

CASE REPORT FORM

Meningococcal Disease

EpiSurv No.

Reporting Authority	
Name of Public Health Officer responsible for case OfficerName	
Notifier Identification i	
Reporting source* ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory ReportSrc ☐ Self-notification ☐ Outbreak Investigation ☐ Other	
Name of reporting source ReportName	Organisation ReportOrganisation
Date reported* dd/mm/yyyy ReportDate	Laboratory sample date dd/mm/yyyy SampleDate Contact phone ReportPhone
Usual GP UsualGP	Practice GPPracticeName GP phone GPPhone
GP/Practice address Number Street Suburb	
GPAddress Town/City Post Code ☐ GeoCode	
Case Identification i	
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* dd/mm/yyyy 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 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) 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	

		EpiSurv No.
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 <i>N.meningitidis</i> from CSF* IsolCSF	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
Isolation of <i>N.meningitidis</i> from blood* IsolBlood	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
Isolation of <i>N.meningitidis</i> 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 <i>N.meningitidis</i> DNA in blood* PCRBlood	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
Detection of <i>N.meningitidis</i> DNA in CSF* PCRCSF	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
Detection of <i>N.meningitidis</i> 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	dd/mm/yyyy	Sample number SampleNumber
Other laboratory details* OthLab 		
Clinical Course and Outcome		
Date of onset* OnsetDt	dd/mm/yyyy	☐ Approximate OnsetDtApprox ☐ Unknown OnsetDtUnknown
Time of onset* OnsetTime	 	☐ Unknown OnsetTimeUnknown
Hospitalised* Hosp	☐ Yes ☐ No ☐ Unknown	
Date hospitalised* HospDt	dd/mm/yyyy	☐ Unknown HospDtUnknown
Time Hospitalised* HospTime	 	☐ Unknown HospTimeUnknown
Hospital* HospName	 	

	EpiSurv No.																				
Clinical Course and Outcome																					
Died* Died ☐ Yes ☐ No ☐ Unknown																					
Date died* DiedDt <input type="calendar"/>	☐ 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* <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%;">No. of Doses*</th> <th style="width: 15%;">Date of Last Dose*</th> <th style="width: 30%;">Source of Information*</th> </tr> </thead> <tbody> <tr> <td> ☐ Meningococcal B four-component recombinant MenB4C </td> <td> MenB4CNumDoses </td> <td> DtMenB4CGiven <input type="calendar"/> </td> <td> ☐ Patient/caregiver recall ☐ Documented SceMenB4C </td> </tr> <tr> <td> ☐ Meningococcal ACWY conjugate Quadrivalent </td> <td> QVNumDoses </td> <td> DtQuadGiven <input type="calendar"/> </td> <td> ☐ Patient/caregiver recall ☐ Documented SceQuadV </td> </tr> <tr> <td> ☐ Meningococcal group C conjugate CConjugate </td> <td> CCNumDoses </td> <td> DtCCVGiven <input type="calendar"/> </td> <td> ☐ Patient/caregiver recall ☐ Documented SceCConjugate </td> </tr> <tr> <td> ☐ Other* OthMenSpec (specify) OthMen </td> <td> OMNumDoses </td> <td> DtOthMenGiven <input type="calendar"/> </td> <td> ☐ Patient/caregiver recall ☐ Documented SceOthMen </td> </tr> </tbody> </table>			No. of Doses*	Date of Last Dose*	Source of Information*	☐ Meningococcal B four-component recombinant MenB4C	MenB4CNumDoses	DtMenB4CGiven <input type="calendar"/>	☐ Patient/caregiver recall ☐ Documented SceMenB4C	☐ Meningococcal ACWY conjugate Quadrivalent	QVNumDoses	DtQuadGiven <input type="calendar"/>	☐ Patient/caregiver recall ☐ Documented SceQuadV	☐ Meningococcal group C conjugate CConjugate	CCNumDoses	DtCCVGiven <input type="calendar"/>	☐ Patient/caregiver recall ☐ Documented SceCConjugate	☐ Other* OthMenSpec (specify) OthMen	OMNumDoses	DtOthMenGiven <input type="calendar"/>	☐ Patient/caregiver recall ☐ Documented SceOthMen
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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 <input type="calendar"/>	☐ Unknown DateAbxUnknown																				
	Time given* TimeAbx <input type="calendar"/>																				
	☐ Unknown TimeAbxUnknown																				

		EpiSurv No. 					
Management							
CONTACT MANAGEMENT							
Type of contact	Number identified		Number offered abx		Number given abx		Number offered vaccination
Household contacts	NoHhold		NoHholdAbx		NoHHoldGivAbx		NoHholdVac NoHholdVaxd
Childcare/pre-school contacts	NoCCare		NoCCareAbx		NoCCareGivAbx		NoCCareVac NoCCareVaxd
Close institutional contacts	NoInstute		NoInstAbx		NoInstGivAbx		NoInstVac NoInstVaxd
Contacts exposed to oral secretions	NoExpOral		NoExpAbx		NoExpGivAbx		NoExpVac NoExpVaxd
Other close contacts	NoOthr		NoOthrAbx		NoOthrGivAbx		NoOthrVac NoOthrVaxd
		(specify) ContOtherSpec 					
		If contacts were vaccinated, name of the vaccine(s) given ContVaccine 					
Comments*							