MENINGOCOCCAL DISEASE

Basis of Diagnosis	
CLINICAL CRITERIA	
Fits clinical description	Tick “Yes” if the case fits the clinical description as follows: A serious invasive disease with an acute onset and may start as a mild flu-like illness and rapidly progress to fulminant septicaemia and death. Cases typically experience acute fever, malaise, nausea, myalgia, arthralgia and prostration. A rash occurs in about two thirds of cases – this may be ill defined and macular, petechial or purpuric. More severe infection leads to to shock, disseminated intra-vascular coagulation(DIC), acrocyanosis and multi-organ failure. Approximately 75 percent of cases have meningitis (typically causing headache, photophobia and neck stiffness). Infants present with less-specific features. Other locations of invasive disease are possible though rare, such as orbital cellulitis, septic arthritis, and pericarditis.
Clinical features	Ideally, obtain information on all of the clinical features listed. If the feature was present, record by ticking the “Yes” box. If not, tick the “No” box. If not known or unavailable then tick the “Unknown” box. Specify any other invasive illness which is not listed.
LABORATORY CRITERIA	
Laboratory confirmation	Indicate the status of laboratory confirmation. If the laboratory test results were positive tick the “Yes” option, if negative tick the “No” option. If the results of the laboratory test are not yet available, tick “Awaiting results”. If any of the laboratory tests were not carried out, tick "Not Done". Specify the site for isolation if not listed and for the detection of meningococcal antigen. Specify any other positive test that is not listed.
CLASSIFICATION	
Classification	Under investigation - A case that has been notified but information is not yet available to classify it as probable or confirmed.

	Probable – a clinically compatible illness. Confirmed – a clinically compatible illness that is laboratory confirmed. **Laboratory confirmation requires** at least one of the following: • isolation of *Neisseria meningitidis* bacteria or detection of *N. meningitidis* nucleic acid from blood, CSF or other normally sterile site (e.g. pericardial or synovial fluid) • detection of gram negative intracellular diplococci in blood, CSF or skin petechiae • detection of meningococcal antigen (i.e. latex agglutination test) in CSF Not a case - A case that has been investigated, and subsequently has been shown not to meet the case definition.
ADDITIONAL LABORATORY DETAILS	
For a new case entered into EpiSurv7, the Group, Type and PorA fields will be updated directly from laboratory results by ESR.	
Group	Previously recorded on case report form as Serogroup. Tick the group if known. Tick other and specify the group if it is not listed. It is unlikely that a meningococcus from a case will not be groupable – if this is the case, tick the not groupable box.
Type (Serotype)	Previously recorded on case report form as Serotype. Also known as PorB. Specify the type if available.
PorA (Subtype)	Previously recorded on case report form as Subtype. Specify the PorA result if available.
ESR Updated	A flag to indicate that the laboratory results have been updated by ESR (closed to users)
Laboratory	The name of the laboratory from where the results originated (closed to users).
Sample Number	The laboratory sample number (closed to users)
Date result updated	The date the result fields were updated (closed to users)
Other laboratory details	Note any other relevant laboratory details e.g. RFLP result.

Clinical Course and Outcome (in addition to the instructions for the completion of modules common to all case report forms)	
Time of Onset	The time of onset is the time at which the case was first aware of being ill. Values should be recorded using the 24 hour clock, e.g. 6pm = 1800hrs, and should be recorded as 18:00.
Time Hospitalised	Specify the time admitted to hospital, again using the 24-hour clock as above.
Contact with a presumptive case	Indicate whether the case had contact with a presumptive case of meningococcal disease in the 60 days prior to disease onset. If "Yes", whether they were offered prophylaxis, if it was taken and the type of prophylaxis. Give the name of the presumptive case and the nature of contact. You should use the categories given in the contact management section, i.e. household, childcare/ pre-school, close institutional, exposed to oral secretions or other contacts (specify). Indicate if the child was overseas during the incubation period of 2 - 60 days prior to the onset of disease. Record any other risk factors for meningococcal disease.
Attendance at school/ pre-school/childcare	Indicate whether the case attends school, pre-school or childcare. If not known or unavailable then tick the "Unknown" box.
Overseas travel	Indicate whether the case was overseas during the incubation period for meningococcal disease (range = 2-60 days). If not known or unavailable then tick the "Unknown" box.
Other risk factor for meningococcal disease	Specify any other risk factors under surveillance for meningococcal disease if they were present.
Protective Factors	
	At any time has the case been immunised with a meningococcal vaccine? If "yes" then, specify which vaccine was given, how many doses and when. Also record the source of the information. If MeNZB then record the date of each dose, the date when it was given and/or the age of the case at the time the dose was given. Record the documented source of the information. Note not all information sources are required. The NIR is sufficient. If the parent held record is viewed check the NIR or doctor's record to confirm.

	If there are no documented evidence of MeNZB record how many doses the case or parent/caregiver thinks have been given. Also record the date(s) when thought to have been given.
Management	
CASE MANAGEMENT	
Was case seen by a doctor?	Indicate whether the case was seen by a general practitioner (or other doctor in a primary care setting) prior to hospital admission. Give the date and time (use 24 hour clock as explained above) that the case was seen by the doctor. If this information is unknown, tick the "Unknown" box.
IV/IM antibiotics given	Indicate whether intravenous/intramuscular antibiotics were given prior to hospital admission. If "Yes", note the date and time the antibiotics were given (use 24 hour clock). If this information is unknown, tick the "Unknown" box.
CONTACT MANAGEMENT	
Type of contact	If the case had contacts at risk of infection, describe their management. Record the number of contacts identified as listed on the case report form. Specify the type of 'Other' close contacts - if multiple types of contacts specify "various". Indicate how many of the contacts identified were counselled, offered antibiotics and offered vaccination i.e. these should be a subset of the number identified.