

NDD no:

MENINGOCOCCAL DISEASE – core data

CASE DETAILS	
NDD unique number:	
Surname:	Given name:
DOB:	<input type="checkbox"/> Aboriginal
Age:	<input type="checkbox"/> Torres Strait Islander
<input type="checkbox"/> Male	<input type="checkbox"/> <i>Both</i> Aboriginal and TSI
<input type="checkbox"/> Female	<input type="checkbox"/> <i>Not</i> Aboriginal or TSI
Address:	
Suburb:	Postcode:
Other contact:	Telephone:
Occupation/School:	Contact person:
	Telephone:
Country of birth:	Language:
Notes:	

NOTIFICATION	
First notifier name:	
Telephone:	
Fax:	
Notifier type:	
Notified date:	Received date:
GP name:	
Telephone:	Fax:
Address:	PC:
Notes:	

CLINICAL PRESENTATION		
<input type="checkbox"/> Symptomatic	<input type="checkbox"/> Asymptomatic	
Onset date:	Onset time:	
<i>Syndrome</i>		
<input type="checkbox"/> Meningitis	<input type="checkbox"/> Meningitis and septicaemia	
<input type="checkbox"/> Septicaemia	<input type="checkbox"/> Conjunctivitis	
<input type="checkbox"/> Other invasive disease:		
<i>Signs and symptoms</i>		
<input type="checkbox"/> Fever	<input type="checkbox"/> Joint pain	
<input type="checkbox"/> Headache	<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Photophobia	
<input type="checkbox"/> Neck stiffness	<input type="checkbox"/> Rash (<i>describe</i>)	
<input type="checkbox"/> Other symptoms:		
1 st medical presentation to:	date:	time:
1 st IV or IM antibiotics given by:	date:	time:
Notes:		

SUMMARY OF CONTACTS FOLLOWED UP				
Type of Contact	Description	Information only¹	Information + clearance antibiotics²	Vaccination 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				

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.

INVESTIGATIONS			
<input type="checkbox"/> Clinical only			
<input type="checkbox"/> Laboratory confirmed			
Sterile sites			
<i>Specimen</i>	<i>Requested / performed</i>	<i>Specimen date</i>	<i>Result</i>
Blood	PCR		
	Culture		
	Serology	Acute	
Conv.			
CSF	PCR		
	Culture		
	Microscopy		
Synovial fluid	PCR		
	Culture		
	Microscopy		
Other			
Non sterile sites			
<i>Specimen</i>	<i>Requested / performed</i>	<i>Specimen date</i>	<i>Result</i>
Conjunctiva	Culture		
	Microscopy		
Skin scraping	Culture		
	Microscopy		
Throat swab	Culture		
Other			
Results of other relevant investigations (eg WCC)			
<i>Specimen</i>	<i>Requested / performed</i>	<i>Specimen date</i>	<i>Result</i>

SEROGROUP & SEROSUBTYPE
Serogroup: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> W135 <input type="checkbox"/> Y <input type="checkbox"/> Untypable <input type="checkbox"/> Unknown
<i>NB: Vaccination is recommended for close contacts when serogroup is A, C, Y or W135</i>
Serosubtype:
Notes:

CASE DEFINITION
<input type="checkbox"/> Confirmed <i>lab definitive evidence OR lab suggestive evidence + clinical evidence</i>
<input type="checkbox"/> Probable <i>clinical evidence only</i>
<input type="checkbox"/> Suspected <i>these should not be entered onto NDD</i>
<input type="checkbox"/> NDD updated/finalised
Signed _____ Date _____