MENINGOCOCCAL DISEASE

Basis of diagnosis

Clinical criteria	
Fits clinical description	Select the 'Yes' option if the case fits the clinical description as follows: *A serious invasive disease with an acute onset. It may start as a mild flu-like illness and rapidly progress to fulminant septicaemia and death. Cases typically experience acute fever, malaise, nausea, myalgia, arthralgia and prostration. A rash occurs in about two thirds of cases – this may range from ill-defined and macular, to petechial or purpuric. More severe infection leads to to shock, disseminated intra-vascular coagulation (DIC), acrocyanosis and multi-organ failure.* *Approximately 75% of cases have meningitis (typically causing headache, photophobia and neck stiffness). Infants present with less-specific features.* *Other locations of invasive disease are possible though rare, such as orbital cellulitis, septic arthritis, and pericarditis.*
Clinical features	Ideally, obtain information on all of the clinical features listed. If the feature was present, select the 'Yes' option. If not, select the 'No' option. If not known or unavailable then select the 'Unknown' option. Specify any other invasive illness which is not listed.
Laboratory criteria	
Laboratory results	Indicate the status of laboratory confirmation. If the laboratory test results were positive select the 'Yes' option, if negative select the 'No' option. If the results of the laboratory test are not yet available, select 'Awaiting results'. If any of the laboratory tests were not carried out, select 'Not Done'. Specify the site for isolation, detection of gram-negative diplococci or detection of *N. meningitidis* DNA if not listed. Specify any other positive test that is not listed. The laboratory confirmation requirements are given in the 'Classification' section.

Additional laboratory results

This section will be automatically populated with data from the Meningococcal Reference Laboratory at ESR when the full typing results are available.

Group	Specify the strain group identified.
PorA type	Specify PorA result identified.
Multi locus sequence type (MLST)	Specify the multi locus sequence type.
ESR Updated	A flag to indicate that the laboratory results have been updated by ESR (closed to users)
Laboratory	The name of the laboratory from where the results originated (closed to users).
Date result updated	The date the result fields were updated (closed to users).
Sample Number	The laboratory sample number (closed to users).

Classification

Classification	**Under investigation** – a case which has been notified but information is not yet available to classify it as probable or confirmed. **Probable** – a clinically compatible illness. **Confirmed** – a clinically compatible illness that is laboratory confirmed. **Laboratory confirmation requires** at least one of the following: • isolation of *Neisseria meningitidis* bacteria or detection of *N. meningitidis* nucleic acid from blood, CSF or other normally sterile site (e.g., pericardial or synovial fluid) • detection of gram negative intracellular diplococci in blood, CSF or skin petechiae • detection of meningococcal antigen (latex agglutination test) in CSF. **Not a case** – a case that has been investigated, and subsequently found not to meet the case definition.

Clinical course and outcome

(in addition to the instructions for the completion of modules common to all case report forms)

Time of onset	The time of onset is the time at which the case was first aware of being ill. Values should be recorded using the 24 hour clock, e.g. 6pm = 1800hrs, and should be recorded as 18:00.
Time hospitalised	Specify the time admitted to hospital, again using the 24-hour clock as above.

Risk factors

Contact with a confirmed or probable case	Indicate whether the case had contact with a confirmed or probable case of meningococcal disease during the incubation period. If 'Yes', specify whether they were offered prophylaxis, if it was taken and the type of prophylaxis (select all that apply). Specify the EpiSurv number of the confirmed or probable case and the nature of contact. You should use the categories given in the contact management section, i.e., household, childcare/ pre-school, close institutional, exposed to oral secretions or other close contacts.
Attendance at school, pre-school or childcare	Indicate whether the case attends school, pre-school or childcare. If not known or unavailable then select the 'Unknown' option.
Overseas travel	Indicate whether the case was overseas during the incubation period for meningococcal disease. If not known or unavailable, then select the 'Unknown' option.
Other risk factor for meningococcal disease	Specify any other risk factors under surveillance for meningococcal disease if they were present.

Protective factors

Was case immunised with meningococcal vaccine	Indicate whether the case had been immunised with any meningococcal vaccine at any time **before becoming ill**. If not known or unavailable, then select the 'Unknown' option.
Vaccine details	If case had been immunised prior to becoming ill, tick the vaccine(s) checkbox (select all that apply) and provide the number of doses received, date of last dose and whether the source of information was patient/caregiver recall or documented evidence.

Management

Case management	
IV/IM antibiotics given	Indicate whether intravenous/intramuscular antibiotics were given prior to hospital admission. If 'Yes', record the antibiotic and the route (IV or IM), and the date and time the antibiotics were given (use 24-hour clock). If not known or unavailable, then select the 'Unknown' option.
Contact management	
Contacts	If the case had contacts at risk of infection, record the number of contacts in each category that were identified, offered/given antibiotics and offered/given a vaccine. Specify the type of 'Other' close contacts. If any contacts were vaccinated, specify which vaccine(s) were given.