Enhanced Meningococcal Disease Surveillance Data Collection Guidance Worksheet

GENERIC MMG

RIBD_V1_0_MMG_F_20191003

NNDSS Case ID: OBR-3 _____ **State ID:** 77993-4 _____ **Laboratory ID:** INV978 _____

DOB: PID-7 / / OR **Age:** _____ years old 77998-3

Case Status: 77990-0 ☐ Confirmed ☐ Probable

Event date: / /

Source: 66746-9 ☐ Blood ☐ CSF ☐ Other (specify)

Lab confirmation method: INV290
☐ Culture ☐ PCR ☐ Latex ☐ Other ☐ Unknown

Test used to serogroup: LAB652
☐ Slide agglutination (SASG) ☐ PCR ☐ WGS ☐ Other

Serogroup: INV705 ☐ A ☐ B ☐ C ☐ E ☐ W
☐ X ☐ Y ☐ Not groupable ☐ Other (specify) _____

Outcome: 77978-5 ☐ Survived ☐ Died ☐ Unknown

Outbreak/Cl 77980-1 **elated:** ☐ Yes ☐ No ☐ Unknown

Homeless: 32911000 ☐ Yes ☐ No ☐ Unknown

College Student: ☐ Yes ☐ No ☐ Unknown
224311000

If yes, please complete the following questions

Year in School: 64990-5 ☐ Freshman ☐ Sophomore ☐ Junior
☐ Senior ☐ Graduate Student ☐ Other ☐ Unknown

Resi INV1091 **ype:** ☐ On Campus ☐ Off Campus ☐ Unknown

Greek Life: ☐ Yes ☐ No ☐ Unknown

Symptoms: 56831-1 Yes No INV919 Unknown

Headache 25064002	☐	☐	☐
Fever 386661006	☐	☐	☐
Stiff neck 161882006	☐	☐	☐
Photophobia 409668002	☐	☐	☐
Nausea 422587007	☐	☐	☐
Vomiting 422400008	☐	☐	☐
Diarrhea 62315008	☐	☐	☐
Sore throat	☐	☐	☐
Rash 271807003	☐	☐	☐

Rash type: ☐ Petechiae ☐ Purpura ☐ Other ☐ Unknown

☐ Other (specify) OTH _____

HIV Status: 55277-8 ☐ Yes ☐ No ☐ Unknown

MSM (men who have sex with men) – Complete these variables for any male cases 16 years of age and older.

During the past 12 months, have you had sex with only males, only females, or with both males and females?
☐ Males only ☐ Females only ☐ Both males and females ☐ Not sexually active ☐ Unknown ☐ Refused

MSM not otherwise specified: ☐ Yes ☐ No ☐ Unknown

Taking complement inhibitor: ☐ Yes, eculizumab/Soliris 427429004 ☐ Yes, ravulizumab/Ultomiris ☐ No ☐ Unknown
If yes, please complete the complement inhibitor case information table below

COMPLEMENT INHIBITOR CASE INFORMATION*

Indication for complement inhibitor treatment: ☐ Paroxysmal nocturnal hemoglobinuria (PHN) ☐ Unknown
☐ Generalized myasthenia gravis (gMG) ☐ Atypical hemolytic uremic syndrome (aHUS) ☐ Other _____

Date complement inhibitor treatment started: / / ☐ Unknown

Date complement inhibitor treatment ended: / / ☐ On-going ☐ Unknown

Hospitalized? ☐ Yes ( ) days ☐ No ☐ Unknown 77974-4

Sequelae: ☐ Yes: _____ ☐ No ☐ Unknown

Was the patient taking antibiotics at the time of disease onset? ☐ Yes ☐ No ☐ Unknown
If yes:
Antibiotic: _____ **Date antibiotic started:** / / **Daily dose:** _____

*These variables are part of a supplemental data collection activity that is NOT part of NNDSS meningococcal disease surveillance. This is included as a convenience for jurisdictions who choose to participate in this supplemental data collection.

VACCINATION INFORMATION

Did the patient receive quadrivalent meningococcal vaccine? VAC126 ☐ Yes ☐ No ☐ Unknown

Did the patient receive serogroup B meningococcal vaccine? VAC126 ☐ Yes ☐ No ☐ Unknown

If yes to either, please complete the table below for each dose

Date 30952-6	Vaccine		
	Type 30956-7	Name VAC155	Lot Number 30959-1
/ / ☐ Unknown	☐ MenACWY ☐ MenB ☐ Other: _____ ☐ Unknown		
/ / ☐ Unknown	☐ MenACWY ☐ MenB ☐ Other: _____ ☐ Unknown		
/ / ☐ Unknown	☐ MenACWY ☐ MenB ☐ Other: _____ ☐ Unknown		
/ / ☐ Unknown	☐ MenACWY ☐ MenB ☐ Other: _____ ☐ Unknown		
/ / ☐ Unknown	☐ MenACWY ☐ MenB ☐ Other: _____ ☐ Unknown		