Meningococcal Disease Surveillance Worksheet

DEMOGRAPHIC INFORMATION

1. Patient Date of Birth
   MONTH   DAY   YEAR
   PID-7

2. Reported Age:
   YEARS OBX-6 for 77998-3 DAYS
   HOURS MONTHS
   WEEKS UNKNOWN
   PID-8

3. Sex MALE   FEMALE   UNKNOWN
   PID-8

4. Ethnicity HISPANIC   NOT HISPANIC   UNKNOWN
   PID-22

5. Race American Indian or Alaskan Native   White
   Other 32624-9
   Asian   Black or African American
   Unknown   Native Hawaiian or Other Pacific Islander
   PID-10

6. Identification Information as of
   MONTH   DAY   YEAR
   Type ________________________   Assigning Authority ______________
   ID Value ________________________________

INVESTIGATION

7. Jurisdiction: 77969-4

8. Program Area (state assigned): ________________

9. State class ID number: 77993-4

10. Investigation start date MONTH   DAY   YEAR
    77999-4

11. Investigation status Open   Closed
    INV109

12. Share record with guests of this jurisdiction and program area?
    Yes   No

13. Type of insurance
    □ 1 MEDICARE
    □ PHC68 MILITARY VA
    □ 2 MEDICAID/STATE ASSISTANCE PROGRAM
    □ 331 INDIAN HEALTH SERVICE (HIS)
    □ 424553001 NO HEALTHCARE COVERAGE
    □ 5 PRIVATE/HMO/PPO/MANAGED CARE PLAN
    □ 6 UNKNOWN

14. Weight lbs   oz   kg
    3141-9 unknown

15. Height Ft   in
    3137-7 unknown

REPORTING SOURCE

16. Date of report MONTH   DAY   YEAR
    77995-9

17. Source name: ________________

18. City: ________________

19. State: 77966-0 Zip +4 52831-5

20. County: 77967-8

21. Person ID: ________________

22. E-mail: ________________

23. Telephone: ________________

24. Extension: ________________

CLINICAL

25. Last name: ________________

26. First name: ________________

27. Date of report

28. Source name: ________________

29. City: ________________

30. State: 77966-0 Zip +4 52831-5

31. County: 77967-8

32. Person ID: ________________

33. E-mail: ________________

34. Telephone: ________________

35. Extension: ________________

36. Last name: ________________

37. First name: ________________

38. Date of report

39. Source name: ________________

40. City: ________________

41. State: 77966-0 Zip +4 52831-5

42. County: 77967-8

43. Person ID: ________________

44. E-mail: ________________

45. Telephone: ________________

46. Extension: ________________
### HOSPITAL

36. Was the patient hospitalized for this illness? [ ] Yes  [ ] No  [ ] Unknown

37. Hospital name: ____________________________

38. Hospital ID: ________________

39. Hospital ID Type: ____________________________

40. Admission Date: [ ] MONTH [ ] DAY [ ] YEAR 41. Discharge Date: [ ] MONTH [ ] DAY [ ] YEAR

42. Total duration of stay within hospital: [ ] Days

43. Hospital/lab ID where culture identified:

44a. Was patient transferred from another hospital? [ ] Yes  [ ] No  [ ] Unknown

44b. If Yes, hospital ID:

45. Illness Onset Date: [ ] MONTH [ ] DAY [ ] YEAR

46. Illness End Date: [ ] MONTH [ ] DAY [ ] YEAR

47. Types of infection caused by organism (CHECK ALL THAT APPLY)

- Bacteremia
- Abscess
- Empyema
- Meningitis
- Peritonitis
- Endocarditis
- Otitis media
- Pericarditis
- Endometritis
- Cellulitis
- Septic abortion
- Necrotizing fasciitis
- Epiglottitis
- Septic arthritis
- Puerperal sepsis
- Hemolytic Uremic Syndrome (HUS)
- Osteomyelitis
- Other infection (specify)

48a. Bacterial species isolated from any normally sterile site (CHECK ALL THAT APPLY)

- Neisseria meningitidis
- Listeria monocytogenes
- Haemophilus influenzae
- Group A streptococcus
- Group B streptococcus
- Streptococcus pneumoniae

48b. Other bacterial species isolated from any normally sterile site

49. Sterile sites from which organism isolated (CHECK ALL THAT APPLY)

- Blood
- Peritoneal fluid
- Bone
- CSF
- Pericardial fluid
- Muscle
- Pleural fluid
- Joint

50. Date first positive culture obtained (date specimen drawn)

51. Other nonsterile sites from which organism isolated (CHECK ALL THAT APPLY)

- Placenta
- Middle ear
- Amniotic fluid
- Sinus
- Wound
- Other nonsterile site

52. Underlying causes or prior illness (CHECK ALL THAT APPLY)

- Current smoker
- Hodgkin’s disease
- HIV infection
- Heart failure/CHF
- Multiple myeloma
- Asthma
- AIDS or CD4 count <200
- Obesity
- Sickle cell anemia
- Emphysema/COPD
- Cochlear implant
- CSF leak
- Splenectomy/asplenia
- Systemic lupus erythematosus (SLE)
- Deaf/profound hearing loss
- IVDU
- Immunoglobulin deficiency
- Diabetes mellitus
- Cirrhosis/liver failure
- Complement deficiency
- Immunosuppressive therapy (Steroids, Chemotherapy, Radiation)
- Nephrotic syndrome
- Alcohol abuse
- Atherosclerotic Cardiovascular Disease (ASCVD)/(CAD)

53. Was patient pregnant/postpartum at time of first positive culture? [ ] Yes  [ ] No  [ ] Unknown

If Yes, outcome of fetus:

- Survived, no apparent illness
- Live birth/neonatal death
- Induced abortion
- Abortion/stillbirth
- Unknown

54. Is the patient <1 month of age? [ ] Yes  [ ] No  [ ] Unknown

If yes, time of birth: ____________

- Gestational age: [ ] wks
- Birth weight: [ ] gms
- Other:

55. Did the patient die from this illness? [ ] Yes  [ ] No
56. What was the serogroup? [INV705]

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>W135</th>
<th>Not groupable</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>224311000</td>
</tr>
</tbody>
</table>

57. How was the case identified?

Specify IHC Specimen 1: BMD309  
Specify IHC Specimen 2: BMD310  
Specify IHC Specimen 3: BMD311  
Specify PCR source: BMD398  
Other Sterile Site: BMD162  
Other Identification Method: BMD163

If case identified by non-culture method, date sample collected for diagnostic testing: BMD307 ___/___/____  

Is this a secondary case? [INV1093] BMD271  
Specify Type: BMD272  
Specify Other: BMD273

58. Is patient currently attending college (15-24 years only)? [224311000]

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>224311000</td>
</tr>
</tbody>
</table>

Year of school: 64990-5  
Full-time or Part-time:  
[ ] Full-time  [ ] Part-time

Name of College/University: [INV1092]  
Housing: [INV1091]  
Other Housing:  

59. Did the patient ever receive a meningococcal (conjugate or Polysaccharide) vaccine? [VAC126]

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

**VACCINATION RECORD**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Administered (mm/dd/yyyy)</th>
<th>Given by: Last Name/First Name</th>
<th>Organization Name/ID</th>
<th>Lot Number</th>
<th>Expiration Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30956-7</td>
<td>30952-6</td>
<td></td>
<td></td>
<td>30959-1</td>
<td>VAC109</td>
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</tbody>
</table>

Menomune, tetravalent meningococcal polysaccharide vaccine

Menactra, tetravalent meningococcal conjugate vaccine

Other (specify)

Not known

**EPIDEMIOLOGIC**

60. Does this patient [CHECK ALL THAT APPLY]

* Day care* facility? [INV615]  
[ ] Yes  [ ] No  [ ] Unknown  Facility Name  

*DAY CARE IS DEFINED AS A SUPERVISED GROUP OF 2 OR MORE UNRELATED CHILDREN FOR >4 HOURS PER WEEK.*

Reside in a long term care facility? [INV636]  
[ ] Yes  [ ] No  [ ] Unknown  Facility Name

61. Is this case part of an outbreak? [77980-1]  
[ ] Yes  [ ] No  [ ] Unknown  Outbreak name 77981-9

Where was this disease acquired?

<table>
<thead>
<tr>
<th>Imported Country:</th>
<th>Imported City:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[INV153]</td>
<td>[INV153]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Imported State:</th>
<th>Imported County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[INV154]</td>
<td>[INV156]</td>
</tr>
</tbody>
</table>

**CONFIRMATION METHOD**

62. Case status: [77990-0]  
[ ] Confirmed  [ ] Not a case  [ ] Probable  [ ] Suspect

63. Does this case have recurrent disease with the same pathogen? [INV976]  
[ ] Yes  [ ] No  [ ] Unknown

<table>
<thead>
<tr>
<th>If yes, previous (1st) state I.D.</th>
</tr>
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<tbody>
<tr>
<td>[ ]</td>
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</table>

**CRF Status** [INV656]  
[ ] Complete  [ ] Incomplete  [ ] Edited & Correct  
Chart unavailable after 3 requests

General Comments: 77999-1

__________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________