Tennessee Department of Health

N. Meningitidis Case Report

Draft, Revised: 05/2010

Please fill out all three pages of this form as complete as possible. Anything that appears in **red** is not available for data entry into NEDSS. However, you may find those fields helpful in your investigation. Do not forget to notify Central Office regarding this case.

ABC's Case ☐

Demographics

CASE ID#:_____

Last Name: _____ **First:** _____ **Middle:** _____ **DOB:** ____/____/_____

Reported Age: _____ □ Days □ Months □ Years **Sex:** □ Male □ Female □ Unknown

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Phone - Home: _____ **Work:** _____ **Cell:** _____

Ethnicity: □ Hispanic □ Not Hispanic

Race: □ American Indian / Alaskan □ Asian □ Black / African American □ Hawaiian / Pacific Islander □ White □ Other (_____)

Employer/School/Daycare: _____ **Occupation:** _____

Alternate Contact Information

Last Name: _____ **First:**_____ **Relationship:** □ Parent □ Spouse □ Household Member □ Friend □ Other _____

Phone #:_____

Investigation Summary

Jurisdiction: □ East Tennessee □ Mid-Cumberland □ Northeast □ South Central □ Southeast □ West Tennessee □ Upper Cumberland □ Nashville/Davidson □ Chattanooga/Hamilton □ Knoxville/Knox □ Jackson/Madison □ Memphis/Shelby □ Sullivan □ Out of Tennessee □ Unassigned

Investigation Summary

Investigation Start Date: _____/_____/_____

Investigation Status: □ Open □ Closed

Investigator: _____

Date Assigned to Investigation: _____/_____/_____

Physician: _____

Physician's Phone: _____

Reporting Source

Date of Report: _____/_____/_____

Reporting Source: _____

Earliest Date Reported to County: _____/_____/_____

Earliest Date Reported to State: _____/_____/_____

Reporter: _____

Clinical Information

Hospital Information

Was the patient hospitalized for this illness? □Yes □No □Unknown

Hospital: _____

Patient Chart number:_____

Admission Dt:____/____/_____ **Discharge Dt:** ____/____/_____

Illness Onset Date: _____/_____/_____

Illness End Date: _____/_____/_____

Age at onset:_____

Diagnosis Date:_____/_____/_____

Active Bacterial Core (ABC)

ABC Investigator:_____ **ABC Case ID:**_____

ABC's Culture Hospital: _____

ABC's Treatment Hospital: _____

Was the patient transferred from another hospital? □ Yes □ No □ Unknown

ABC's Transfer Hospital: _____

Condition

Types of infection caused by organism: (check all that apply)

□ Abscess (not skin) □ Bacteremia without focus □ Cellulitis □ Chorioamnionitis □ Conjunctivitis □ Empyema
□ Endocarditis □ Endometritis □ Epiglottitis □ Hemolytic uremic syndrome (HUS) □ Meningitis
□ Necrotizing fasciitis □ Ostemyelitis □ Otitis media □ Pericarditis □ Perionitis □ Pneumonia
□ Puerperal sepsis □ Septic abortion □ Septic arthritis □ STSS □ Unknown
□ Other:_____

Bacterial species isolate from any normally sterile site: (required for notification)

X ***Neisseria meningitidis*** □ *Haemophilus influenzae* □ Group B streptococcus
□ *Listeria monocytogenes* □ Group A streptococcus □ *Streptococcus pneumoniae*

□ Other bacterial species isolated from any normally sterile site: (specify)

_____

CONDITION (CONTINUED)

CASE ID#:_____

Date first positive culture obtained: _____/_____/_____

Sterile site from which organism isolated (check all that apply):

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

□ Internal body site (specify):_____ □ Other normally sterile site:_____

Nonsterile site from which organism isolated (check all that apply):

□ Amniotic Fluid □ Middle ear □ Placenta □ Sinus □ Wound □ Other:_____

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

If yes, check all that apply:

□ AIDS
□ Alcohol abuse
□ Asthma
□ Atherosclerotic cardiovascular disease
□ Burns
□ Cirrhosis/Liver failure
□ Cerbral vascular accident (CVA)/Stroke
□ Cochlear implant
□ Complement deficiency
□ CSF leak (2 deg trauma/surgery)
□ Current smoker
□ Deaf/profound hearing loss
□ Diabetes mellitus
□ Emphysema/COPD
□ Heart failure/CHF
□ HIV
□ Hodgkin's disease
□ Immunoglobulin deficiency
□ IVDU
□ Leukemia
□ Multiple myeloma
□ Nephrotic syndrome
□ Obesity
□ Renal failure/dialysis
□ Sickle cell anemia
□ Splenectomy/asplenia
□ Systemic lupus erythematosus (SLE)
□ None
□ Unknown
□ Immunosuppressive therapy (steroids, chemotherapy, radiation)
□ Organ transplant (specify):_____
□ Other malignancy (specify):_____
□ Other poor illnesses (specify):_____

Is the patient <1month of age? □ Yes □ No □ Unknown

Time of Birth:_____ **Gestational age:**_____ weeks **Birthweight:**_____grams **or** ____lbs ____oz

Did the patient die from this illness? □ Yes □ No □ Unknown

For *N. meningitidis* what was the serogroup? □ A □ B □ C □ Y □ W135 □ Not groupable □ Unknown □Other:_____

COMMENTS

CONDITION (CONTINUED)

CASE ID#:_____

How was the case identified?

□ Clinical purpura fulminans
□ Isolation of *N. meningitidis* from blood
□ *N. meningitidis* DNA by PCR
□ Culture from other sterile site (specify)
□ Isolation of *N. meningitidis* from CSF
□ Positive meningococcal antigen test on CSF
□ Gram negative diplococci (sterile site)
□ *N. meningitidis* antigen by IHC
□ Other:_____

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

Is this a secondary case? □ Yes □ No □ Unknown **If yes, specify type:** □ Daycare contact □ Family contact □ Hospital acquired □ Lab acquired □ Other:_____

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

Sulfa? □ Yes □ No □ Unknown **Rifampin?** □ Yes □ No □ Unknown

VACCINATION

Patient receive Menomune, tetravalent meningococcal polysaccharide vaccine? □ Yes □ No □ Unknown **If yes, fill in table.**

Patient receive Menactra, tetravalent meningococcal conjugate vaccine? □ Yes □ No □ Unknown **If yes, fill in table.**

Date	Type	Mfgr.	Lot #									
_____/_____/_____	**Menomune**											
_____/_____/_____	**Menactra**											

EPIDEMIOLOGIC INFORMATION

Is patient currently attending college (15-24 yrs old only)? □ Yes □ No □ Unknown

If yes, year in school: □ Fr □ So □ Jr □ Sr □ Grad student

□ **Full time** or □ **Part time**

Housing: □ Apartment □ Dormitory □ Unknown
□ Communal living (college house)
□ Single family home with family
□ Single family home with students
□ Other:_____

If <6 years of age is the patient in daycare (daycare is defined as a supervised group of 2 or more unrelated children for >4hrs/week)? □ Yes □ No □ Unknown

Day care facility:_____

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

Chronic care facility:_____

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

Where was the disease acquired?: □ Indigenous (within jurisdiction) □ Out of country □ Out of state □ Out of jurisdiction □ Unknown

Imported Country: _____ **Imported State:** _____

Imported City: _____ **Imported County:** _____

COMMENTS

_____

_____

_____

FOR ADMINISTRATIVE USE ONLY:

Date of Interview: ____/____/_____

Interviewer's Name: _____

Other Notes: _____

Was the case entered into NEDSS? □ Yes □ No □ Unknown

Date entered into NEDSS: ____/____/_____

Data Entry Person's Name: _____

CONTACT INFORMATION

Identify potentially exposed persons (Contacts) through routine communicable disease interview of the case.

Index Case Name:	**Index Case #:**

Contact Name	Date of Birth	Relationship To case	Dates of exposure		Hib? MCV? PCV?	Date		Phone Number

Comments: