State of California—Health and Human Services Agency

Mail to: California Department of Public Health
Immunization Branch
850 Marina Bay Parkway
Building P, 2nd Floor, MS 7313
Richmond, CA 94804-6403
Or Fax to: (510) 620-3949

MENINGOCOCCAL DISEASE CASE REPORT

Patient name—last	first	middle initial	Date of birth	Age	Sex
Address—number, street	City	State	County	ZIP code	
Telephone number Home ( )	Work ( )		Occupation		

RACE (check one)
☐ African-American/Black ☐ White ☐ Native American ☐ Asian/Pacific Islander ☐ Other: ________

ETHNICITY (check one)
☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

If Asian/Pacific Islander, please check one: ☐ Asian Indian ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Korean ☐ Laotian ☐ Samoan ☐ Vietnamese ☐ Other: ________

PRESENT ILLNESS

Onset date	Attending physician				Telephone number ( )
Hospitalized ☐ Yes ☐ No	Admit date	Discharge date	Hospital name	Medical record number	Telephone number ( )

SYMPTOMS/SIGNS

Date history obtained: ________

	Yes	No	Unk
Fever ≥ 38°C/100.4 °F (highest recorded: ______)	☐	☐	☐
Headache	☐	☐	☐
Stiff neck	☐	☐	☐
Respiratory symptoms	☐	☐	☐
Nausea/vomiting	☐	☐	☐
Other relevant symptoms (list):			

	Yes	No	Unk
Seizures	☐	☐	☐
Altered consciousness	☐	☐	☐
Maculopapular rash	☐	☐	☐
Petechial rash (distribution: ________)	☐	☐	☐
Purpuric rash (distribution: ________)	☐	☐	☐
Clinical purpura fulminans	☐	☐	☐

SYNDROME	Yes	No	Unk
Pneumonia/ARDS	☐	☐	☐
Encephalitis/meningitis	☐	☐	☐
Septic arthritis	☐	☐	☐
Sepsis/multi-organ failure	☐	☐	☐
Disseminated intravascular coagulation	☐	☐	☐

Prior medical history:

HOSPITAL COURSE	Yes	No	Unk
ICU admission	☐	☐	☐
Intubated	☐	☐	☐
Were antibiotics taken prior to collection of blood for microbial testing?	☐	☐	☐
Were antibiotics taken prior to collection of CSF for microbial testing?	☐	☐	☐
Date antibiotics started: ________			
Antibiotic/s prescribed: ________ ________			
Died (if yes, date: ________)	☐	☐	☐

LABORATORY TESTING FOR *N. meningitidis*

	Pos	Neg	Unk	Not Done
Blood culture (date collected: ________)	☐	☐	☐	☐
CSF gram stain (for gram negative diploccocci)	☐	☐	☐	☐
CSF antigen test	☐	☐	☐	☐
CSF culture (date collected: ________)	☐	☐	☐	☐
Other culture (specimen=________) (date collected: ________)	☐	☐	☐	☐

	Pos	Neg	Unk	Not Done
Blood PCR (date collected: ________)	☐	☐	☐	☐
CSF PCR (date collected: ________)	☐	☐	☐	☐
Other PCR (specimen= ________) (date collected: ________)	☐	☐	☐	☐

Was specimen(s) or isolate(s) submitted to MDL for additional testing ☐ Yes ☐ No If no, why not? ________

MDL Accession # ________

Was PFGE performed? Yes ☐ No ☐

PFGE pattern # ________

Please submit copies of supporting lab reports and antimicrobial susceptibility patterns (if done) with Case Report Form

SEROGROUP IDENTIFICATION (Choose one)

☐ A ☐ B ☐ C ☐ Y ☐ W135 ☐ Not Groupable ☐ Other: ________
☐ Not done ☐ Unknown ☐ Pending

EXPOSURES	**Yes**	**No**	**Unk**		**Yes**	**No**	**Unk**
Day care	☐	☐	☐	Is patient known MSM?	☐	☐	☐
Kindergarten	☐	☐	☐	Military	☐	☐	☐
Grades 1–5	☐	☐	☐	Did patient reside in a dormitory while ill?	☐	☐	☐
Grades 6–8	☐	☐	☐	Did patient reside in another congregate setting?	☐	☐	☐
High school	☐	☐	☐	Did travel while infectious?	☐	☐	☐
College	☐	☐	☐	Did patient fly while infectious?	☐	☐	☐

If Yes to any , describe:______________________________

SOURCE CASE INFORMATION

Was this case part of a recognized cluster or outbreak? ☐ Yes ☐ No ☐ Unk

If yes, please list the name(s) of other associated case(s): ______________________________

Notes: ______________________________

VACCINE INFORMATION

Had patient received meningococcal vaccine prior to symptom onset? ☐ Yes ☐ No ☐ Unk

Was the vaccine:
- ☐ Menomune – polysaccharide
- ☐ Menactra – conjugate (licensed 1/2005)
- ☐ Menveo – conjugate (licensed 2/2010)

Date of vaccination: ______________________ Lot #: ______________________ *Please attach vaccination records to case report form*

CONTACTS/CHEMOPROPHYLAXIS

Were household contacts or other close contacts of this case provided chemoprophylaxis? ☐ Yes ☐ No ☐ Unk

If yes, how many: ________________ What antibiotic was used: ______________________________

Was vaccine offered to any close contacts? ☐ Yes ☐ No

Was prophylaxis offered in any large settings? ☐ Yes ☐ No If yes, describe: ______________________________

REMARKS

MENINGOCOCCAL DISEASE CASE DEFINITION

CDC. Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2013; 62(RR027) at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm

Case Classification (http://wwwn.cdc.gov/NNDSS/script/casedef.aspx?CondYrID=774&DatePub=1/1/2010 12:00:00 AM)

- Suspect: 1) Clinical purpura fulminans in the absence of a positive blood culture **OR**
  2) Gram negative diplococci from a normally sterile body site (e.g., blood or CSF)
- Probable: 1) 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**
  2) Evidence of *N. meningitidis* antigen by immunohistochemistry (IHC) on formalin-fixed tissue or latex agglutination of CSF*
- Confirmed: 1) Isolation of *Neisseria meningitidis* from a normally sterile body site (e.g., blood or cerebrospinal fluid [CSF] or, less commonly, synovial, pleural, or pericardial fluid) or from purpuric lesions

*Positive antigen test results from urine or serum samples are unreliable for diagnosing meningococcal disease.

Investigator name (print)	Date	Telephone number
		( )
Agency name		