## Enhanced Meningococcal Disease Surveillance
### Data Collection Guidance Worksheet

**NNDSS Case ID: ___________________** | **State ID: ___________________** | **Laboratory ID: ____________**

| DOB: / / | OR | Age: _______ years old | Case Status: [ ] Confirmed  [ ] Probable |
| Event date: / / |

**Lab confirmation method:**
- [ ] Culture
- [ ] PCR
- [ ] Latex
- [ ] Other
- [ ] Unknown

**Serogroup:**
- [ ] A
- [ ] B
- [ ] C
- [ ] D
- [ ] E
- [ ] W
- [ ] X
- [ ] Y
- [ ] Not groupable
- [ ] Other (specify): ________

**Case Status:**
- [ ] Confirmed
- [ ] Probable

**Source:**
- [ ] Blood
- [ ] CSF
- [ ] Other (specify): ________

**Test used to serogroup:**
- [ ] Slide agglutination (SASG)
- [ ] PCR
- [ ] WGS
- [ ] Other

**Symptoms:**
- [ ] Yes
- [ ] No
- [ ] Unknown

<table>
<thead>
<tr>
<th>Headache</th>
<th>Fever</th>
<th>Stiff neck</th>
<th>Photophobia</th>
<th>Nausea</th>
<th>Vomiting</th>
<th>Diarrhea</th>
<th>Sore throat</th>
<th>Rash</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Rash type:**
- [ ] Petechiae
- [ ] Purpuria
- [ ] Other
- [ ] Unknown

**Outcome:**
- [ ] Survived
- [ ] Died
- [ ] Unknown

**Outbreak/Cluster Related:**
- [ ] Yes
- [ ] No
- [ ] Unknown

**Homeless:**
- [ ] Yes
- [ ] No
- [ ] Unknown

**College Student:**
- [ ] Yes
- [ ] No
- [ ] Unknown

*If yes, please complete the following questions*

**Year in School:**
- [ ] Freshman
- [ ] Sophomore
- [ ] Junior
- [ ] Senior
- [ ] Graduate Student
- [ ] Other
- [ ] Unknown

**Residence Type:**
- [ ] On Campus
- [ ] Off Campus
- [ ] Unknown

**Greek Life:**
- [ ] Yes
- [ ] No
- [ ] Unknown

**HIV Status:**
- [ ] Positive
- [ ] Negative
- [ ] Unknown

**MSM (men who have sex with men) - Complete these variables for any male cases 16 years of age and older.**

During the past 12 months, have you had sex with only males, only females, or with both males and females?

- [ ] Males only
- [ ] Females only
- [ ] Both males and females
- [ ] Not sexually active
- [ ] Unknown
- [ ] Refused

**MSM not otherwise specified:**
- [ ] Yes
- [ ] No
- [ ] Unknown

**Taking complement inhibitor:**
- [ ] Yes, eculizumab/Soliris
- [ ] Yes, ravulizumab/Ultomiris
- [ ] No
- [ ] Unknown

*If yes, please complete the complement inhibitor case information table below*

### COMPLEMENT INHIBITOR CASE INFORMATION*

**Indication for complement inhibitor treatment:**
- [ ] Paroxysmal nocturnal hemoglobinuria (PNH)
- [ ] Generalized myasthenia gravis (gMG)
- [ ] Atypical hemolytic uremic syndrome (aHUS)
- [ ] Other: ______________________

**Date complement inhibitor treatment started:** / /  [ ] Unknown

**Date complement inhibitor treatment ended:** / /  [ ] Ongoing  [ ] Unknown

**Hospitalized?**
- [ ] Yes ( ___ ) days
- [ ] No
- [ ] Unknown

**Sequelae:**
- [ ] Yes: ______________________
- [ ] No
- [ ] Unknown

**Was the patient taking antibiotics at the time of disease onset?**
- [ ] Yes
- [ ] No
- [ ] Unknown

*If yes:*

| Antibiotic: ___________________ | Date antibiotic started: / / | Daily dose: ________ |

**COMPLEMENT INHIBITOR CASE INFORMATION**

*These variables are part of a supplemental data collection activity that is NOT part of NNDSS meningococcal disease surveillance. This is included as a convenience for jurisdictions who choose to participate in this supplemental data collection.*
## VACCINATION INFORMATION

Did the patient receive quadrivalent meningococcal vaccine? □ Yes □ No □ Unknown

Did the patient receive serogroup B meningococcal vaccine? □ Yes □ No □ Unknown

*If yes to either, please complete the table below for each dose*

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Name</th>
<th>Lot Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2019</td>
<td>MenACWY</td>
<td>MenB</td>
<td>Other: ____________________</td>
</tr>
<tr>
<td>Jan 2019</td>
<td>MenACWY</td>
<td>MenB</td>
<td>Other: ____________________</td>
</tr>
<tr>
<td>Jan 2019</td>
<td>MenACWY</td>
<td>MenB</td>
<td>Other: ____________________</td>
</tr>
<tr>
<td>Jan 2019</td>
<td>MenACWY</td>
<td>MenB</td>
<td>Other: ____________________</td>
</tr>
<tr>
<td>Jan 2019</td>
<td>MenACWY</td>
<td>MenB</td>
<td>Other: ____________________</td>
</tr>
<tr>
<td>Jan 2019</td>
<td>MenACWY</td>
<td>MenB</td>
<td>Other: ____________________</td>
</tr>
</tbody>
</table>