

A. PATIENT DETAILS

CIDR EVENT ID

Patient forename			Patient surname		
Patient address			Hospital name		
HSE area		County	Hospital number		
Phone			Treating Physician		
Creche, School, College Address			First notified by:	<input type="checkbox"/> Laboratory <input type="checkbox"/> Occupational Health <input type="checkbox"/> GP <input type="checkbox"/> Public Health <input type="checkbox"/> Hospital clinician <input type="checkbox"/> Other	
Work address			If other notification source, please specify:		

B. SOCIODEMOGRAPHIC DETAILS

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		
Ethnic groups (see note at end of page 4)	Country of birth		
<input type="checkbox"/> Irish <input type="checkbox"/> Chinese <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Any other White background <input type="checkbox"/> Other <input type="checkbox"/> African <input type="checkbox"/> Other, please specify <input type="checkbox"/> Any other Black background	<input type="checkbox"/> Ireland <input type="checkbox"/> Other (please specify): 		
Occupation	Country of infection		
Educational Setting	<input type="checkbox"/> Ireland <input type="checkbox"/> Other (please specify): 		
<input type="checkbox"/> Creche <input type="checkbox"/> Secondary School <input type="checkbox"/> Other <input type="checkbox"/> Primary School <input type="checkbox"/> 3 rd Level <input type="checkbox"/> Not applicable	Epi-Linked <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Outbreak identifier	Imported <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
	If imported, please specify which country		

C. CLINICAL DETAILS

Symptoms	Final Clinical Diagnosis	
<input type="checkbox"/> Fever <input type="checkbox"/> Septic arthritis <input type="checkbox"/> Meningeal signs <input type="checkbox"/> Pneumonia <input type="checkbox"/> Petechial rash <input type="checkbox"/> Other, please specify: <input type="checkbox"/> Septic shock <input type="checkbox"/> Septicaemia	<input type="checkbox"/> Meningitis <input type="checkbox"/> Meningitis & Septicaemia <input type="checkbox"/> Septicaemia <input type="checkbox"/> Other invasive	Other, please specify:
	DATE	
	ONSET	
	ADMISSION	
	DISCHARGE	
	Duration of hospital stay (days)	ICU admission
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		No. days in ICU

D. RISK FACTORS (to be obtained if possible)

Risk factors identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Under investigation	Specify details
<input type="checkbox"/> Any chronic medical condition		
<input type="checkbox"/> Current smoker		
<input type="checkbox"/> Hx of previous invasive bacterial disease		
<input type="checkbox"/> Immunosuppressive illness		
<input type="checkbox"/> Immunosuppressive therapies		
<input type="checkbox"/> Preceding severe respiratory infection eg influenza		
<input type="checkbox"/> Complement/antibody or properdin deficiency		
<input type="checkbox"/> Overseas travel 0-14 days before onset		
<input type="checkbox"/> Close contact (ever) with IMD case e.g. received rifampicin		
<input type="checkbox"/> Crowded living conditions/How many people does case share accommodation with?		
<input type="checkbox"/> Other risk factors including MSM/drug user or social networks		



E. LABORATORY INVESTIGATIONS I

	Pos	Neg	Not Done		Pos	Neg	Not Done	
Blood Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Lesion Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CSF Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSF Microscopy (intracellular GNDC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other sterile site, culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Lesion Microscopy (intracellular GNDC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If other, please specify				Throat Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blood PCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CSF PCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other sterile site, PCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other non sterile site, culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If other, please specify				If other, please specify				
Isolate sent to reference laboratory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If other test performed, please specify				
Reference lab name				Case Classification				
Primary lab name				<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Possible				
				Microbiologist				

F. LABORATORY INVESTIGATIONS II (provided by Reference laboratory)

	Intermediate	Resistant	Susceptible	Unk	MIC Value (mg/l)	Specimen Type 1 & Date
Susceptibility Ciprofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Susceptibility Cefotaxime/Ceftriaxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Susceptibility Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Susceptibility Rifampicin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Susceptibility Sulfadiazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Organism Name					FetA VR Gene	
Meningococcal Serogroup					MLST Result	
Meningococcal Serotype					PorA Gene VR1	
VR1 Serosubtype					PorA Gene VR2	
VR2 Serosubtype						

G. VACCINATION OF INDEX CASE

	Vaccination Date	Brand	Batch Number
<input type="checkbox"/> Complete	1 st dose		
<input type="checkbox"/> Incomplete	2 nd dose		
<input type="checkbox"/> Unvaccinated	3 rd dose		
<input type="checkbox"/> Unknown	4 th dose		
Source of Information <input type="checkbox"/> GP record <input type="checkbox"/> Parent record <input type="checkbox"/> PH record <input type="checkbox"/> Self report			
<input type="checkbox"/> Parent recall <input type="checkbox"/> Unk Other			
<hr/>			
<input type="checkbox"/> Complete	1 st dose		
<input type="checkbox"/> Incomplete	2 nd dose		
<input type="checkbox"/> Unvaccinated	3 rd dose		
<input type="checkbox"/> Unknown	4 th dose		
Source of Information <input type="checkbox"/> GP record <input type="checkbox"/> Parent record <input type="checkbox"/> PH record <input type="checkbox"/> Self report			
<input type="checkbox"/> Parent recall <input type="checkbox"/> Unk Other			
<hr/>			
<input type="checkbox"/> Complete	1 st dose		
<input type="checkbox"/> Incomplete	2 nd dose		
<input type="checkbox"/> Unvaccinated	3 rd dose		
<input type="checkbox"/> Unknown	4 th dose		
Source of Information <input type="checkbox"/> GP record <input type="checkbox"/> Parent record <input type="checkbox"/> PH record <input type="checkbox"/> Self report			
<input type="checkbox"/> Parent recall <input type="checkbox"/> 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

H. 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

If case died, was this disease the primary cause of death?

- ☐ Yes ☐ No ☐ Unknown

Date of Death

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Please ensure that all of the above enhanced details are entered on to CIDR

COMMENTS

I. CASE MANAGEMENT (For local use only)

Other details, if known

J. CONTACT TRACING (For local use only)

Comments

K. ADDITIONAL DETAILS (For local use only)

GP's phone

Date completed

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

Note regarding ethic identifier: This should be self-reported and is that to which the individual case identifies him or herself. It should not be ‘given’ by investigator.

Case Definition: *Meningococcal Disease (invasive) (Neisseria meningitidis)*

Clinical criteria

Any person with symptoms compatible with meningococcal disease including:

- Meningeal signs
- Haemorrhagic rash
- Septic shock
- Other manifestations are possible

Laboratory criteria for a confirmed case

At least one of the following three:

- Isolation of *Neisseria meningitidis* from a normally sterile site or from haemorrhagic skin lesions
- Detection of *Neisseria meningitidis* nucleic acid from a normally sterile site or from haemorrhagic skin lesions
- Detection of *Neisseria meningitidis* antigen from a normally sterile site

Laboratory criteria for a probable case

At least one of the following two:

- Detection of Gram-negative stained intracellular diplococci in CSF or from haemorrhagic lesions
- Isolation of *Neisseria meningitidis* from a non-sterile site (together with compatible purpuric rash or CSF findings compatible with bacterial meningitis)

Laboratory criteria for a possible Case

- isolation of *Neisseria meningitidis* from a non-sterile site (e.g. eye, throat or nasal swab)

Serogrouping of the isolates should be performed

Epidemiological criteria: An epidemiological link by human to human transmission

Case classification

A. Possible case:

Any person meeting the clinical criteria with characteristic rash OR

Any person meeting the clinical criteria with the laboratory criteria for possible case

Any person meeting the clinical criteria who received pre-admission antibiotics but is culture negative

B. Probable case:

Any person meeting the clinical criteria and with an epidemiological link to a confirmed case

OR

Any person meeting the clinical criteria and the laboratory criteria for a probable case

C. Confirmed case:

Any person meeting the laboratory criteria for a confirmed case

Source: HPSC Case Definitions for Notifiable Diseases, 2012; <http://www.hpsc.ie/hpsc/NotifiableDiseases/CaseDefinitions/>

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>