

MENINGOCOCCAL DISEASE – Case audit form

NOTE

- This form can be modified according to your PHUs requirements.
- Analysis of collected data is at the discretion of the PHU Director.
- Completed forms are not required by Communicable Diseases Branch.

Date/time PHU notified:
PHU Case Manager:

OTHERS NOTIFIED OF THIS CASE BY PHU		
	Date/time	Notes
PHU Director		
ID physician		
Other clinician <i>(specify)</i>		
Laboratory <i>(specify)</i>		
CDB / CDONCALL		
Other PHU/office <i>(specify)</i>		
AHS media unit		
Other <i>(specify)</i>		

Investigation commenced the day of notification to the PHU?	Yes	No	N/A	Time/date invstgtn commenced
Media release distributed?	Yes	No	N/A	
PCR & other diagnostic options discussed with clinician?	Yes	No	N/A	
Diagnostic results in PHU case notes: Gram stain (specimen – blood, CSF, skin scraping, other)	Yes	No	N/A	Not done / pending / result
Culture (specimen – blood, CSF, skin scraping, other)	Yes	No	N/A	Not done / pending / result
PCR (specimen – blood, CSF, other)	Yes	No	N/A	Not done / pending / result
Serology	Yes	No	N/A	Not done / pending / result
Other	Yes	No	N/A	
Invasive isolates referred for serogrouping?	Yes	No	N/A	ICPMR / SWAPS / Other Date
Is there a list of close contacts in PHU case notes? List to include: <ul style="list-style-type: none"> ○ Type of contact ○ Information on disease & risks given by PHU, Hosp or GP ○ Age ○ Pregnancy status ○ Contraindications & allergies ○ Who provided clearance treatment - PHU, Hosp or GP 	Yes	No	N/A	

NDD no:

Standard advice and clearance treatment offered to close contacts as defined by NSW Health & NH&MRC?	Yes	No	N/A	
No. of defined close contacts who were prescribed and who required clearance treatment	Total received / required clearance treatment _____ / _____			
No. of defined close contacts who received clearance treatment within 24 hours of notification	Total received within 24h / required clearance treatment _____ / _____			
No. of defined close contacts who required/received immunisation	Total received / required Immunisation _____ / _____			
If case attended an institution, information provided in accordance with NSW Health protocols?	Yes	No	N/A	Uni / School / CCC
Where the case or contacts were Aboriginal/Torres Strait Islander people, did the PH response include Aboriginal health staff/services?	Yes	No	N/A	
NDD data entry requirements (from case notes)				
Case entered within 1 working day of notification	Yes	No	N/A	
Disease classification entered	Yes	No	N/A	
Aboriginality entered	Yes	No	N/A	
Immunisation status of case entered	Yes	No	N/A	
Serogroup entered	Yes	No	N/A	
Outcome (deceased) entered	Yes	No	N/A	
Was this case linked to any other cases?	Yes	No	N/A	Case numbers
Case outcome	<input type="checkbox"/> Alive and recovered fully <input type="checkbox"/> Alive with sequelae <input type="checkbox"/> Deceased			Date
Case finalised in NDD	Yes	No	N/A	Date
Was this notification managed according to NSW and National guidelines?	Yes	No	N/A	Exceptions and reasons
Case conference conducted within PHU	Yes	No	N/A	Date Location of findings
Case conference conducted external to PHU	Yes	No	N/A	Date Location of findings

ISSUES IDENTIFIED DURING THE MANAGEMENT OF THIS CASE

ASPECT	ISSUE	ACTION
NOTIFICATION		
DIAGNOSIS		
CASE MANAGEMENT		
CONTACT MANAGEMENT		
OTHER		