### Meningococcal Disease Surveillance Worksheet

#### CASE INFORMATION

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Country of Birth</th>
<th>Other Birth Place</th>
<th>Country of Usual Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ ___ ___ ___</td>
<td>___ ___ ___ ___</td>
<td>___ ___ ___ ___</td>
<td>___ ___ ___ ___</td>
</tr>
</tbody>
</table>

#### Ethnic Group

- H=Hispanic or Latino
- N=Not Hispanic/Latino
- O=Other
- U=Unknown

#### Race

- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Pacific Islander
- White
- Other
- Not asked
- Unknown
- Refused to answer

#### Age at Case Investigation

<table>
<thead>
<tr>
<th>Age Unit</th>
<th>Reporting County</th>
<th>Reporting State</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ ___ ___ ___</td>
<td>___ ___ ___ ___</td>
<td>___ ___ ___ ___</td>
</tr>
</tbody>
</table>

#### Date Reported

<table>
<thead>
<tr>
<th>Date</th>
<th>Reporting County</th>
<th>Reporting State</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ ___ ___ ___</td>
<td>___ ___ ___ ___</td>
<td>___ ___ ___ ___</td>
</tr>
</tbody>
</table>

#### Earliest Date Reported to County

<table>
<thead>
<tr>
<th>Date</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ ___ ___ ___</td>
<td>___ ___ ___ ___</td>
</tr>
</tbody>
</table>

#### Case Investigation Start Date

<table>
<thead>
<tr>
<th>Date</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ ___ ___ ___</td>
<td>___ ___ ___ ___</td>
</tr>
</tbody>
</table>

#### CLINICAL INFORMATION

#### Illness Onset and End Date

<table>
<thead>
<tr>
<th>Date</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ ___ ___ ___</td>
<td>___ ___ ___ ___</td>
</tr>
</tbody>
</table>

#### Hospital Admission Date

<table>
<thead>
<tr>
<th>Date</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ ___ ___ ___</td>
<td>___ ___ ___ ___</td>
</tr>
</tbody>
</table>

#### Hospital Discharge Date

<table>
<thead>
<tr>
<th>Date</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ ___ ___ ___</td>
<td>___ ___ ___ ___</td>
</tr>
</tbody>
</table>

#### Duration of Hospital Stay

<table>
<thead>
<tr>
<th>Count</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ ___ ___ ___</td>
<td>___ ___ ___ ___</td>
</tr>
</tbody>
</table>

#### Duration Units

<table>
<thead>
<tr>
<th>Count</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>a=year</td>
<td>d=day</td>
</tr>
<tr>
<td>a=year</td>
<td>d=day</td>
</tr>
</tbody>
</table>

#### Diagnosis Date

<table>
<thead>
<tr>
<th>Date</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ ___ ___ ___</td>
<td>___ ___ ___ ___</td>
</tr>
</tbody>
</table>

#### Pregnancy Status

<table>
<thead>
<tr>
<th>Count</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y=yes</td>
<td>N=no</td>
</tr>
</tbody>
</table>

#### Did patient have any underlying causes or prior illnesses?

<table>
<thead>
<tr>
<th>Count</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y=yes</td>
<td>N=no</td>
</tr>
</tbody>
</table>

#### Underlying Conditions

- AIDS
- Alcohol abuse
- Asthma
- Blood cancer
- Bone marrow transplant
- Broken skin
- Cancer
- Cancer treatment
- Cerebrovascular accident
- Chronic hepatitis C
- Chronic respiratory disease
- Cirrhosis/liver failure
- Cochlear prosthesis
- Complement deficiency
- Congestive heart failure
- Connective tissue disorder
- Coronary arteriosclerosis
- Corticosteroids
- CSF leak
- Current chronic dialysis
- Current smoker
- Deaf/profound hearing loss
- Dementia
- Diabetes mellitus
- Emphysema/COPD
- Former smoker
- Hodgkin’s disease
- Immune globulin 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
- Systemic lupus erythematosus
- Trouble swallowing
- Unknown

* [Y=yes N=no U=unknown]

---

**JUL 2021**
### SYMPTOMS DURING COURSE OF ILLNESS

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal illness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photophobia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rash</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stiff neck</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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
- Endomitrritis
- Necrotizing fasciitis
- Peritonitis
- Unknown

(Y=yes  N=no  U=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

### Does this patient attend a day care facility?  Y=yes  N=no  U=unknown

### Does this patient reside in a long-term care facility?  Y=yes  N=no  U=unknown

### 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

---

### BRCAS ID

### ABCs Case ID

---

### COLLEGE LIVING SITUATION

<table>
<thead>
<tr>
<th>Grade in School</th>
<th>Dormitory</th>
<th>Off campus at home</th>
<th>Off campus private housing</th>
<th>Off campus house/apartment with roommate(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshman</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate student</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sophomore</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Y=yes  N=no  U=unknown)

### HEIGHT UNITS

- centimeter
- inch

### WEIGHT UNITS

- ounce
- pound
- gram
- kilogram

### Weight at Diagnosis

### Height at Diagnosis

---

### 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)

<table>
<thead>
<tr>
<th>Subject Died?</th>
<th>Y=yes  N=no  U=unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live birth/neonatal death</td>
<td></td>
</tr>
<tr>
<td>Induced abortion</td>
<td></td>
</tr>
<tr>
<td>Survived, clinical infection</td>
<td></td>
</tr>
<tr>
<td>Still pregnant</td>
<td></td>
</tr>
<tr>
<td>Abortion/still birth</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

### Deceased Date

<table>
<thead>
<tr>
<th>Deceased Date</th>
<th>___ ___ ___ ___  ___ ___ ___ ___</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yyyy</td>
<td></td>
</tr>
</tbody>
</table>

### If patient <1 month of age:

- Gestational age (weeks)
- Birth weight

### Was the patient homeless at time of symptom onset?

- Yes
- No
- Unknown

---

### RESIDENCE LOCATION AT TIME OF INITIAL CULTURE

<table>
<thead>
<tr>
<th>Location</th>
<th>College dorm</th>
<th>Homeless</th>
<th>Long-term acute care</th>
<th>Nonmedical ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of Initial Culture</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Has patient had sex with a male in the past 12 months?

- Yes
- No
- Unknown
- did not ask
- refused to answer

---

### 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

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Incarcerated</th>
<th>Managed care (unspecified)</th>
<th>Indian Health Service</th>
<th>Other (specify)</th>
<th>Military/VA</th>
<th>MEDICAID</th>
<th>MEDICARE</th>
<th>Uninsured</th>
</tr>
</thead>
</table>

### IMPORTATION AND EXPOSURE INFORMATION

<table>
<thead>
<tr>
<th>Imported Country</th>
<th>Imported State</th>
<th>Imported County</th>
<th>Imported City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country of Exposure</td>
<td>State or Province of Exposure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City of Exposure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outbreak related?</th>
<th>Y=yes  N=no  U=unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outbreak Name</td>
<td></td>
</tr>
</tbody>
</table>

| Transmission Mode | |

---

Page 2 of 5
### Bacterial Species Isolated
- Neisseria meningitidis
- Haemophilus influenzae
- Group B streptococcus
- Strepococcus pneumoniae
- Listeria monocytenes
- Group A streptococcus
- Other (specify)

### Laboratory Information

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Test Result</th>
<th>Date Specimen Collected</th>
<th>Test Result Quantitative</th>
<th>Date Specimen Sent to CDC</th>
<th>Specimen Type</th>
<th>Serogroup Method</th>
<th>Lab Accession Number (including CDC Lab ID)</th>
<th>Performing Laboratory Name</th>
<th>Performing Lab Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab Accession Number (including CDC Lab ID)</td>
<td>Performing Laboratory Name</td>
<td>Performing Lab Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Laboratory Testing Codes

#### Lab Test Type Codes
- 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 Codes
- 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=opharyngeal 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=spumum
- 32=stool
- 33=tracheal aspirate
- 34=urine
- 35=vascular tissue
- 36= vitreous
- 37=wound

#### Serogroup Method Codes
- 1=culture
- 2=PCR
- 3=slide agglutination
- 8=other
- 9=unknown

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

#### Result Test Interpretation Codes
- P=positive
- N=negative
- I=indeterminate
- P=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 Codes
- 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

### Laboratory Susceptibility Testing

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

<table>
<thead>
<tr>
<th>Antimicrobial Susceptibility Test Type</th>
<th>Test Method</th>
<th>Susceptibility Interpretation</th>
<th>Performing Laboratory Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Susceptibility Test Method Codes

<table>
<thead>
<tr>
<th>A=AGAR</th>
<th>Agar dilution method</th>
</tr>
</thead>
<tbody>
<tr>
<td>B=BROTH</td>
<td>Broth dilution method</td>
</tr>
<tr>
<td>DISK</td>
<td>DISK dilution (Kirby Bauer)</td>
</tr>
<tr>
<td>G=whole genome sequencing</td>
<td></td>
</tr>
<tr>
<td>I=Automated testing instrument</td>
<td></td>
</tr>
<tr>
<td>S=STRIP</td>
<td>Gradient strip (E-test)</td>
</tr>
</tbody>
</table>

### Susceptibility Interpretation Codes

<table>
<thead>
<tr>
<th>S=Susceptible</th>
<th>I=Intermediate</th>
<th>N=Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>R=Resistant</td>
<td>NR=Not resistant</td>
<td>UNK=Unknown</td>
</tr>
</tbody>
</table>

### Susceptibility Testing Performing Laboratory Type

<table>
<thead>
<tr>
<th>1=CDC lab</th>
<th>2=commercial lab</th>
<th>3=hospital lab</th>
<th>4=other clinical lab</th>
<th>5=public health lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>6=VPD testing lab</td>
<td>8=other (specify)</td>
<td>9=unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Vaccination History Information

#### Vaccine Type Codes
- 32=MPSV4 (Menomune)
- 103=men. C conjugate
- 108=men. ACWY, unspecified
- 114=MCV4 (Menactra)
- 136=MCV4O (Menveo)
- 147=MCV4 (Menrix)
- 148=men. C/Y-HIB PRP (MenHibrix)
- 162=men. B, recombinant (Trumeba)

#### Vaccine Manufacturer Codes
- BiH=Biolog Healthcare
- PK=Pluristem
- MN=Merck & Co., Inc.
- Nov=Novartis
- OTH=other
- SKB=GlaxoSmithKline
- WAL=Wyeth
- UNK=unknown

#### Vaccine Event Information Source Codes
- 1=Birth certificate
- 2=IIIS
- 3=New immunization record
- 4=Other provider
- 5=Other registry
- 6=IIS
- 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
- 15=Foreign visitor
- 16=Immigrant
- 17=Vaccine not available
- 18=Other

#### Reason not Vaccinated per ACIP
- 1=Religious exemption
- 2=Medical contraindication
- 3=Philosophical objection
- 4=Labor evidence of previous disease
- 5=MD diagnosis of previous disease
- 6=Too young
- 7=Parent/patient refusal
- 8=Other
- 9=Unknown
- 10=Parent/patient forgot to vaccinate
- 11=Vaccine record incomplete/unavailable
- 12=Parent/patient report of previous disease
- 13=Parent/patient unaware of recommendation
- 14=Missed opportunity
- 15=Foreign visitor
- 16=Immigrant
- 17=Vaccine not available
- 18=Other

### Case Notification

#### Condition Code
- 10150 Immediate National Notifiable Condition

#### Date First Verbal Notification to CDC
- __ __ __ __ __ __ __

#### Date Notification First Electronically Submitted
- __ __ __ __ __ __ __

#### Date of Electronic Case
- __ __ __ __ __ __ __

#### Legacy Case ID

#### MMWR Week

#### MMWR Year

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

#### Current Occupation
- ____________________________

#### Current Industry
- ____________________________

#### Person Reporting to CDC Name
- ________________ (first)
- ________________ (last)

#### Person Reporting to CDC Email
- ____________________

#### Person Reporting to CDC Phone Number
- ___________ ___________ 

### Comments
<table>
<thead>
<tr>
<th>SUSPECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clinical purpura fulminans in the absence of a positive blood culture; or</td>
</tr>
<tr>
<td>• Gram-negative diplococci, not yet identified, isolated from a normally sterile body site (e.g., blood or CSF)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROBABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Detection of <em>N. meningitidis</em> antigen</td>
</tr>
<tr>
<td>o In formalin-fixed tissue by immunohistochemistry (IHC); or</td>
</tr>
<tr>
<td>o In CSF by latex agglutination</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONFIRMED</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Detection of <em>N. meningitidis</em>-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</td>
</tr>
<tr>
<td>• Isolation of <em>N. meningitidis</em></td>
</tr>
<tr>
<td>o From a normally sterile body site (e.g., blood or CSF, or less commonly, synovial, pleural, or pericardial fluid); or</td>
</tr>
<tr>
<td>o From purpuric lesions.</td>
</tr>
</tbody>
</table>

\[1\text{https://www.cdc.gov/nndss/conditions/meningococcal-disease/case-definition/2015/}\]