

Meningococcal Disease Surveillance Worksheet

NAME		ADDRESS (Street and No.)		Phone	Hospital Record No.	
(last) _____		(first) _____		_____	_____	
This information will not be sent to CDC						
REPORTING SOURCE TYPE		NAME		SUBJECT ADDRESS CITY		
<input type="checkbox"/> physician <input type="checkbox"/> PH clinic		ADDRESS _____		SUBJECT ADDRESS STATE _____		
<input type="checkbox"/> nurse <input type="checkbox"/> laboratory		ZIP CODE _____		SUBJECT ADDRESS COUNTY _____		
<input type="checkbox"/> hospital <input type="checkbox"/> other clinic		PHONE (____) _____		SUBJECT ADDRESS ZIP CODE _____		
<input type="checkbox"/> other source type _____				LOCAL SUBJECT ID _____		
CASE INFORMATION						
Date of Birth ____-____-____ <small>month day year</small>		Country of Birth _____		Other Birth Place _____	Country of Usual Residence _____	
Ethnic Group H=Hispanic or Latino N=Not Hispanic/Latino O=Other _____ U=Unknown <input type="checkbox"/>				Sex M=male F=female U=unknown <input type="checkbox"/>		
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 ____-____-____ <small>month day year</small>		Date First Reported to PHD ____-____-____ <small>month day year</small>		National Reporting Jurisdiction _____		
Earliest Date Reported to County ____-____-____ (mm/dd/yyyy)			Earliest Date Reported to State ____-____-____ (mm/dd/yyyy)			
Case Class Status <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspected <input type="checkbox"/> Not a Case <input type="checkbox"/> 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 <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						
CLINICAL INFORMATION						
Illness Onset Date ____-____-____ <small>month day year</small>		Illness End Date ____-____-____ <small>month day year</small>		Illness Duration _____	Duration Units* _____	
Illness Onset Age [][]		Illness Onset Age Units* [][]		Diagnosis Date ____-____-____ (mm/dd/yyyy)		
Hospitalized? Y=yes N=no U=unknown <input type="checkbox"/>		Hospital Admission Date ____-____-____ <small>month day year</small>		Hospital Discharge Date ____-____-____ <small>month day year</small>		
Duration of Hospital Stay 0 – 998 999=unknown [][] (days)			Pregnancy Status 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						
Did patient have any underlying causes or prior illnesses? Y=yes N=no U=unknown <input type="checkbox"/> If "yes" select conditions below:						
Underlying Conditions						
Y	N	U	Y	N	U	
AIDS			Congestive heart failure			
Alcohol abuse			Connective tissue disorder			
Asthma			Coronary arteriosclerosis			
Blood cancer			Corticosteroids			
Bone marrow transplant			CSF leak			
Broken skin			Current chronic dialysis			
Cancer			Current smoker			
Cancer treatment			Deaf/profound hearing loss			
Cerebrovascular accident			Dementia			
Chronic hepatitis C			Diabetes mellitus			
Chronic respiratory disease			Emphysema/COPD			
Cirrhosis/liver failure			Former smoker			
Cochlear prosthesis			Hodgkin's disease			
Complement deficiency			HIV infection			
			Immunglobulin deficiency			
			Immunosuppressive therapy			
			Intravenous drug user			
			Kidney disease			
			Leukemia			
			Missing spleen			
			Multiple myeloma			
			Multiple sclerosis			
			Myocardial infarction			
			Nephrotic syndrome			
			Neuromuscular disorder			
			None			
			Obesity			
			Paralysis			
			Parkinson's disease			
			Peptic ulcer			
			Peripheral neuropathy			
			Peripheral vascular disease			
			Premature birth			
			Renal failure/dialysis			
			Seizure disorder			
			Sickle cell trait			
			Solid organ malignancy			
			Solid organ transplant			
			Splenectomy/asplenia			
			Systemic lupus erythematosus			
			Trouble swallowing			
			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			Vomit/d		
	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 ABCs Case ID _____

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

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	COLLEGE LIVING SITUATION	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 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) Subject Died? yes no unknown

Live birth/neonatal death	Survived, clinical infection	Still pregnant	Unknown	Deceased Date _____ mm/dd/yyyy
Induced abortion	Survived, no apparent illness	Abortion/still birth		

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	TYPE OF INSURANCE	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 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 <small>mm dd yyyy</small>	Test Result Quantitative	Result Units	Test Method	Test Manufacturer	Date Specimen Sent to CDC <small>mm dd yyyy</small>	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 13=liver 25=pleural fluid 2=BAL 14=lung 26=purpuric lesions 3=blood 15=lymph node 27=respiratory secretion 4=bone 16=middle ear 28=serum 5=brain 17=muscle/fascia/tendon 29=sinus 6=CSF 18=NP swab 30=spleen 7=heart 19=oropharyngeal swab 31=sputum 8=other (specify) 20=ovary 32=stool 9=unknown 21=pancreas 33=tracheal aspirate 10=internal body site 22=pericardial fluid 34=urine 11=joint 23=peritoneal fluid 35=vascular tissue 12=kidney 24=placenta 36=vitreous 37=wound	SEROGROUP METHOD 1=culture 2=PCR 3=slide agglutination 8=other 9=unknown SEROGROUP 1=A 3=C 5=X 7=not-groupable 9=unknown 2=B 4=W135 6=Y 8=other (specify) 10=not tested
	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 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
	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=Resistant 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 <small>month day year</small>	Vaccine Manuf	Vaccine Lot Number	National Drug Code	Vaccine Expiration Date <small>month day year</small>	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 163=men. B, OMV(Bexsero) 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
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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 <input type="checkbox"/>	Legacy Case ID _____
State Case ID _____	Local Record ID _____	Jurisdiction Code _____	Binational Reporting Criteria _____
Date First Verbal Notification to CDC _____ <small>month day year</small>		Date Notification First Electronically Submitted _____ <small>month day year</small>	
Date of Electronic Case (this version) Notification to CDC _____ <small>month day year</small>		MMWR Week _____	MMWR Year _____
Notification Result Status F = Final C = Record is a correction X = Results cannot be obtained <input type="checkbox"/>			
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/>