

Meningococcal Disease Surveillance Worksheet

Generic MMG

RIBD_MMG_V1_1_MMG_F_20200306

NAME		ADDRESS (Street and No.)		Phone	Hospital Record No.					
(last)		(first)								
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"/> hospital <input type="checkbox"/> other clinic <input type="checkbox"/> other source type		NAME		SUBJECT ADDRESS CITY						
ADDRESS		ADDRESS		SUBJECT ADDRESS STATE						
ZIP CODE		ZIP CODE		SUBJECT ADDRESS COUNTY						
PHONE ()		PHONE ()		SUBJECT ADDRESS ZIP CODE						
				LOCAL SUBJECT ID						
CASE INFORMATION										
Date of Birth		Country of Birth		Other Birth Place						
month day year										
Country of Usual Residence		Sex								
		M=male F=female U=unknown								
RACE		Asian		Native Hawaiian/Pacific Islander						
Black/African American		White		Other						
Age at Case Investigation		Age Unit*		Reporting County						
month day year										
Date Reported		Date First Reported to PHD		National Reporting Jurisdiction						
month day year		month day year								
Earliest Date Reported to County		Earliest Date Reported to State								
(mm/dd/yyyy)		(mm/dd/yyyy)								
Case Class Status		Case Investigation								
<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspected <input type="checkbox"/> Not a Case <input type="checkbox"/> Unknown		Start Date		month day year						
CASE INVESTIGATION		approved		deleted						
STATUS CODE		closed		rejected						
CASE REVISION		revised		ready for review						
DRM STATUS		notified		suspended						
<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Edited and correct <input type="checkbox"/> Quality assurance review change <input type="checkbox"/> Chart unavailable after 3 requests		in progress		other						
CLINICAL INFORMATION										
Illness Onset Date		Illness End Date		Illness Duration						
month day year		month day year		Duration Units*						
Illness Onset Age		Illness Onset Age Units*		Diagnosis Date						
month day year				(mm/dd/yyyy)						
Hospitalized? Y=yes N=no U=unknown		Hospital Admission Date		Hospital Discharge Date						
		month day year		month day year						
Duration of Hospital Stay		Pregnancy Status								
0-998 999=unknown (days)		Y=yes N=no U=unknown								
*UNITS a=year d=day h=hour min=minute mo=month s=second wk=week UNK=unknown										
Did patient have any underlying causes or prior illnesses? If "yes" select conditions below:										
Underlying Conditions Y N U Y N U Y N U Y N U										
AIDS		Congestive heart failure		Immunglobulin 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/profound 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] Other (specify) _____										

SYMPTOMS DURING COURSE OF ILLNESS 56831-1	Y N U			Y N U			Y N U			Y N U			Y N U		
	Chills			Fever			Gastrointestinal illness			Photophobia			Stiff neck		
	Cough			Headache			Muscle pain			Pneumonia			Vomiting		
	Diarrhea			Nausea			Other _____			Rash			Unknown		

[Y=yes N=no U=unknown] INV919

BACTERIAL INFECTION SYNDROME (types of infection caused by organism): INV298

Abortion with sepsis	Cellulitis	Epiglottitis	Osteomyelitis	Pneumonia
Abscess (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

Is this a secondary case? INV1093 Y=yes N=no U=unknown

Is this case epi-linked to a laboratory-confirmed case? INV927 Y=yes N=no U=unknown ABCs Case ID INV966 _____

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

Does this patient attend a day care facility? INV615 Y=yes N=no U=unknown Facility Name _____

Does this patient reside in a long-term care facility? INV636 Y=yes N=no U=unknown Facility Name _____

Was the patient taking eculizumab [Soliris] at the time of disease onset? 427429004 Y=yes N=no U=unknown

Was the patient taking ravulizumab-cwvz [Ultomirus] at the time of disease onset? 783439006 Y=yes N=no U=unknown

Is patient (15-24 years only) currently attending college? 224311000 Y=yes N=no U=unknown Name of College INV1092 _____

GRADE IN SCHOOL 64990-5	Freshman	Senior	COLLEGE LIVING SITUATION INV1091	Dormitory	On campus private room
	Graduate student	Sophomore		Off campus at home	Other _____
	Junior	Unknown		Off campus private housing	Unknown
	Other (specify) _____			Off campus house/apartment with roommate(s)	

Weight at Diagnosis 3141-9 <input type="checkbox"/>	Weight Units OBX for 3141-9 <input type="checkbox"/>	<input type="checkbox"/> gram <input type="checkbox"/> kilogram <input type="checkbox"/> ounce <input type="checkbox"/> pound	Height at Diagnosis 3137-7 <input type="checkbox"/>	HEIGHT UNITS OBX for 3137-7 <input type="checkbox"/>	<input type="checkbox"/> centimeter <input type="checkbox"/> Inch
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Pregnancy status at time of first positive culture INV662 Not pregnant nor postpartum Currently Pregnant Postpartum Unknown

If pregnant or postpartum, what was the outcome of the fetus? 63893-2 (select) Subject died? 77978-5 yes no unknown

Live birth/neonatal death	Survived, clinical infection	Still pregnant	Unknown	Deceased Date _____ PID-29 mm/dd/yyyy
Induced abortion	Survived, no apparent illness	Abortion/still birth		

If patient <1 month of age: • Gestational age 18185-9 (weeks) • Birth weight 56056-5

Was the patient homeless at time of symptom onset? 32911000 yes no unknown

RESIDENCE LOCATION AT TIME OF INITIAL CULTURE 75617-1	College dorm	Homeles	Long-term acute care	Nonmedical ward	Other _____
	Home	Incarcerated	Long-term care	Unknown	

Has patient had sex with a male in the past 12 months? STD107 yes no unknown did not ask refused to answer

In the 3 months prior to onset of symptoms, how many male sex partners has the patient had? INV605

Has patient had sex with a female in the past 12 months? STD108 yes no unknown did not ask refused to answer

HIV STATUS 55277-8	HIV positive	TYPE OF INSURANCE 76437-3	Incarcerated	Managed care (unspecified)	MEDICAID	Uninsured
	HIV negative		Indian Health Service	Other (specify) _____	MEDICARE	Unknown
	Unknown		Managed care	Military/VA	Private health	

IMPORTATION AND EXPOSURE INFORMATION

CASE DISEASE 77982-7	Indigenous	In state, out of jurisdiction	Unknown
	Imported Code	International	Out of state

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? 77980-1 Y=yes N=no U=unknown 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

BACTERIAL SPECIES

ISOLATED LAB278

- Neisseria meningitidis*
 Haemophilus influenzae
 Group B streptococcus
 Other (specify)
 Listeria monocytogenes
 Group A streptococcus
 Streptococcus pneumoniae

Was Laboratory Testing Done to Confirm the Diagnosis? LAB630

Y=Yes N=No U=Unknown

Was Case Labo INV164 Confirmed? Y=yes N=no U=unknown

Was a Specimen Sent to CDC for Testing? 82314-6 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 Lab 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

INV290

- 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 Type

66746-9

- | | | |
|-----------------------|-------------------------|--------------------------|
| 1=amniotic fluid | 13=liver | 25=pleural fluid |
| 2=BAL | 14=lung | 26=purpuric lesions |
| 3=blood | 15=lymph node | 27=respiratory secretion |
| 4=bone | 16=middle ear | 28=serum |
| 5=brain | 17=muscle/fascia/tendon | 29=sinus |
| 6=CSF | 18=NP swab | 30=spleen |
| 7=heart | 19=oropharyngeal swab | 31=sputum |
| 8=other (specify) | 20=ovary | 32=stool |
| 9=unknown | 21=pancreas | 33=tracheal aspirate |
| 10=internal body site | 22=pericardial fluid | 34=urine |
| 11=joint | 23=peritoneal fluid | 35=vascular tissue |
| 12=kidney | 24=placenta | 36=vitreous |
| | 37=wound | |

SEROGROUP METHOD

LAB652

- 1=culture 2=PCR 3=slide agglutination 8=other 9=unknown

SEROGROUP

INV705

- 1=A 3=C 5=X 7=not-groupable 9=unknown
2=B 4=W135 6=Y 8=other (specify) 10=not tested

TEST RESULT INTERPRETATION

LAB628

- P=positive N=negative I=indeterminate L=pending
 S=significant rise in IgG NS=no significant rise in IgG
 E=equivocal X=not done OTH=other UNK=unknown
 V=vaccine type strain W=wild type strain

PERFORMING LABORATORY TYPE

82771-7

- 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

TEST METHOD

85069-3

- A=Antigen Card B=BD Directigen BC=Pheno test kit
 BCP=Blood culture panel MA=MALDI Biotyper
 ME=Filmarray meningitis/encephalitis panel
 OTH=Other W=Wellcogen Rapid Antigen UNK=Unknown

LABORATORY SUSCEPTIBILITY TESTING

Was any susceptibility data available? LAB222

Y=yes N=no U=unknown

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

SUSCEPTIBILITY TEST METHOD CODES

LABAST7

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

SUSCEPTIBILITY INTERPRETATION CODES

- S=Susceptible I=Intermediate N=Not Done
 R=Resitant NR=Not resistant UNK=Unknown

SUSCEPTIBILITY TESTING LABAST15
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

VACCINATION HISTORY INFORMATION

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

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

Date of last vaccine dose 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	Vaccine Manuf	Vaccine Lot Number	National Drug Code	Vaccine Expiration Date	Vaccine Name	Vaccine Event Information Source	Vaccination Record Identifier	Age†	Age Units‡	Vaccine Dose Number
<input type="text" value="30956-7"/>	<input type="text" value="30952-6"/> <small>month day year</small>	<input type="text" value="30957-5"/>	<input type="text" value="30959-1"/>	<input type="text" value="VAC153"/>	<input type="text" value="VAC109"/> <small>month day year</small>	<input type="text" value="VAC155"/>	<input type="text" value="LAB147"/>	<input type="text" value="VAC102"/>	<input type="text" value="VAC105"/>	<input type="text" value="OBX-6 for VAC105"/>	<input type="text" value="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,unspecified 114=MCV4P (Menactra) 136=MCV4O (Menveo) 147=MCV4, unspecified 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	BHA=Baxter Healthcare MSD=Merck & Co., Inc. NOV=Novartis OTH=other (specify) UNK=unknown	PFR=Pfizer PMC=Sanofi Pasteur SKB=GlaxoSmithKline WAL=Wyeth
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

1 religious exemption	7 parent/patient refusal	13 parent/patient unaware of recommendation
2 medical contraindication	8 other _____	14 missed opportunity
3 philosophical objection	9 unknown	15 foreign visitor
4 lab evidence of previous disease	10 parent/patient forgot to vaccinate	16 immigrant
5 MD diagnosis of previous disease	11 vaccine record incomplete/unavailable	17 vaccine not available
6 too young	12 parent/patient report of previous disease	

Vaccine History Comments

CASE NOTIFICATION

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

State 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

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

Current Occupation Current Occupation Standardized (NIOCCS code) _____

Current Industry Current Industry Standardized (NIOCCS code) _____

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