Public Health Agency of Canada | Agence de santé publique du Canada

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ENHANCED INVASIVE MENINGOCOCCAL DISEASE SURVEILLANCE FORM

Provincial ID: _____ | **NML ID#** _____

HEALTH AUTHORITY INFORMATION

Date of Report: _____/_____/_____ (YYYY MM DD)

Province/territory: __ __

PATIENT INFORMATION

Sex: ❑ Male ❑ Female ❑ Unknown

Date of Birth: _____/_____/_____ (YYYY MM DD) or Age: ____ years ____ months

Geolocator: Public Heath Unit _____ or
Partial Postal Code (Forward Sortation Area) __ __ __

Episode Date: _____/_____/_____ (YYYY MM DD)

Episode Type (First available date hierarchically):
❑ Onset date ❑ Clinical diagnosis date
❑ Specimen collection date
❑ Laboratory test result date
❑ Report date

Travel associated: ❑ Yes ❑ No ❑ Unknown
If yes, travel detail: _____

CASE TYPE

❑ Confirmed Case

2006 definition:
Invasive disease with laboratory confirmation of infection by:

- isolation of *Neisseria meningitidis* from a normally sterile site (blood, cerebrospinal fluid, joint, pleural, pericardial fluid etc.) **or**
- demonstration of *N. meningitidis* DNA by appropriately validated nucleic acid test (NAT) from a normally sterile site.

❑ Probable Case

2006 definition:
Invasive disease with purpura fulminans or petechiae and no other apparent cause:

- with demonstration of *N. meningitidis* antigen in the CSF **or**
- in the absence of isolation of *N. meningitidis* or demonstration of DNA by appropriately validated NAT from a normally sterile site.

CLINICAL INFORMATION

Clinical diagnosis (Check all that apply)

(Meningitis (Septicemia/bacteremia (Septic arthritis

(Other invasive meningococcal disease _____

Outcome: (Recovered (Died (Unknown

If died, date of death: _____/_____/_____ (YYYY MM DD)

Immunization Status (meningococcal vaccine only):

(Complete (Incomplete

(No immunization (Unknown

If immunized, date of last immunization: _____/_____/_____ (YYYY MM DD)

LABORATORY INFORMATION

Laboratory Method:

❑ Bacterial culture positive ❑ Antigen detection positive ❑ PCR positive

❑ All laboratory tests negative ❑ Laboratory testing not done ❑ Other _____ ❑ Unknown

Specimen:

(Blood (Cerebral Spinal Fluid (Joint Fluid (Pleural Fluid (Pericardial Fluid (Other _____

Serogroup: (Group A (Group B (Group C (Group W-135 (Group Y (Group Z (Other _____

(Non-groupable (Unknown

Serotype: _____ (Unknown

Serosubtype: _____ (Unknown

ET Profile: _____ ❑ Unknown