NDD no:

MENINGOCOCCAL DISEASE – core data

CASE DETAILS			
NDD unique number:			
Surname:	Given name:		
DOB:	☐ Aboriginal		
Age:	☐ Torres Strait Islander		
□ Male	☐ <i>Both</i> Aboriginal and TSI		
☐ Female	☐ <i>Not</i> Aboriginal or TSI		
Address:			
Suburb:	Postcode:		
Other contact:	Telephone:		
Occupation/School:	Contact person:		
	Telephone:		
Country of birth:	Language:		
Notes:	Language.		
Notes.			
NOTIFICATION			
First notifier name:			
Telephone:			
Fax:			
Notifier type:			
	eceived date:		
GP name:	_		
elephone: Fax:			
Address:	-ax: PC:		
Address:			
Address:			
Address: Notes:			
Address: Notes: CLINICAL PRESENTATION	PC:		
Address: Notes: CLINICAL PRESENTATION Symptomatic	PC:		
Address: Notes: CLINICAL PRESENTATION Symptomatic Onset date:	PC:		
Address: Notes: CLINICAL PRESENTATION Symptomatic Onset date: Syndrome	PC: Asymptomatic Onset time:		
Address: Notes: CLINICAL PRESENTATION Symptomatic Onset date: Syndrome Meningitis	PC: ☐ Asymptomatic ☐ Onset time: ☐ Meningitis and septicaemia		
Address: Notes: CLINICAL PRESENTATION Symptomatic Onset date: Syndrome Meningitis Septicaemia	PC: Asymptomatic Onset time:		
Address: Notes: CLINICAL PRESENTATION Symptomatic Onset date: Syndrome Meningitis Septicaemia Other invasive disease:	PC: ☐ Asymptomatic ☐ Onset time: ☐ Meningitis and septicaemia		
Address: Notes: CLINICAL PRESENTATION Symptomatic Onset date: Syndrome Meningitis Septicaemia	PC: □ Asymptomatic Onset time: □ Meningitis and septicaemia □ Conjunctivitis		
Address: Notes: CLINICAL PRESENTATION Symptomatic Onset date: Syndrome Meningitis Septicaemia Other invasive disease:	PC: ☐ Asymptomatic ☐ Onset time: ☐ Meningitis and septicaemia		
Address: Notes: CLINICAL PRESENTATION Symptomatic Onset date: Syndrome Meningitis Septicaemia Other invasive disease: Signs and symptoms	PC: □ Asymptomatic Onset time: □ Meningitis and septicaemia □ Conjunctivitis		
Address: Notes: CLINICAL PRESENTATION Symptomatic Onset date: Syndrome Meningitis Septicaemia Other invasive disease: Signs and symptoms Fever	PC: □ Asymptomatic Onset time: □ Meningitis and septicaemia □ Conjunctivitis □ Joint pain		
Address: Notes: CLINICAL PRESENTATION Symptomatic Onset date: Syndrome Meningitis Septicaemia Other invasive disease: Signs and symptoms Fever Headache	PC: □ Asymptomatic Onset time: □ Meningitis and septicaemia □ Conjunctivitis □ Joint pain □ Vomiting		
Address: Notes: CLINICAL PRESENTATION Symptomatic Onset date: Syndrome Meningitis Septicaemia Other invasive disease: Signs and symptoms Fever Headache Drowsiness	PC: Asymptomatic Onset time: Meningitis and septicaemia Conjunctivitis Joint pain Vomiting Photophobia		
Address: Notes: CLINICAL PRESENTATION Symptomatic Onset date: Syndrome Meningitis Septicaemia Other invasive disease: Signs and symptoms Fever Headache Drowsiness Neck stiffness	PC: Asymptomatic Onset time: Meningitis and septicaemia Conjunctivitis Joint pain Vomiting Photophobia		
Address: Notes: CLINICAL PRESENTATION Symptomatic Onset date: Syndrome Meningitis Septicaemia Other invasive disease: Signs and symptoms Fever Headache Drowsiness Neck stiffness Other symptoms:	PC: Asymptomatic Onset time: Meningitis and septicaemia Conjunctivitis Joint pain Vomiting Photophobia		
Address: Notes: CLINICAL PRESENTATION Symptomatic Onset date: Syndrome Meningitis Septicaemia Other invasive disease: Signs and symptoms Fever Headache Drowsiness Neck stiffness Other symptoms: 1st medical presentation to:	PC: Asymptomatic Onset time: Meningitis and septicaemia Conjunctivitis Joint pain Vomiting Photophobia Rash (describe)		
Address: Notes: CLINICAL PRESENTATION Symptomatic Onset date: Syndrome Meningitis Septicaemia Other invasive disease: Signs and symptoms Fever Headache Drowsiness Neck stiffness Other symptoms: 1st medical presentation to: 1st IV or IM antibiotics given by:	PC: ☐ Asymptomatic ☐ Onset time: ☐ Meningitis and septicaemia ☐ Conjunctivitis ☐ Joint pain ☐ Vomiting ☐ Photophobia ☐ Rash (describe) date: time:		
Address: Notes: CLINICAL PRESENTATION Symptomatic Onset date: Syndrome Meningitis Septicaemia Other invasive disease: Signs and symptoms Fever Headache Drowsiness Neck stiffness Other symptoms: 1st medical presentation to:	PC: ☐ Asymptomatic ☐ Onset time: ☐ Meningitis and septicaemia ☐ Conjunctivitis ☐ Joint pain ☐ Vomiting ☐ Photophobia ☐ Rash (describe) date: time:		

NDD no:

IF THERE IS AN ASSOCIATED CASE, PROVIDE DETAILS							
NDD/ case ref of associated case:							
Age:		Sex:	Sex:				
Onset date in associated case:							
Case definition of associated case ☐ Confirmed ☐ Probable ☐ Suspected							
Date(s) of contact with associated case	Nature of contact		Duration of contact				
In relation to the current case, the		☐ the sourc	☐ the source case to this case				
associated case is though			☐ a co-primary case to this case				
		☐ a second	☐ a secondary case to this case				
		□ other:					
VACCINATION STATUS		•					
Vaccinated MenCCV Yaccinated Yaccinated MenCCV		Vaccinated	4MenPV □ Y □ N □ U				
Date(s):		Date(s):					
Validation source			CV vaccinated, why not?				
□ ACIR		☐ Chose no	•				
☐ GP report		☐ Forgot	11 10				
☐ Blue Book		☐ History of	infection				
☐ Parental report		☐ Too youn					
		☐ Other:	g for i dose				
Notes:		Other.					
140103.							
TREATMENT & OUTCO	ME						
TREATMENT & OUTCO		loonital:	\\/omdi				
Hospitalised		Hospital:	Ward:				
Admission date:		Separation date:					
Medical record number:	Ι -	Falante					
•	Hospital doctor: Telephone:						
Sequelae: □Amputation □Encephalitis □Neurol. deficit □Pneumonia □Seizures □ Other:							
Deceased ☐ Y ☐ N ☐ U Cause of death ☐ Y ☐ N ☐ U							
Death date:							
Notes:							

NDD no:

Type of Contact	NTACTS FOLLOWED UP Description	Information	Information	Vaccination
Type of Contact	Description	only ¹	+ clearance antibiotics ²	information sent for A/C/Y/W135
1. Household	The household contacts of a case, including recent visitors who have stayed overnight in the 7 days preceding the onset of the case's illness, should receive clearance antibiotics and vaccination. It is not unusual for up to 20 such contacts to be identified in an indigenous family. Those who share the same dormitory, military barrack or hostel bunkroom as a case are, in effect, household contacts.			
2. Travel	Those passengers seated in the seat immediately adjacent to the case (not across an aisle) on any flight/journey of more than 8 hours' duration should receive clearance antibiotics.			N/A
3. Sexual	Sexual partner(s) of the case should receive clearance antibiotics and vaccination, as intimate kissing has been shown to be associated with a risk of disease			
4. Childcare	Only those who were in the same room childcare group for any one period of 4 hours or longer in the 7 days preceding the onset of the case's illness require clearance antibiotics. Although there may have been some intermingling of all the children at the facility at the beginning and end of the day, this is usually of short duration only, and not enough to justify extending the clearance antibiotics. Children attending Family Day Care should be regarded as household contacts and receive clearance antibiotics.			N/A
5. School and university	Only those school or university (or other tertiary education facility) colleagues who have been, in effect, household contacts of a case, such as children who have undertaken a 'sleep over' at the house of the case, or dormitory contacts at a boarding school, should receive clearance antibiotics. At a university hall of residence, those contacts who are household-like contacts should be administered clearance antibiotics. Information on the disease may need to be given to a wider network of contacts, due to the difficulty in defining epidemiological groups in these situations, eg a student in the final year(s) of secondary school may mix with multiple classes.			N/A
6. Nightclub	Casual contacts who have attended the same nightclub as a case will usually be impossible to identify, apart from the case's close friends. Clearance antibiotics are not indicated for casual contacts in a nightclub; however, information should be provided to any nightclub contacts who are able to be traced.		Not normally indicated	N/A
7. Health care workers	Only medical personnel who are directly exposed to a case's nasopharyngeal secretions (ie. the person who either intubated the case (but only if a facemask was not worn), or performed mouth-to-mouth resuscitation on the case, require clearance antibiotics. Other healthcare staff managing the patient do not require clearance antibiotics.			N/A
TOTAL	the patient de net require dictarios diffusiones.			

¹ Information to all contacts should include: 1. explanation of carriage & invasive meningococcal disease; 2. signs & symptoms of IMD and the importance of urgent presentation; 3. typical modes of transmission incl. clearance required only for those in close and prolonged contact; 4. there is no need for quarantine. Written information may be provided where appropriate.

² Additional information to close contacts should include: 1. who is a close contact; 2. rationale for antibiotic clearance emphasising that antibiotics don't treat established infection; 3. share information with family and friends including importance of urgent presentation if any are unwell; 4. there is no need for quarantine. Provide written information to close contacts.

MENINGOCOCCAL DISEASE CASE DATA FORM – Sept 2008 - Page 3 of 4

INVESTIGATIONS						
☐ Clinical only ☐ Laboratory confirmed						
Specimen	Requested /	Specimen date	Result			
	performed					
Blood	PCR					
	Culture					
	Serology	Acute				
	Serology	Conv.				
CSF	PCR					
	Culture					
	Microscopy					
Synovial fluid	PCR					
	Culture					
	Microscopy					
Other						
Non sterile sites	·					
Specimen	Requested /	Specimen date	Result			
•	performed .					
Conjunctiva	Culture					
-	Microscopy					
Skin scraping	Culture					
1 0	Microscopy					
Throat swab	Culture					
Other						
Results of other rel	evant investigations	G (eg WCC)				
Specimen	Requested /	Specimen date	Result			
,	performed	,				
	•		•			
SEROGROUP & S	EROSUBTYPE					
Serogroup: B C W135 Y Untypable Unknown						
NB: Vaccination is recommended for close contacts when serogroup is A, C, Y or W135						
Serosubtype:						
Notes:						
CASE DEFINITION	N					
☐ Confirmed lab definitive evidence OR lab suggestive evidence + clinical evidence						
☐ Probable clinical evidence only						
☐ Suspected these should not be entered onto NDD						
□ NDD updated/finalised						
Signed Date						