Invasive Meningococcal Disease/Bacterial Meningitis, NOS

hpsc

A. PATIENT DETAILS

CIDR EVENT ID

HSE area | LHO

Patient forename

Patient surname

Patient address

County

Date of Birth

Age (years)

Sex (at birth) ☐ Male ☐ Female ☐ Other ☐ Unknown

Telephone

OUTBREAK ID

GP name & address

GP Phone

Hospital of admission

Hospital chart number

Hospital (other)

Treating consultant & Email/Telephone

Notified by

Date notified to Dept. Public Health

B. SOCIODEMOGRAPHIC DETAILS

Place of Attendance ☐ Creche ☐ Primary School ☐ Secondary School ☐ 3rd Level ☐ Work ☐ Other

Ethnicity

☐ Irish
☐ Irish Traveller
☐ Any other White background
☐ African
☐ Any other Black background
☐ Other, please specify

☐ Chinese
☐ Any other Asian background
☐ Roma

Other, please specify:

Country of birth

☐ Ireland ☐ Other (please specify):

C. CLINICAL DETAILS

Symptoms (tick all that apply)

☐ Fever
☐ Meningeal signs
☐ Petechial rash
☐ Septic shock
☐ Severe sepsis
☐ Septic arthritis
☐ Pneumonia
☐ Diarrhoea
☐ Other, please specify:

DATE

ONSET
ADMISSION
DISCHARGE

Duration of hospital stay (days)

ICU admission ☐ Yes ☐ No

No. days in ICU

Final Clinical Diagnosis (tick all that apply)

☐ Meningitis
☐ Septicaemia
☐ Other invasive

Other, please specify:

D. RISK FACTORS

Risk factors identifed? ☐ Yes ☐ No ☐ Under investigation

Tick all that apply

☐ Epi-Linked
☐ Immunosuppressive condition/illness/therapy*
☐ Crowded living conditions
☐ Other risk factors

* See NIAC guidance

Imported ☐ Yes ☐ No ☐ Unknown

Country of infection

☐ Ireland ☐ Other (please specify):

Please specify details of risk factors

List of Chronic Medical Conditions as specified by National Immunisation Advisory Committee are provided in the NIAC document available at

http://www.hse.ie/portal/eng/health/immunisation/hcpinfo/guidelines/immunisationguidelines.html

CIDR EVENT ID

Patient Name/Address

E. LABORATORY DETAILS (please tick all that apply)

STERILE SITE
CULTURE DIAGNOSIS Positive

	Yes	No
Blood		
CSF		
Other site		

Other site details (specify)

STERILE SITE
PCR DIAGNOSIS Positive

	Yes	No
Blood		
CSF		
Other site		

Other site details (specify)

Organism Name

Meningococcal Serogroup

NON STERILE SITE
CULTURE DIAGNOSIS Positive

	Yes	No
Skin Lesion		
Throat		
Nose		
Eye		
Other		

Other site details (specify)

MICROSCOPY DIAGNOSIS Positive

	Yes	No
CSF intracellular GNDC		
Skin Lesion intracellular GNDC		
Raised White Cells in CSF		

Raised White Cell Count in CSF

Other lab test results (specify)

Other optional lab test results (specify) for Tessy reporting

Genotyping results

- FetVR
- MLST
- PorA1
- PorA2

Antibiotic susceptibility testing minimum inhibitory concentration (MIC) results

- MIC Ciprofloxacin
- MIC Cefotaxime or Ceftriaxone
- MIC Penicillin
- MIC Rifampicin

Case Classification*

Confirmed Probable Possible

Date of Diagnosis

F. OUTCOME

Outcome at time of discharge

- Died
- Long-term sequelae
- Recovering
- Recovered
- Still ill

Cause of death

- Due to this ID (primary)
- Not due to this ID
- Awaiting coroner's report
- Not known

Date of Death

***Please see case definition at https://www.hpsc.ie/a-z/vaccinepreventable/invasivemeningococcaldisease/casedefinition/**

CIDR EVENT ID | | | | | | | | |

Patient Name/Address

G. VACCINATION OF INDEX CASE (for meningococcal cases only)

Meningococcal B

		Vaccination Date	Brand	Batch Number
☐ Complete	1st dose			
☐ Incomplete	2nd dose			
☐ Unvaccinated	3rd dose			
☐ Unknown	4th dose			

Source of Information: ☐ GP record ☐ Parent record ☐ HSE record ☐ Self report ☐ Parent recall ☐ Unk ☐ Other

Meningococcal C

		Vaccination Date	Brand	Batch Number
☐ Complete	1st dose			
☐ Incomplete	2nd dose			
☐ Unvaccinated	3rd dose			
☐ Unknown	4th dose			

Source of Information: ☐ GP record ☐ Parent record ☐ HSE record ☐ Self report ☐ Parent recall ☐ Unk ☐ Other

Meningococcal ACWY

		Vaccination Date	Brand	Batch Number
☐ Complete	1st dose			
☐ Incomplete	2nd dose			
☐ Unvaccinated	3rd dose			
☐ Unknown	4th dose			

Source of Information: ☐ GP record ☐ Parent record ☐ HSE record ☐ Self report ☐ Parent recall ☐ Unk ☐ Other

For bacterial meningitis caused by other notifiable diseases such as *H. influenzae* or *S. pneumoniae* please use disease-specific enhanced forms on HPSC website. Please ensure that all enhanced details are entered on to CIDR

COMMENTS

Thank you for completing this form. Please return the completed form to your local Department of Public Health

Additional data to be completed if requested by specific areas

CIDR EVENT ID

Patient Name/Address

H. CASE MANAGEMENT (For local use only)

Date of notification

Time of notification

Person Notified

If attending creche, primary/secondary.3rd level or work, please specify details of location

How was case identified? Lab/clinical notification (index) ☐ PH contact tracing ☐ Other ☐

Other, please specified

Other Hospital Admission Date

Other Hospital Discharge Date

IV/IM antibiotics given to index case prior to hospital admission

☐ Yes ☐ No ☐ Unknown

If chemoprophylaxis given to index case, please give details

Index Case Chemoprophylaxis

☐ Yes ☐ No ☐ Unknown

Index case recommended vaccination for a specific serogroup?

☐ Yes ☐ No ☐ Unknown If not given, give reason:

IV/IM chemoprophylaxis given to index case before discharge

☐ Yes ☐ No ☐ Unknown

Index Date of Chemoprophylaxis

	Yes	No	Unknown
Immunological assessment recommended?	☐	☐	☐
Immunological assessment undertaken?	☐	☐	☐

Results of immunological assessment of index case

	Normal	Abnormal	Unknown
Properidin	☐	☐	☐
Complement	☐	☐	☐

Other details, if known

I. CONTACT MANAGEMENT (For local use only)

Chemoprophylaxis of Contacts

☐ Yes ☐ No ☐ Unknown

No. of Contacts Recommeded Chemoprophylaxis

No. Recommended Vaccination

No. of Contacts Given Chemoprophylaxis

No. Given Vaccination

Number of Close Contacts Identified

Family Household		Sexual	
Other Relatives		Childcare/Carer	
Other Friends		Other	

Comments

J. ADDITIONAL DETAILS (For local use only)

Parent/guardian name

GP's name

Parent/guardian 's address

GP's address

Parent/guardian phone

GP's phone

Form Completed By

Position

Contact Phone

Date Completed