

Meningococcal Disease Surveillance Worksheet

NAME _____ (last) _____ (first)		ADDRESS (Street and No.) _____		Phone _____	Hospital Record No. _____	
This information will not be sent to CDC						
REPORTING SOURCE TYPE <input type="checkbox"/> physician <input type="checkbox"/> PH clinic <input type="checkbox"/> nurse <input type="checkbox"/> laboratory <input type="checkbox"/> hospital <input type="checkbox"/> other clinic <input type="checkbox"/> other source type _____		NAME _____ ADDRESS _____ ZIP CODE _____ PHONE (____) _____		SUBJECT ADDRESS CITY _____ SUBJECT ADDRESS STATE _____ SUBJECT ADDRESS COUNTY _____ SUBJECT ADDRESS ZIP CODE _____ LOCAL SUBJECT ID _____		
CASE INFORMATION						
Date of Birth ____-____-____ month day year		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 <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not asked <input type="checkbox"/> Refused to answer <input type="checkbox"/> Other <input type="checkbox"/> Unknown						
Age at Case Investigation _____		Age Unit* _____	Reporting County _____		Reporting State _____	
Date Reported ____-____-____ month day year		Date First Reported to PHD ____-____-____ month day year		National Reporting Jurisdiction _____		
Earliest Date Reported to County ____-____-____ (mm/dd/yyyy)			Earliest Date Reported to State ____-____-____ (mm/dd/yyyy)			
State Case ID _____		ABCs Case ID _____		Chart unavailable after 3 requests	Complete	
Is this a secondary case? Y=yes N=no U=unknown <input type="checkbox"/>			CASE REPORT FORM STATUS		Quality assurance review change	
Case Investigation Start Date ____-____-____ (mm/dd/yyyy)					Edited & correct	Incomplete
CASE INVESTIGATION STATUS CODE		Approved	Deleted	Notified	Ready for review	
		Closed	In progress	Rejected	Other _____	
CLINICAL INFORMATION						
Illness Onset Date ____-____-____ month day year		Illness End Date ____-____-____ month day year		Illness Duration _____	Duration Units* _____	
Illness Onset Age <input type="text"/> <input type="text"/> <input type="text"/>		Illness Onset Age Units* <input type="text"/> <input type="text"/>		Date of Diagnosis ____-____-____ month day year	Pregnancy Status <input type="checkbox"/> Y=yes N=no U=unknown	
Hospitalized? Y=yes N=no U=unknown <input type="checkbox"/>		Hospital Admission Date ____-____-____ month day year		Hospital Discharge Date ____-____-____ month day year		
Duration of Hospital Stay 0-998 999=unknown ____ (days)			Epi-linked to a laboratory-confirmed case? Y=yes N=no U=unknown <input type="checkbox"/>			
SIGNS and SYMPTOMS	Y N U	Y N U	Y N U	Y N U	Y N U	
	Chills	Fever	Gastrointestinal illness	Pneumonia	Vomiting	
	Cough	Headache	Muscle pain	Rash	Unknown	
	Diarrhea	Nausea	Photophobia	Stiff neck	Other _____	
Did patient have any underlying causes or prior illnesses? Y=yes N=no U=unknown <input type="checkbox"/> If "yes" select below:						
Y N U		Y N U		Y N U		
AIDS	Congestive heart failure	Immunoglobulin deficiency	Parkinson's disease			
Alcohol abuse	Connective tissue disorder	Immunosuppressive therapy	Peptic ulcer			
Asthma	Coronary arteriosclerosis	Intravenous drug user	Peripheral neuropathy			
Blood cancer	Corticosteroids	Kidney disease	Peripheral vascular disease			
Bone marrow transplant	CSF leak	Leukemia	Premature birth			
Broken skin	Current chronic dialysis	Missing spleen	Renal failure/dialysis			
Cancer	Current smoker	Multiple myeloma	Seizure disorder			
Cancer treatment	Deaf/hearing loss	Multiple sclerosis	Sickle cell trait			
Cerebrovascular accident	Dementia	Myocardial infarction	Solid organ malignancy			
Chronic hepatitis C	Diabetes mellitus	Nephrotic syndrome	Solid organ transplant			
Chronic respiratory disease	Emphysema/COPD	Neuromuscular disorder	Splnectomy/asplenia			
Cirrhosis/liver failure	Former smoker	None	Systemic lupus erythematosus			
Cochlear prosthesis	Hodgkin's disease	Obesity	Trouble swallowing			
Complement deficiency	HIV infection	Paralysis	Unknown			
[Y=yes; N=no; U=unknown]			Other (specify) _____			

TYPES OF INFECTION CAUSED BY ORGANISM	Abortion with sepsis	Cellulitis	Epiglottitis	Osteomyelitis	Pneumonia
	Abcess (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

Did patient die from this illness or associated complications? Y=yes N=no U=unknown Deceased Date ____/____/____ (mm/dd/yyyy)

*UNITS a=year d=day h=hour min=minute mo=month s=second wk=week UNK=unknown

	Y	N	U	RESIDENCE LOCATION AT TIME OF INITIAL CULTURE	College dormitory	Long term care facility
Does this patient attend a day care facility?					Home	Long term acute care
Does this patient reside in a long-term care facility?					Homeless	Nonmedical ward
Was patient homeless at the time of symptom onset?					Incarcerated	Unknown
Had sex with a female in the past 12 months?					Other (specify) _____	

Had sex with a male in the past 12 months? Y N U **Number of male sex partners (in 3 months prior to onset)?** ____
 Was patient taking eculizumab (Soliris) at time of onset? Y N U **HIV Status** positive negative unknown

Was patient taking Ravulizumab (Ultomiris) at time of onset?				COLLEGE LIVING SITUATION	Dormitory	Off campus with roommates
Is patient (15-24 years only) currently attending college?					Other	Off campus private housing
Grade in school <input type="checkbox"/> freshman <input type="checkbox"/> graduate <input type="checkbox"/> senior <input type="checkbox"/> other <input type="checkbox"/> unknown					Unknown	Off campus at home
Name of college/university _____					On campus private room	

Weight at Diagnosis **Weight Units** gram kilogram ounce pound
Height at Diagnosis **Height Units** centimeter Inch

Recurrent disease with same pathogen? Y=yes N=no U=unknown State ID of 1st occurrence for this pathogen _____

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)

FETAL OUTCOME	Abortion/still birth	Live birth/neonatal death	Survived, clinical infection	Unknown
	Induced abortion	Still pregnant	Survived, no apparent illness	

INFANT INFORMATION [if patient <1 month of age] **Gestational Age** (weeks) **Birth Weight** **Birth Weight Units** Gram Kilogram Ounce Pound

TYPE OF INSURANCE	Incarcerated	Managed care (unspecified)	MEDICAID	Uninsured
	Indian Health Service	Other (specify) _____	MEDICARE	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 _____

Laboratory Testing Done to Confirm the Diagnosis? Y=Yes N=No U=Unknown

Bacterial species isolated _____

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	Performing Laboratory Name	Performing Lab Type

LABORATORY TESTING CODES

LAB TEST TYPE 1=antigen 2=susceptibility 3=culture 4=genotyping 5=immunohistochemistry 6=latex agglutination 7=PCR 8=other (specify) 9=unknown 10=serotyping 11=species confirmation 12=genome sequencing	SPECIMEN SOURCE 1=amniotic fluid 13=lymph node 25=serum 2=BAL 14=muscle/fascia/tendon 26=spleen 3=blood 15=NP swab 27=sputum 4=bone 16=oropharyngeal swab 28=stool 5=brain 17=ovary 29=tracheal aspirate 6=CSF 18=pancreas 30=urine 7=heart 19=pericardial fluid 31=vascular tissue 8=internal body site 20=peritoneal fluid 32=vitreous 9=joint 21=placenta 33=wound 10=kidney 22=pleural fluid 34=other 11=liver 23=purpuric lesions 35=unknown 12=lung 24=respiratory secretion			SEROGROUP METHOD 1=culture 2=PCR 3=slide agglutination 8=other 9=unknown
	SEROGROUP 1=A 2=B 3=C 4=E 5=W135 6=X 7=Y 8=not-groupable 9=other 10=unknown 11=not tested			
	TEST RESULT INTERPRETATION P=positive N=negative I=indeterminate E=pending S=significant rise in titer NS=no significant rise in titer Q=equivocal X=not done O=other U=unknown US=unsatisfactory V=vaccine type strain W=wild type strain			
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			LAB TEST METHOD A=Binex NOW Antigen Card B=BD Directigen BCT=Blood culture BC=BCID Blood culture panel MA=MALDI Biotyper ME=meningitis/encephalitis panel O=Other (specify) PT=Pheno Test BC Kit W=Wellcogen Rapid Antigen U=Unknown	

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

Antimicrobial Susceptibility Test Type	Antimicrobial Susceptibility Test Method	Susceptibility Interpretation	Performing Laboratory Type

ANTIMICROBIAL SUSCEPTIBILITY TEST METHOD CODES

A=AGAR Agar dilution method C=DISK DISK dilution (Kirby Bauer) S=STRIP Gradient strip (E-test)
 B=BROTH Broth dilution method G=whole genome sequencing I=Automated testing instrument

SUSCEPTIBILITY RESULT CODES

R=RESISTANT S=SUSCEPTIBLE I=INTERMEDIATE
 N=NOT DONE U=UNKNOWN NR=NOT RESISTANT

VACCINATION HISTORY INFORMATION

Vaccinated (has the case-patient ever received a vaccine against this disease)? Y=yes N=no U=unknown

Number of doses of vaccine against this disease received prior to illness onset 0-6 99=unknown (doses)

Date of last dose of vaccine 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	Vaccination Event Information Source	Vaccination Record Identifier	Age†	Age Units‡	Vaccine Dose Number

VACCINE TYPE CODES	VACCINE MANUFACTURER CODES	VACCINE EVENT INFORMATION SOURCE CODES	†Age at vaccination
32=MPSV4 (Menomune) 162=men. B, recombinant (Trumenba) 103=men. C conjugate 163=men. B, OMV(Bexsero) 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)	BHA=Baxter Healthcare PFR=Pfizer MSD=Merck & Co., Inc. PMC=Sanofi Pasteur NOV=Novartis SKB=GlaxoSmithKline OTH=other(specify) WAL=Wyeth UNK=unknown	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=unk

Reason not Vaccinated per ACIP

1 = religious exemption	5 = MD diagnosis of previous disease	9 = unknown	13 = parent/patient unaware of recommendation
2 = medical contraindication	6 = too young	10 = parent/patient forgot to vaccinate	14 = missed opportunity
3 = philosophical objection	7 = parent/patient refusal	11 = vaccine record incomplete/unavailable	15 = foreign visitor <input type="text"/>
4 = lab evidence of previous disease	8 = other _____	12 = parent/patient report of previous disease	16 = immigrant

Vaccine History Comments

CASE NOTIFICATION

CONDITION CODE **10150** **Immediate National Notifiable Condition** Y=yes N=no U=unknown **Legacy Case ID** _____

Local Record ID _____ **Jurisdiction Code** _____ **Binational Reporting Criteria** _____

Date First Verbal Notification to CDC ____/____/____ (month day year) **Date Notification First Electronically Submitted** ____/____/____ (month day year)

Date of Electronic Case (this version) Notification to CDC ____/____/____ (month day year) **MMWR Week** ____ **MMWR Year** ____

Current Occupation (type of work the case-patient does) _____ **Current Occupation Standardized (NIOCCS code)** _____

Current Industry (type of business or industry in which case-patient works) _____ **Current Industry Standardized (NIOCCS code)** _____

NOTIFICATION RESULT STATUS	C = Record is a correction <input type="checkbox"/>	CASE CLASS STATUS	Confirmed present	Suspected	Unknown
	F = Final results <input type="checkbox"/>		Probable diagnosis	Not a case	
X = Results cannot be obtained					

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

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://www.cdc.gov/nndss/conditions/meningococcal-disease/case-definition/2015/>