



Meningococcal Disease

County _____

LHJ Use ID _____
 Reported to DOH Date ____/____/____
 LHJ Classification Confirmed
 Probable
 By: Lab Clinical
 Epi Link: _____

Outbreak-related
 LHJ Cluster# _____
 LHJ Cluster Name: _____
 DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____ Investigation start date ____/____/____
 Reporter (check all that apply) Lab Hospital HCP
 Public health agency Other
 OK to talk to case? Yes No DK Date of interview ____/____/____
 Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____ Birth date ____/____/____ Age _____
 Address _____ Homeless Gender F M Other Unk
 City/State/Zip _____ Ethnicity Hispanic or Latino
 Not Hispanic or Latino
 Phone(s)/Email _____ Race (check all that apply)
 Alt. contact Parent/guardian Spouse Other Name: _____
 Amer Ind/AK Native Asian
 Zip code (school or occupation): _____ Phone: _____
 Native HI/other PI Black/Afr Amer
 Occupation/grade _____ White Other
 Employer/worksite _____ School/child care name _____

CLINICAL INFORMATION

Onset date: ____/____/____ Derived Diagnosis date: ____/____/____ Illness duration: _____ days

Signs and Symptoms

Y N DK NA
 Fever Highest measured temp: _____ °F
 Type: Oral Rectal Other: _____ Unk
 Headache
 Stiff neck
 Cough Onset date ____/____/____
 Eyes sensitive to light (photophobia)
 Rash
 Other symptoms consistent with illness: _____

Y N DK NA
 Hospitalized at least overnight for this illness

Hospital name _____
 Admit date ____/____/____ Discharge date ____/____/____
 Y N DK NA
 Died from illness Death date ____/____/____
 Autopsy Place of death _____

Predisposing Conditions

Y N DK NA
 Smokes tobacco
 Prolonged time indoors where people smoke
 Respiratory disease in 2 weeks before onset

Vaccinations

Y N DK NA
 Meningococcal vaccine in past
 Number of doses meningococcal vaccine prior to illness: _____
 Dose 1 Type: _____ Date received: ____/____/____
 Dose 2 Type: _____ Date received: ____/____/____
 Dose 3 Type: _____ Date received: ____/____/____

Clinical Findings

Y N DK NA
 Meningitis
 Primary Bacteremia
 Pneumonia
 X-ray result: P N I O NT
 Purpura fulminans
 Rash – petechial
 Septic arthritis
 Altered mental status
 Admitted to intensive care unit
 Mechanical ventilation or intubation required
 Complications:
 Pericarditis Epiglottitis Amputations
 Cellulitis Dissem. Intravasc. Coag. (DIC)
 Other Specify: _____

P = Positive
 N = Negative
 I = Indeterminate
 O = Other
 NT = Not Tested

Laboratory

Date 1st positive specimen collected: ____/____/____ Source _____
 P = Positive O = Other
 N = Negative NT = Not Tested
 I = Indeterminate

P N I O NT
 N. meningitidis culture (sterile site):
 Bronchoalveolar lavage ("BAL") Blood
 CSF Joint Other sterile site: _____
 Antibiotic resistance testing of isolate:
 Sulfa resistance Y N NT/Unk
 Rifampin resistance Y N NT/Unk
 N. meningitidis antigen by latex agglutination (CSF) or immunochemistry (formalin-fixed tissue) [Probable]
 N. meningitidis DNA by validated PCR from normally sterile site [Probable]
 Gram-negative diplococci (from normally sterile site) in the absence of positive culture [Suspect]
 N. meningitidis serogroup: A B C Y W135
 Not groupable Other Not serogrouped

INFECTION TIMELINE

Enter onset date in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:	Exposure period		Contagious period*
	-10	-2	
Calendar dates:	<input type="text"/>	<input type="text"/>	<input type="text"/>

* unless treated for nasopharyngeal carriage

EXPOSURE (Refer to dates above)

Y N DK NA
 Travel out of the state, out of the country, or outside of usual routine
 Out of: County State Country
 Destinations/Dates: _____

Y N DK NA
 Congregate living
 Barracks Corrections Long term care
 Dormitory Boarding school Camp
 Shelter Other: _____
 If dormitory residence, name: _____
 If dormitory residence, # of roommates: _____

Y N DK NA
 Contact with lab confirmed case
 Casual Household Sexual
 Needle use Other: _____

Y N DK NA
 Human saliva (e.g. water bottle, cigarettes, lipstick, eating utensils)
 Attended social gatherings or crowded setting
 Employed in laboratory

Where did exposure probably occur? In WA (County: _____) US but not WA Not in US Unk

Exposure details: _____

- No risk factors or exposures could be identified
- Patient could not be interviewed

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA
 Antibiotics prescribed for this illness Antibiotic name: _____
 Date/time antibiotic treatment began: ___/___/___ AM PM # days antibiotic actually taken: _____
 Treated for nasopharyngeal carriage
 Antibiotic use before specimen collected

PUBLIC HEALTH ISSUES

Y N DK NA
 Attends child care or preschool

PUBLIC HEALTH ACTIONS

Prophylaxis of appropriate contacts recommended:
 Date initiated: ___/___/___
 Household members Roommates
 Child care contacts Playmates Other children
 Other patients Medical personnel EMTs
 Co-workers Teammates Carpools
 Other close contacts: _____
 Number of contacts recommended prophylaxis: _____
 Number of contacts receiving prophylaxis: _____
 Number of contacts completing prophylaxis: _____

NOTES

Investigator _____ Phone/email: _____	Investigation complete date ___/___/___
Local health jurisdiction _____	Record complete date ___/___/___