

MENINGOCOCCAL DISEASE INVESTIGATION FORM

BASIC DEMOGRAPHIC DATA

Last Name: _____ First Name: _____ Middle Name: _____

DOB: ____/____/____ Age: _____ ☐ years ☐ months Current Sex: ☐ Female ☐ Male ☐ Unknown

Is the patient deceased? ☐ No ☐ Unknown ☐ Yes Date of Death: ____/____/____

Street Address 1: _____ Street Address 2: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: (____) - ____ - ____ Cell Phone: (____) - ____ - ____ Work Phone: (____) - ____ - ____ Ext. _____

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Unknown

INVESTIGATION SUMMARY

Investigation Start Date: ____/____/____ Investigation Status: ☐ Open ☐ Closed Investigator: _____

OTHER PATIENT INFORMATION

Type of Insurance:

- ☐ Indian Health Service (IHS) ☐ Medicaid/State assistance program ☐ Medicare ☐ Military/VA
☐ No health care coverage ☐ Other, specify: _____ ☐ Private/HMO/PPO/Managed care plan ☐ Unknown

Weight: _____ lbs _____ oz OR _____ kg OR ☐ Unknown Height: _____ ft _____ in OR _____ cm OR ☐ Unknown

REPORTING SOURCE

Date of Report: ____/____/____ Reporting Source: _____

CLINICAL

Physician

Physician's Name: _____ Phone Number: (____) - ____ - ____ Ext. _____

Hospital

Was patient hospitalized for this illness? ☐ No ☐ Unknown ☐ Yes If yes: Hospital Name: _____

Admission Date: ____/____/____ Discharge Date: ____/____/____ Duration of Stay _____ day(s)

Condition

Illness Onset Date: ____/____/____ Illness End Date: ____/____/____

Types of infection caused by organism:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Abscess (not skin) | <input type="checkbox"/> Bacteremia without focus | <input type="checkbox"/> Cellulitis | <input type="checkbox"/> Chorioamnionitis |
| <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> Empyema | <input type="checkbox"/> Endocarditis | <input type="checkbox"/> Endometriosis |
| <input type="checkbox"/> Epiglottitis | <input type="checkbox"/> Hemolytic uremic Syndrome (HUS) | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Necrotizing fasciitis |
| <input type="checkbox"/> Osteomyelitis | <input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> Otitis media | <input type="checkbox"/> Pericarditis |
| <input type="checkbox"/> Peritonitis | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Puerperal sepsis | <input type="checkbox"/> Septic abortion |
| <input type="checkbox"/> Septic arthritis | <input type="checkbox"/> Streptococcal toxic-shock syndrome (STSS) | <input type="checkbox"/> Unknown | |

Bacterial species isolated from any normally sterile site:

- | | | |
|--|---|---|
| <input type="checkbox"/> Bacterial meningitis, other | <input type="checkbox"/> Group A Streptococcus, invasive | <input type="checkbox"/> Group B Streptococcus, invasive |
| <input type="checkbox"/> Haemophilus influenzae, invasive | <input type="checkbox"/> Listeria monocytogenes | <input type="checkbox"/> Neisseria meningitidis, invasive |
| <input type="checkbox"/> Strep. pneumoniae, drug-res. invasive | <input type="checkbox"/> Streptococcal disease, invasive, other | <input type="checkbox"/> Streptococcal toxic-shock syndrome |
| <input type="checkbox"/> Streptococcus pneumoniae, invasive | <input type="checkbox"/> Streptococcus pneumoniae, invasive disease (IPD) | |

Date first positive culture obtained: ____/____/____

Sterile sites from which organism isolated:

- | | | | | | |
|---|--|--|---|---|--|
| <input type="checkbox"/> Amniotic fluid (pre-birth) | <input type="checkbox"/> Blood | <input type="checkbox"/> Bone | <input type="checkbox"/> CSF | <input type="checkbox"/> Internal body site | <input type="checkbox"/> Joint |
| <input type="checkbox"/> Muscle | <input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> Pericardial fluid | <input type="checkbox"/> Peritoneal fluid | <input type="checkbox"/> Placenta (pre-birth) | <input type="checkbox"/> Pleural fluid |

Nonsterile sites from which organism isolated:

☐ Amniotic fluid (delivery/post-birth) ☐ Middle ear ☐ Placenta (delivery/post-birth) ☐ Sinus ☐ Wound ☐ Other, specify: _____

Did the patient have any underlying conditions? ☐ No ☐ Unknown ☐ Yes

If yes, underlying conditions:

- | | | |
|---|---|--|
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Atherosclerotic Cardiovascular Disease (CAD) | <input type="checkbox"/> Burns | <input type="checkbox"/> Cerebral Vascular Accident (CVA)/Stroke |
| <input type="checkbox"/> Cirrhosis/Liver failure | <input type="checkbox"/> Cochlear implant | <input type="checkbox"/> Complement deficiency |
| <input type="checkbox"/> CSF Leak (2° trauma/surgery) | <input type="checkbox"/> Current smoker | <input type="checkbox"/> Deaf/Profound hearing loss |
| <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Emphysema/COPD | <input type="checkbox"/> Heart Failure/CHF |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Hodgkin's disease | <input type="checkbox"/> Immunoglobulin Deficiency |
| <input type="checkbox"/> Immunosuppressive Therapy | <input type="checkbox"/> IVDU | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Multiple Myeloma | <input type="checkbox"/> Nephrotic Syndrome | <input type="checkbox"/> None |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Organ transplant, specify: _____ | <input type="checkbox"/> Other malignancy, specify: _____ |
| <input type="checkbox"/> Other prior illness, specify: _____ | <input type="checkbox"/> Renal Failure/Dialysis | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Splenectomy/Asplenia | <input type="checkbox"/> Systemic Lupus Erythematosus (SLE) | <input type="checkbox"/> Unknown |

Did the patient die from this illness or did IPD contribute to death? ☐ No ☐ Unknown ☐ Yes

What was the serogroup?

☐ A ☐ B ☐ C ☐ H ☐ I ☐ K ☐ L ☐ W135 ☐ X ☐ Y ☐ Z ☐ Z(29E) ☐ Not groupable ☐ Unknown ☐ Other (specify)

How was the case identified?

☐ Clinical purpura fulminans ☐ Culture from other sterile site (specify) ☐ Gram negative diplococcus (sterile site) ☐ Isolation of *N. meningitidis* from blood ☐ Isolation of *N. meningitidis* from CSF ☐ *N. meningitidis* antigen by IHC ☐ *N. meningitidis* DNA by PCR ☐ Other (specify) ☐ Positive meningococcal antigen test in CSF

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

Is this a secondary case? ☐ No ☐ Unknown ☐ Yes

If *N. meningitidis* was isolated from blood or CSF, was it resistant to:

Sulfa: ☐ No ☐ Unknown ☐ Yes

Rifampin: ☐ No ☐ Unknown ☐ Yes

Is patient currently attending college? (15-24 years only) ☐ No ☐ Unknown ☐ Yes

VACCINE INFORMATION

Has patient received the polysaccharide meningococcal vaccine? ☐ No ☐ Unknown ☐ Yes

Has patient received the conjugate meningococcal vaccine? ☐ No ☐ Unknown ☐ Yes

If yes for either, please enter dosage data in the Vaccination Record

VACCINE RECORD

Must be added via the Events Tab, add new Vaccinations feature after investigation is submitted.

Vaccination Record 1: Date Administered: ____ / ____ / ____

Age at Vaccination: ____ years ☐ months

- Vaccine Administered (Select): ☐ meningococcal A, C, Y, W-135 diphtheria conjugate ☐ Meningococcal C conjugate
☐ Meningococcal conjugate, MCV4 (Menactra) ☐ Meningococcal oligosaccharide, MCV40 (Menomune)
☐ Meningococcal polysaccharide, MPSV4 ☐ Meningococcal, NOS

Vaccination Record 2: Date Administered: ____ / ____ / ____

Age at Vaccination: ____ years ☐ months

- Vaccine Administered (Select): ☐ meningococcal A, C, Y, W-135 diphtheria conjugate ☐ Meningococcal C conjugate
☐ Meningococcal conjugate, MCV4 (Menactra) ☐ Meningococcal oligosaccharide, MCV40 (Menomune)
☐ Meningococcal polysaccharide, MPSV4 ☐ Meningococcal, NOS

Vaccination Record 3: Date Administered: ____ / ____ / ____

Age at Vaccination: ____ years ☐ months

- Vaccine Administered (Select): ☐ meningococcal A, C, Y, W-135 diphtheria conjugate ☐ Meningococcal C conjugate
☐ Meningococcal conjugate, MCV4 (Menactra) ☐ Meningococcal oligosaccharide, MCV40 (Menomune)
☐ Meningococcal polysaccharide, MPSV4 ☐ Meningococcal, NOS

Vaccination Record 4: Date Administered: ____ / ____ / ____

Age at Vaccination: ____ years ☐ months

- Vaccine Administered (Select): ☐ meningococcal A, C, Y, W-135 diphtheria conjugate ☐ Meningococcal C conjugate
☐ Meningococcal conjugate, MCV4 (Menactra) ☐ Meningococcal oligosaccharide, MCV40 (Menomune)
☐ Meningococcal polysaccharide, MPSV4 ☐ Meningococcal, NOS

Record additional pneumococcal vaccinations at end of investigation and enter into ALNBS.

EPIDEMIOLOGIC

If < 6 years of age, is the patient in daycare (supervised group of ≥ 2 unrelated children for > 4 hours/week)? ☐ No ☐ Unknown ☐ Yes

If yes, Day Care Facility: _____

Was the patient a resident of a nursing home or other chronic care facility at the time of first positive culture? ☐ No ☐ Unknown ☐ Yes

If yes, Chronic Care Facility: _____

Is this case part of an outbreak? ☐ No ☐ Unknown ☐ Yes If yes, outbreak name: _____

Case Status: ☐ Confirmed ☐ Not a Case ☐ Probable ☐ Suspect ☐ Unknown MMWR Week: _____ MMWR Year: _____

ADMINISTRATIVE

General Comments: _____

CUSTOM FIELDS

Date Due: ____ / ____ / ____ Investigation ready for supervisor review: ☐ Reviewed (Complete) ☐ Reviewed (Incomplete)

Date investigation ready for supervisor review: ____ / ____ / ____ ☐ Reviewed (Not a case) ☐ Yes

Review comments (completed by supervisor): _____

Prophylaxed Contacts

Number of prophylaxed contacts: _____

CONDITION SPECIFIC CUSTOM FIELDS

Was patient diagnosed with purpura fulminations? ☐ No ☐ Unknown ☐ Yes

Was isolate sent to the state laboratory for determination of serogrouping? ☐ No ☐ Unknown ☐ Yes

Date sent: ____ / ____ / ____

PHEP PROJECT - GENERAL

Date of presumptive diagnosis: ____ / ____ / ____

Method of initial report to Public Health: ☐ ELR ☐ Email ☐ Fax ☐ Mail ☐ Online REPORT card ☐ Phone

Which reporter type (or designee) provided initial report to Public Health?: ☐ Day care director ☐ Dentist ☐ Physician ☐ Hospital administrator

☐ Lab director ☐ Medical examiner ☐ Nurse ☐ Nursing home administrator ☐ Other state health department or CDC

☐ Patient/family ☐ School principal

PHEP PROJECT - CONTROL MEASURES IMPLEMENTED (Answer all)

Date first control measures initiated: ____ / ____ / ____

Other measures: _____

Education case/contacts: ☐ No ☐ Unk ☐ Yes ☐ N/A

Exclusions from foodhandling: ☐ No ☐ Unk ☐ Yes ☐ N/A

Exclusions from healthcare: ☐ No ☐ Unk ☐ Yes ☐ N/A

Exclusions from daycare/school: ☐ No ☐ Unk ☐ Yes ☐ N/A

Immunization: ☐ No ☐ Unk ☐ Yes ☐ N/A

Prophylaxis: ☐ No ☐ Unk ☐ Yes ☐ N/A

Identification of exposed individuals: ☐ No ☐ Unk ☐ Yes ☐ N/A

Identification of additional cases: ☐ No ☐ Unk ☐ Yes ☐ N/A

Identification of likely source of infection: ☐ No ☐ Unk ☐ Yes ☐ N/A

Collection of food: ☐ No ☐ Unk ☐ Yes ☐ N/A

Notify state/federal partner agencies/organizations: ☐ No ☐ Unknown ☐ Yes ☐ N/A