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	Yes	No	Unk		Yes	No	Unk
Date history obtained: _____							
Fever ≥ 38°C (highest recorded: _____)	☐	☐	☐	Seizures	☐	☐	☐
Headache	☐	☐	☐	Altered consciousness	☐	☐	☐
Stiff neck	☐	☐	☐	Maculopapular rash	☐	☐	☐
Respiratory symptoms	☐	☐	☐	Petechial rash (distribution: _____)	☐	☐	☐
Nausea/vomiting	☐	☐	☐	Purpuric rash (distribution: _____)	☐	☐	☐
Other relevant symptoms (list):				Clinical purpura fulminans	☐	☐	☐

SYNDROME	Yes	No	Unk	HOSPITAL COURSE	Yes	No	Unk
Pneumonia/ARDS	☐	☐	☐	ICU admission	☐	☐	☐
Encephalitis/meningitis	☐	☐	☐	Intubated	☐	☐	☐
Septic arthritis	☐	☐	☐	Were antibiotics taken prior to collection of blood for microbial testing?	☐	☐	☐
Sepsis/multi-organ failure	☐	☐	☐				
Disseminated intravascular coagulation	☐	☐	☐	Were antibiotics taken prior to collection of CSF for microbial testing?	☐	☐	☐
Prior medical history:				Date antibiotics started: _____			
				Antibiotic/s prescribed: _____ _____ _____			
				Died (date: _____)	☐	☐	☐

LABORATORY TESTING FOR *N. meningitidis*	Pos	Neg	Unk	Not Done		Pos	Neg	Unk	Not Done
Blood culture (date collected:_____)	☐	☐	☐	☐	Blood PCR (date collected: _____)	☐	☐	☐	☐
CSF gram stain (for gram negative diploccocci)	☐	☐	☐	☐	CSF PCR (date collected: _____)	☐	☐	☐	☐
CSF antigen test	☐	☐	☐	☐	Other PCR (specimen= _____)	☐	☐	☐	☐
CSF culture (date collected:_____)	☐	☐	☐	☐	(date collected: _____)				
Other culture (specimen= _____)	☐	☐	☐	☐					
(date collected:_____)									

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

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

CDPH 8469 (12/10)

EXPOSURES	Yes	No	Unk		Yes	No	Unk
Day care	☐	☐	☐	College	☐	☐	☐
Kindergarten	☐	☐	☐	Military	☐	☐	☐
Grade 1–5	☐	☐	☐	Did patient reside in a dormitory while ill?	☐	☐	☐
Grade 6–8	☐	☐	☐	Did patient reside in another congregate setting?	☐	☐	☐
High school	☐	☐	☐	If other setting, describe: _____			

SOURCE CASE INFORMATION

Was a source case identified? ☐ Yes ☐ No ☐ Unk

If yes, was the source case: ☐ laboratory-confirmed
☐ diagnosed clinically without laboratory confirmation

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

Did the patient have a prior meningococcal vaccine? ☐ 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: _____

REMARKS

MENINGOCOCCAL DISEASE CASE DEFINITION

CDC. Prevention and Control of Meningococcal Disease Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2005; 54(No. RR-7).

Clinical Description

Meningococcal disease manifests most commonly as meningitis and/or meningococcemia that may progress rapidly to purpura fulminans, shock, and death. However, other manifestations might be observed.

Case Classification

- Suspect: 1) Clinical purpura fulminans in the absence of a positive blood culture **OR**
  2) A clinically compatible case with gram negative diplococci from a normally sterile site (e.g., blood or CSF)
- Probable: A clinically compatible case that has either: 1) Evidence of *N. meningitidis* DNA using a validated polymerase chain reaction (PCR), obtained from a normally sterile site (e.g., blood or CSF) **OR**
  2) Evidence of *N. meningitidis* antigen by immunohistochemistry (IHC) on formalin-fixed tissue or latex agglutination of CSF*
- Confirmed: 1) A clinically compatible case **AND**
  2) isolation of *Neisseria meningitidis* from a normally sterile site (e.g., blood or cerebrospinal fluid [CSF] or, less commonly, synovial, pleural, or pericardial fluid)

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

Investigator name (print)	Date	Telephone number
		( )

Agency name