

Meningococcal Disease Surveillance Worksheet

GENERIC MMG

RIBD_V1_1_MMG_F_20200306

NAME _____ (last) (first)		ADDRESS (Street and No.) _____		Phone _____	Hospital Record No. _____
This information will not be sent to CDC					
REPORTING SOURCE TYPE 48766-0 <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 52831-5 PHONE (____) _____		SUBJECT ADDRESS CITY PID-11.3 SUBJECT ADDRESS STATE PID-11.4 SUBJECT ADDRESS COUNTY PID-11.9 SUBJECT ADDRESS ZIP CODE PID-11.5 LOCAL SUBJECT ID PID-3	
CASE INFORMATION					
Date of Birth PID-7 ____-____-____ month day year		Country of Birth 78746-5		Other Birth Place 21842-0	Country of Usual Residence 77983-5
Ethnic Group PID-22 H=Hispanic or Latino N=Not Hispanic/Latino O=Other _____ U=Unknown <input type="checkbox"/>			Sex PID-8 M=male F=female U=unknown <input type="checkbox"/>		
Race PID-10 <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 32624-9 <input type="checkbox"/> Unknown					
Age at Case Investigation 77998-3		Age Unit* OBX-6 for 77998-3	Reporting County 77967-8		Reporting State 77966-0
Date Reported 77995-9 month day year		Date First Reported to PHD 77970-2 month day year		National Reporting Jurisdiction 77968-6	
Earliest Date Reported to County 77972-8 (mm/dd/yyyy)			Earliest Date Reported to State 77973-6 (mm/dd/yyyy)		
State Case ID 77993-4		ABCs Case ID INV966	CASE REPORT FORM STATUS INV656		Chart unavailable after 3 requests
Is this a secondary case? INV1093 Y=yes N=no U=unknown <input type="checkbox"/>					Complete
Case Investigation Start Date 77979-3 (mm/dd/yyyy)					Quality assurance review change
					Incomplete
					Edited & correct
CASE INVESTIGATION STATUS CODE INV109		Approved	Deleted	Notified	Ready for review
		Closed	In progress	Rejected	Other _____
					Reviewed
					Unknown
CLINICAL INFORMATION					
Illness Onset Date 11368-8 month day year		Illness End Date 77976-9 month day year		Illness Duration 77977-7	Duration Units* OBX-6 for 77977-7
Illness Onset Age INV143		Illness Onset Age Units* OBX-6 for INV143		Date of Diagnosis 77975-1 month day year	
Pregnancy Status 77996-7 Y=yes N=no U=unknown <input type="checkbox"/>					
Hospitalized? Y=yes N=no U=unknown <input type="checkbox"/>		Hospital Admission Date 8656-1 month day year		Hospital Discharge Date 8649-6 month day year	
Duration of Hospital Stay 78033-8 0-998 999=unknown (days)		Epi-linked laboratory-confirmed case? INV927 Y=yes N=no U=unknown <input type="checkbox"/>			
SIGNS and SYMPTOMS 56831-1	Y N U	Y N U	Y N U	Y N U	Y N U
		Chills	Fever	Muscle pain	Photophobia
		Cough	Gastrointestinal illness	Nausea	Pneumonia
		Diarrhea	Headache	Other _____	Rash
					Stiff neck
					Vomiting
					Unknown
Did patient have any underlying causes or prior illnesses? INV235 Y=yes N=no U=unknown <input type="checkbox"/> If "yes" select below:					
Underlying conditions INV236	Y N U	Y N U	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	Splenectomy/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] INV662					
Other (specify) _____					

TYPES OF INFECTION CAUSED BY ORGANISM INV298	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 illness or associated complications? Y=yes N=no U=unknown Deceased Date PID-29 (mm/dd/yyyy)

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

Does this patient attend a day care facility? INV615	Y	N	U	RESIDENCE LOCATION AT TIME OF INITIAL CULTURE 75617-1	College dormitory	Long term care facility
Does this patient reside in a long-term care facility? INV636					Home	Long term acute care
Was patient homeless at the symptom onset? 32911000					Homeless	Nonmedical ward
Had sex with a female in the past 12 months? STD108					Incarcerated	Unknown
Had sex with a male in the past 12 months? STD107					Other (specify) _____	
Was patient taking eculizumab (Soliris) at time of onset? 427429004				Num. male sex partners (in 3 months prior to onset)? INV605	HIV Status 55277-8 <input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> unknown	
Was patient taking Ravulizumab (Ultomiris) at time of onset?				COLLEGE LIVING SITUATION INV1091	Dormitory	Off campus with roommates
Is patient (15-24 years only) currently attending college? 22431000					Other	Off campus private housing
Grad 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 INV1092					On campus private room	

Weight at Diagnosis 3141-9 Weight Units gram kilogram ounce pound Height at Diagnosis 3137-7 Height Units OBX-6 for 3137-7 inch meter

Recurrent disease same pathogen? Y=yes N=no U=unknown State ID of 1st occurrence for this pathogen? INV976

Pregnancy status of first positive culture: Not pregnant nor postpartum Currently Pregnant Postpartum Unknown

If pregnant or postpartum, what was the outcome of the fetus? 63893-2 (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 18185-9 (weeks) Birth Weight 56056-5 Birth Weight Units OBX-6 for 56056-5 Gram Kilogram Ounce Pound

TYPE OF INSURANCE 76437-3 Incarcerated Indian Health Service Managed Care Managed Care (unspecified) MEDICAID MEDICARE Military/VA Private Health Other (specify) _____ Uninsured Unknown

IMPORTATION AND EXPOSURE INFORMATION

CASE DISEASE IMPORTED CODE 77982-7	Indigenous	In state, out of jurisdiction	Unknown
	International	Out of state	Yes, imported, but not able to determine source state/country

Imported Country INV153 Imported State INV154 Imported County INV156 Imported City INV155

Country of Exposure 77984-3 State or Province of Exposure 77985-0

County of Exposure 77987-6 City of Exposure 77986-8

Outbreak related? Y=yes N=no U=unknown 77980-1 Outbreak Name 77981-9 Transmission Mode 77989-2

LABORATORY INFORMATION

VPD Lab Message Reference Laboratory

LAB143

VPD Lab Message Patient Identifier

LAB598

VPD Lab Message Specimen Identifier

LAB125

Laboratory testing done confirm the diagnosis? Y=Yes N=No U=Unknown

Bacterial species isolated LAB278

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	Test Result Quantitative	Result Units	Test Method	Test Manufacturer	Date Specimen Sent to CDC	Specimen Type	Serogroup	Serogroup Method	Lab Accession Number	Performing Laboratory Name	Performing Laboratory Type
INV290	INV291	68963-8 <small>mm dd yyyy</small>	LAB628	LAB115	85069-3	LAB650	85930-6 <small>mm dd yyyy</small>	66746-9	INV705	LAB652	INV978	68994-3	82771-7

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 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 4=other 5=unknown	
	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	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
	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? LAB222 Y=yes N=no U=unknown <input type="checkbox"/>	

Antimicrobial Susceptibility Test Type	Antimicrobial Susceptibility Test Method	Susceptibility Interpretation	Performing Laboratory Type
LABAST6	LABAST7	LABAST8	LABAST15

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 INTERPRETATION CODES

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

VACCINATION HISTORY INFORMATION

Vaccinated (has the case-patient ever received a vaccine against this disease)? VAC126 Y=yes N=no U=unknown

Number of doses of vaccine against this disease received prior to illness onset? 82745-1 0-6 99=unknown (doses)

Date of last dose of vaccine against this disease prior to illness onset? VAC142 _____ (mm/dd/yyyy)

Was the case-patient vaccinated as recommended by the ACIP? VAC148 Y=yes N=no U=unknown

Vaccine Type	Vaccination Date	Vaccine Manuf	Vaccine Lot Number	National Drug Code	Vaccine Name	Vaccine Expiration Date	Vaccine Event Information Source	Vaccination Record Identifier	Age†	Age Units‡	Vaccine Dose Number
30956-7	30952-6 <small>month day year</small>	30957-5	30959-1	VAC153	VAC155	VAC109 <small>month day year</small>	VAC147	VAC102	VAC105	OBX-6 for VAC105	30973-2

VACCINE TYPE CODES	VACCINE MANUFACTURER CODES	VACCINE EVENT INFORMATION SOURCE CODES	†Age at vaccination
32=MPSV4 (Menomune) 103=men. C conjugate 108=men. ACWY,unspecifed 114=MCV4P (Menactra) 136=MCV4O (Menveo) 147=MCV4, unspesified 148=men. C/Y-HIB PRP (MenHibRix) 162=men. B, recombinant (Trumenba) 163=men. B, OMV (Bexsero) PHC1560=type not specified	OTH=other (specify) 999=unknown PMC=Sanofi Pasteur WAL=Wyeth SKB=GlaxoSmithKline MA=Massachusetts PH Biologic PFR=Pfizer NAV=North American Vaccine OTH=other (specify) UNK=unknown	1=Birth certificate 2=IIS 3=Medical record 4=New immunization record 5=Other provider 6=Other registry 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	†Age Units a=year d=day mo=month wk=week OTH=other UNK=unknown

Reason Not Vaccinated Per ACIP VAC149

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
 4 = lab evidence of previous disease 8 = other _____ 12 = parent/patient report of previous disease 16 = immigrant

Vaccine History Comments VAC133

CASE NOTIFICATION

CONDITION CODE OBR-31 10150 **Immediate National Notifiable Condition** Y=yes N=no U=unknown **Legacy Case ID** 77997-5

Local Record ID OBR-3 **Jurisdiction Code** 77969-4 **Binational Reporting Criteria** 77988-4

Date First Verbal Notification to CDC 77994-2 _____ month day year **Date Notification First Electronically Submitted** OBR-7 _____ month day year

Date of Electronic Case (this version) Notification to CDC OBR-22 _____ month day year **MMWR Week** 77991-8 **MMWR Year** 77992-6

Current Occupation (type of work the case-patient does) 85658-3 **Current Occupation Standardized (NIOCCS code)** 85659-1

Current Industry (type of business or industry in which case-patient works) 85078-4 **Current Industry Standardized (NIOCCS code)** 85657-5

NOTIFICATION RESULT STATUS OBR-25	C = Record is a correction <input type="checkbox"/>	CASE CLASS STATUS 77990-0	Confirmed present	Suspected	Unknown
	F = Final results		Probable diagnosis	Not a case	
X = Results cannot be obtained					

Person Reporting to CDC Name 74549-7 _____ (first) _____ (last) **Person Reporting to CDC Email** 74547-1 @ _____ **Person Rep** 74548-9 **CDC Phone Number** _____

Comments 77999-1

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/>