

Meningococcal Disease Surveillance Worksheet

Generic MMG

RIBD_MMG_V1_1_1_MMG_F_20210721

NAME		ADDRESS (Street and No.)		Phone	Hospital Record No.
(last) _____		(first) _____		_____	_____
This information will not be sent to CDC					
REPORTING SOURCE TYPE 48766-0 <input type="checkbox"/> physician <input type="checkbox"/> PH clinic <input type="checkbox"/> nurse <input type="checkbox"/> hospital <input type="checkbox"/> other source type <input type="checkbox"/> laboratory <input type="checkbox"/> other clinic		NAME _____ ADDRESS _____ ZIP CODE 52831-5 PHONE (____) _____		SUBJECT ADDRESS CITY PID-11.3 _____ SUBJECT ADDRESS STATE PID-11.4 _____ SUBJECT ADDRESS COUNTY PID-11.9 _____ SUBJECT ADDRESS ZIP CODE PID-11.5 _____ LOCAL SUBJECT ID PID-3 _____	

CASE INFORMATION					
Date of Birth _____ PID-7 month day year		Country of Birth 78746-5 _____		Other Birth Place 21842-0 _____	
Ethnic Group PID-22 H=Hispanic or Latino N=Not Hispanic/Latino O=Other _____ U=Unknown _____		Sex PID-8 M=male F=female _____			
RACE PID-10		American Indian/Alaskan Native _____ Black/African American _____ Asian _____ White _____ Native Hawaiian/Pacific Islander _____ Other 32624-9 _____		Not asked _____ Refused to answer _____ Unknown _____	
Age at Case Investigation 77998-3 _____		Age Unit* OBX-6 for 77998-3 _____		Reporting County 77967-8 _____	
Date Reported 77995-9 month day year		Date First Reported to PHD 77970-2 month day year		National Reporting Jurisdiction 77973-6 _____	
Earliest Date Reported to County 77972-8 (mm/dd/yyyy)		Earliest Date Reported to State 77973-6 (mm/dd/yyyy)			
Case Status 77990-0 <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspected <input type="checkbox"/> Not a Case <input type="checkbox"/> Unknown		ABCs STATE CASE ID INV966 _____			
CASE INVESTIGATION STATUS CODE INV109		approved _____ deleted _____ reviewed _____ notified _____ in progress _____ unknown _____ closed _____ rejected _____ ready for review _____ suspended _____ other _____			
CASE REF INV656 CRM STATUS		<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Edited and correct <input type="checkbox"/> Quality assurance review change <input type="checkbox"/> Chart unavailable after 3 requests			
Investigation Start Date 77979-3 (mm/dd/yyyy)		Epi-linked to laboratory-confirmed case? Y=Yes N=No U=Unknown _____			

CLINICAL INFORMATION					
Illness Onset Date 11368-8 month day year		Illness End Date 77976-9 month day year		Illness Duration 77977-7 _____	
Illness Onset Age INV143 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Illness Onset Age Units* OBX-6 <input type="checkbox"/> <input type="checkbox"/>		Duration Units* OBX-6 for 77977-7 _____	
Hospitalized? Y=yes N=no U=unknown <input type="checkbox"/>		Hospital Admission Date 8656-1 month day year		Hospital Discharge Date 8649-6 month day year	
Duration of Hospital Stay 78033-8 0-998 999=unknown <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (days)		Pregnancy Status 77996-7 Y=yes N=no U=unknown <input type="checkbox"/>			
*UNITS a=year d=day h=hour min=minute mo=month s=second wk=week UNK=unknown					

SIGNS and SYMPTOMS (during course of illness) 56831-1																	
Y			N			U			Y			N			U		
Chills	<input type="checkbox"/>	<input type="checkbox"/>	Fever	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal illness	<input type="checkbox"/>	<input type="checkbox"/>	Photophobia	<input type="checkbox"/>	<input type="checkbox"/>	Stiff neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cough	<input type="checkbox"/>	<input type="checkbox"/>	Headache	<input type="checkbox"/>	<input type="checkbox"/>	Muscle pain	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Nausea	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Rash	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
[Y=yes N=no U=unknown INV919]																	

BACTERIAL INFECTION SYNDROME INV298				
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

Recurrent disease with same pathogen? INV975 Y=yes N=no U=unknown <input type="checkbox"/>		If recurrent case, state ID: _____ INV976	
Is this a secondary case? INV1093 Y=yes N=no U=unknown <input type="checkbox"/>			

Did patient have any underlying causes or prior illnesses? INV235 Y=yes N=no U=unknown <input type="checkbox"/> If "yes" select conditions below:													
Underlying INV236			Conditions 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				
INV662 Y=yes N=no U=unknown			Other (specify) _____										
Does this patient attend a day care facility? INV615 <input type="checkbox"/> Y=yes N=no U=unknown Facility Name _____													
Does this patient reside in a long-term care facility? INV636 <input type="checkbox"/> Y=yes N=no U=unknown Facility Name _____													
Was the patient taking eculizumab [Soliris] at the time of disease onset? 427429004 Y=yes N=no U=unknown <input type="checkbox"/>													
Was the patient taking ravulizumab-cwvz [Ultomirus] at the time of disease onset? 783439006 Y=yes N=no U=unknown <input type="checkbox"/>													
Is patient (15-24 years only) currently attending college? 224311000 Y=yes N=no U=unknown <input type="checkbox"/> Name of College INV1092 _____													
GRADE IN SCHOOL 64990-5		Freshman		Senior		COLLEGE LIVING SITUATION INV1091		Dormitory		On campus private room			
		Graduate student		Sophomore				Off campus at home		Other _____			
		Junior		Unknown				Off campus private housing		Unknown			
		Other (specify) _____		Off campus house/apartment with roommate(s)									
Weight at Diagnosis 3141-9		Weight Units OBX-6 for 3141-9		<input type="checkbox"/> gram <input type="checkbox"/> kilogram <input type="checkbox"/> ounce <input type="checkbox"/> pound		Height at Diagnosis 3137-7		HEIGHT UNITS OBX-6 for 3137-7		<input type="checkbox"/> centimeter <input type="checkbox"/> inch			
Pregnancy status at time of first positive culture INV662 <input type="checkbox"/> Not pregnant nor postpartum <input type="checkbox"/> Currently Pregnant <input type="checkbox"/> Postpartum <input type="checkbox"/> Unknown													
If pregnant or postpartum, what was the outcome of the fetus? 63893-2 (select)								Subject died? 77978-5 <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown					
Live birth/neonatal death		Survived, clinical infection		Still pregnant		Unknown		Deceased Date PID-29 mm/dd/yyyy					
Induced abortion		Survived, no apparent illness		Abortion/still birth									
If patient <1 month of age: • Gestational age 18185-9 (weeks) • Birth weight 56056-5								BIRTH WEIGHT UNITS Gram <input type="checkbox"/> Kilogram <input type="checkbox"/> <input type="checkbox"/> Ounce <input type="checkbox"/> Pound OBX-6 for 56056-5					
Was the patient homeless at time of symptom onset? 32911000 <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown													
RESIDENCE LOCATION AT TIME OF INITIAL CULTURE 75617-1		College dorm		Homeles		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? STD107 <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> did not ask <input type="checkbox"/> refused to answer													
In the 3 months prior to onset of symptoms, how many male sex partners has the patient had? INV605													
Has patient had sex with a female in the past 12 months? STD108 <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> did not ask <input type="checkbox"/> refused to answer													
HIV STATUS 55277-8		HIV positive		TYPE OF INSURANCE 76437-3		Incarcerated		Managed care (unspecified)		MEDICAID		Uninsured	
		HIV negative				Indian Health Service		Other (specify) _____		MEDICARE		Unknown	
		Unknown				Managed care		Military/VA		Private health			
IMPORTATION AND EXPOSURE INFORMATION													
CASE DISEASE 77982-7 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 INV153		Imported State INV154		Imported Country INV156		Imported City INV155							
Country of Exposure 77984-3				State or Province of Exposure 77985-0									
County of Exposure 77987-6				City of Exposure 77986-8									
Outbreak related? 77980-1 Y=yes N=no U=unknown <input type="checkbox"/>				Outbreak Name 77981-9				Transmission Mode 77989-2					

LABORATORY INFORMATION

VPD Lab Message Reference Laboratory

LAB143

VPD Lab Message Patient Identifier

LAB598

VPD Lab Message Specimen Identifier

LAB125

BACTERIAL SPECIES ISOLATED

LAB278

☐ *Neisseria meningitidis*

☐ *Haemophilus influenzae*

☐ Group B streptococcus

☐ Other (specify)

☐ *Listeria monocytogenes*

☐ Group A streptococcus

☐ *Streptococcus pneumoniae*

Was Laboratory Testing Done to Confirm the Diagnosis?

LAB630

Y=Yes

N=No

U=Unknown

☐

Was Case Labo

INV164

Confirmed?

Y=yes

N=no

U=unknown

☐

Was a Specimen Sent to CDC for Testing?

82314-6

Y=yes

N=no

U=unknown

☐

Test Type	Test Result	Date Specimen Collected	Test Result Quantitative	Result Units	Test Method	Test Manufacturer	Date Specimen Sent to CDC	Specimen Type	Serogroup	Serogroup Method	Lab Accession Number	Performing Laboratory Name	Performing Lab Type
INV290	INV291	68963-8	LAB628	LAB115	85069-3	LAB650	85930-6	66746-9	INV705	LAB652	INV978	68994-3	82771-7
		mm dd yyyy					mm dd yyyy						

LABORATORY TESTING CODES

LAB TEST TYPE

INV290

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

66746-9

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

LAB652

1=culture

2=PCR

3=slide agglutination

8=other

9=unknown

SEROGROUP

INV705

1=A

2=B

3=C

4=E

5=W135

6=X

7=Y

8=not groupable

9=other

10=unknown

11=not done

TEST RESULT INTERPRETATION

LAB628

P=positive

S=significant rise in IgG

E=equivocal

N=negative

X=not done

V=vaccine type strain

I=indeterminate

NS=no significant rise in IgG

OTH=other

W=wild type strain

L=pending

UNK=unknown

PERFORMING LABORATORY TYPE

82771-7

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

85069-3

A=Antigen Card

BCID=Filmmarray BC

MA=MALDI Biotyper

ME=Filmmarray meningitis/encephalitis panel

BC=Pheno test kit

BD=Directigen

OTH=Other

W=Wellcogen Rapid Antigen

BCT=Verigene BC

UNK=Unknown

LABORATORY SUSCEPTIBILITY TESTING

Was any susceptibility data available?

LAB222

Y=yes

N=no

U=unknown

☐

Antimicrobial Susceptibility Test Type	Test Method	Susceptibility Interpretation	Performing Laboratory Type
LABAST6	LABAST7	LABAST8	LABAST15

SUSCEPTIBILITY TEST METHOD CODES

LABAST7

A=Agar dilution method

B=Broth dilution method

D=Disk dilffusion (Kirby Bauer)

G=Whole genome sequencing

I=Automated testing instrument

S=Gradient strip (E-test)

SUSCEPTIBILITY INTERPRETATION CODES

S=Susceptible

R=Resitant

I=Intermediate

NR=Not resistant

N=Not Done

UNK=Unknown

SUSCEPTIBILITY TESTING

LABAST15

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	Vaccine Manuf	Vaccine Lot Number	National Drug Code	Vaccine Expiration Date	Vaccine Name	Vaccine Event Information Source	Vaccination Record Identifier	Age†	Age Units†	Vaccine Dose Number
30956-7	30952-6 month day year	30957-5	30959-1	VAC153	VAC109 month day year	VAC155	LAB147	VAC102	VAC105	OBX-6 for VAC105	30973-2

VACCINE TYPE CODES

32=MPSV4 (Menomune) 163=men. B, OMV(Bexsero)
 103=men. C conjugate 316=MenACWY-TT conjugate
 108=men. ACWY, unspecified
 114=MCV4P (Menactra) PHC1560=type not specified
 136=MCV4O (Menveo) OTH=other (specify)
 147=MCV4, unspecified 999=unknown
 148=men. C/Y-HIB PRP (MenHibRix)
 162=men. B, recombinant (Trumenba)

VACCINE MANUFACTURER CODES

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

VACCINE EVENT INFORMATION SOURCE CODES

1=Birth certificate 8=Other
 2=IIS 9=Unknown
 3=Medical record 10=Patient or parent's written record
 4=New immunization record 11=Primary care provider
 5=Other provider 12=Public agency
 6=Other registry 13=School record
 7=Patient or parent's recall 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 Electronically 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
 - In formalin-fixed tissue by immunohistochemistry (IHC); or
 - 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*
 - From a normally sterile body site (e.g., blood or CSF, or less commonly, synovial, pleural, or pericardial fluid); or
 - From purpuric lesions.

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