ yes ☐ no ☐ unknown ☐ did not ask ☐ refused to answer

In the 3 months prior to onset of symptoms, how many male sex partners has the patient had? ☐☐☐☐

Has patient had sex with a female in the past 12 months? ☐ yes ☐ no ☐ unknown ☐ did not ask ☐ refused to answer

HIV STATUS

	HIV positive
	HIV negative
	Unknown

TYPE OF INSURANCE

	Incarcerated		Managed care (unspecified)		MEDICAID		Uninsured
	Indian Health Service		Other (specify) _____		MEDICARE		Unknown
	Managed care		Military/VA		Private health		

IMPORTATION AND EXPOSURE INFORMATION

CASE DISEASE IMPORTED CODE

	Indigenous		In state, out of jurisdiction		Unknown
	International		Out of state		Yes, imported, but not able to determine source state/country

Imported Country _____ **Imported State** _____ **Imported County** _____ **Imported City** _____

Country of Exposure _____ **State or Province of Exposure** _____

County of Exposure _____ **City of Exposure** _____

Outbreak related? Y=yes N=no U=unknown ☐ **Outbreak Name** _____ **Transmission Mode** _ _ _ _ _ _ _ _ _

LABORATORY INFORMATION

VPD Lab Message Reference Laboratory	VPD Lab Message Patient Identifier	VPD Lab Message Specimen Identifier
_____	_____	_____

BACTERIAL SPECIES ISOLATED

☐ *Neisseria meningitidis* ☐ *Haemophilus influenzae* ☐ Group B streptococcus ☐ Other (specify)
☐ *Listeria monocytogenes* ☐ Group A streptococcus ☐ *Streptococcus pneumoniae*

Was Laboratory Testing Done to Confirm the Diagnosis? Y=Yes N=No U=Unknown ☐

Was Case Laboratory Confirmed? Y=yes N=no U=unknown ☐ **Was a Specimen Sent to CDC for Testing?** Y=yes N=no U=unknown ☐

Test Type	Test Result	Date Specimen Collected (mm dd yyyy)	Test Result Quantitative	Result Units	Test Method	Test Manufacturer	Date Specimen Sent to CDC (mm dd yyyy)	Specimen Type	Serogroup	Serogroup Method	Lab Accession Number (including CDC Lab ID)	Performing Laboratory Name	Performing Lab Type

LABORATORY TESTING CODES

LAB TEST TYPE

1=antigen
2=susceptibility
3=culture
4=genotyping
5=Gram stain
6=immunohistochemistry
7=latex agglutination
8=other (specify)
9=unknown
10=PCR
11=serotyping
12=species confirmation
13=genome sequencing

Specimen Type

1=amniotic fluid
2=BAL
3=blood
4=bone
5=brain
6=CSF
7=heart
8=other (specify)
9=unknown
10=internal body site
11=joint
12=kidney
13=liver
14=lung
15=lymph node
16=middle ear
17=muscle/fascia/tendon
18=NP swab
19=oropharyngeal swab
20=ovary
21=pancreas
22=pericardial fluid
23=peritoneal fluid
24=placenta
25=pleural fluid
26=purpuric lesions
27=respiratory secretion
28=serum
29=sinus
30=spleen
31=sputum
32=stool
33=tracheal aspirate
34=urine
35=vascular tissue
36=vitreous
37=wound

SEROGROUP METHOD

1=culture 2=PCR 3=slide agglutination 8=other 9=unknown

SEROGROUP

1=A 2=B 3=C 4=W135 5=X 6=Y 7=not-groupable 8=other (specify) 9=unknown 10=not tested

TEST RESULT INTERPRETATION

P=positive N=negative I=indeterminate I=pending
S=significant rise in IgG NS=no significant rise in IgG
E=equivocal X=not done OTH=other UNK=unknown
V=vaccine type strain W=wild type strain

PERFORMING LABORATORY TYPE

1=CDC lab 2=commercial lab 3=hospital lab 4=other clinical lab
5=public health lab 6=VPD testing lab 8=other (specify) 9=unknown

TEST METHOD

A=Antigen Card B=BD Directigen BC=Pheno test kit
BCP=Blood culture panel MA=MALDI Biotyper
ME=Filmarray meningitis/encephalitis panel
OTH=Other W=Wellcogen Rapid Antigen UNK=Unknown

LABORATORY SUSCEPTIBILITY TESTING

Was any susceptibility data available? Y=yes N=no U=unknown ☐

Antimicrobial Susceptibility Test Type	Test Method	Susceptibility Interpretation	Performing Laboratory Type

SUSCEPTIBILITY TEST METHOD CODES

A=AGAR Agar dilution method DISK=DISK dilution (Kirby Bauer) I=Automated testing instrument
B=BROTH Broth dilution method G=whole genome sequencing S=STRIP Gradient strip (E-test)

SUSCEPTIBILITY INTERPRETATION CODES

S=Susceptible **I**=Intermediate **N**=Not Done
R=Resitant **NR**=Not resistant **UNK**=Unknown

SUSCEPTIBILITY TESTING PERFORMING LABORATORY TYPE

1=CDC lab 2=commercial lab 3=hospital lab 4=other clinical lab 5=public health lab
6=VPD testing lab 8=other (specify) 9=unknown

VACCINATION HISTORY INFORMATION

Vaccinated (has the case-patient ever received a vaccine against this disease)? Y=yes N=no U=unknown ☐

Number of vaccine doses against this disease received prior to illness onset 0–6 (doses) ☐☐ 99=unk

Date of last vaccine dose against this disease prior to illness onset? __ __ __ __ __ __ __ __ (mm/dd/yyyy)

Was case-patient vaccinated as recommended by the ACIP? Y=yes N=no U=unknown ☐

Vaccine Type	Vaccination Date (month day year)	Vaccine Manuf	Vaccine Lot Number	National Drug Code	Vaccine Expiration Date (month day year)	Vaccine Name	Vaccine Event Information Source	Vaccination Record Identifier	Age†	Age Units₸	Vaccine Dose Number

VACCINE TYPE CODES

32=MPSV4 (Menomune)
103=men. C conjugate
108=men. ACWY,unspecified
114=MCV4P (Menactra)
136=MCV4O (Menveo)
147=MCV4, unspecified
148=men. C/Y-HIB PRP (MenHibRix
162=men. B, recombinant (Trumenba)
163=men. B, OMV(Bexsero)
PHC1560=type not specified
OTH=other (specify)
999=unknown

VACCINE MANUFACTURER CODES

BHA=Baxter Healthcare
MSD=Merck & Co., Inc.
NOV=Novartis
OTH=other (specify)
PFR=Pfizer
PMC=Sanofi Pasteur
SKB=GlaxoSmithKline
WAL=Wyeth
UNK=unknown

VACCINE EVENT INFORMATION SOURCE CODES

1=Birth certificate
2=IIS
3=Medical record
4=New immunization record
5=Other provider
6=Other registry
7=Patient or parent's recall
8=Other
9=Unknown
10=Patient or parent's written record
11=Primary care provider
12=Public agency
13=School record
14=Source unspecified

†Age at vaccination

₸Age Units
a=year
d=day
mo=month
wk=week
OTH=other
UNK=unknown

Reason not Vaccinated per ACIP ☐☐

1	religious exemption	7	parent/patient refusal	13	parent/patient unaware of recommendation
2	medical contraindication	8	other _____	14	missed opportunity
3	philosophical objection	9	unknown	15	foreign visitor
4	lab evidence of previous disease	10	parent/patient forgot to vaccinate	16	immigrant
5	MD diagnosis of previous disease	11	vaccine record incomplete/unavailable	17	vaccine not available
6	too young	12	parent/patient report of previous disease		

Vaccine History Comments

CASE NOTIFICATION

CONDITION CODE 10150 **Immediate National Notifiable Condition** Y=yes N=no U=unknown ☐ **Legacy Case ID** _____

State Case ID ____ **Local Record ID** _____ **Jurisdiction Code** ___ **Binational Reporting Criteria** __ __ __ __ __ __ __

Date First Verbal Notification to CDC __ __ __ __ __ __ __ __ (month day year)

Date Notification First Electonically Submitted __ __ __ __ __ __ __ __ (month day year)

Date of Electronic Case (this version) Notification to CDC __ __ __ __ __ __ __ __ (month day year)

MMWR Week ___ **MMWR Year** _____

Notification Result Status F = Final C = Record is a correction X = Results cannot be obtained ☐

Current Occupation _____

Current Occupation Standardized (NIOCCS code) _____

Current Industry _____

Current Industry Standardized (NIOCCS code) _____

Person Reporting to CDC Name _____ (first)
_____ (last)

Person Reporting to CDC Email _____ @ _____
Person Reporting to CDC Phone Number (__ __ __) __ __ __ __ __ __ __

Comments

CLINICAL CASE DEFINITION[†]
SUSPECTED
● Clinical purpura fulminans in the absence of a positive blood culture; or ● Gram-negative diplococci, not yet identified, isolated from a normally sterile body site (e.g., blood or CSF)
PROBABLE
● Detection of *N. meningitidis* antigen o In formalin-fixed tissue by immunohistochemistry (IHC); or o In CSF by latex agglutination
CONFIRMED
• Detection of *N. meningitidis*-specific nucleic acid in a specimen obtained from a normally sterile body site (e.g., blood or CSF), using a validated polymerase chain reaction (PCR) assay; or ● Isolation of *N. meningitidis* o From a normally sterile body site (e.g., blood or CSF, or less commonly, synovial, pleural, or pericardial fluid); or o From purpuric lesions.

[†]https//wwwn.cdc.gov/nndss/conditions/meningococcal-disease/case-definition/2015/