Invasive Meningococcal (*Neisseria meningitidis*) Case Report

Texas Department of State Health Services
Infectious Disease Control Unit
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PATIENT INFORMATION

Name: _____
Last First MI

Address: _____
Street City County Zip

(_____)_____ _____/_____/_____ _____ _____
Phone Birth Date Sex Race*

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

*W = White; B = Black/African American; N = American Indian/Alaska Native; P = Native Hawaiian/Pacific Islander; A = Asian; O = Other; U = Unknown

Was the patient a college student? ☐ Yes ☐ No ☐ Unknown **College** _____ **If yes, college year** ☐ Fr. ☐ So. ☐ Jr. ☐ Sr.

MEDICAL INFORMATION

_____ (_____) _____
Physician Name Physician Phone

Hospitalized? ☐ Yes ☐ No **Hospital Name**_____ ____/____/____ ____/____/____
Admit Date Discharge Date

Onset Date ____/____/____ **Type of Infection:** ☐ Bacteremia ☐ Meningitis ☐ Septic Arthritis ☐ Osteomyelitis ☐ Pneumonia ☐ Cellulitis ☐ Pericarditis ☐ Osteomyelitis ☐ Other (Specify)_____

Outcome (check one): ☐ Died ____/____/____ ☐ Recovering ☐ Unknown
Date

Did the patient have underlying conditions? (check all that apply): ☐ Diabetes mellitus ☐ HIV ☐ AIDS ☐ Cochlear Implant ☐ Asthma ☐ Alcohol Abuse ☐ Injecting Drug User (IDU) ☐ Chronic Lung Disease (COPD) ☐ Current Smoker ☐ Malignancy (specify)_____

Other prior illness within two weeks of onset (specify) _____

How was the *Neisseria meningitidis* case identified? ☐ Culture from sterile site ☐ Clinical purpura fulminans ☐ Gram negative diplococci ☐ Positive antigen test ☐ Other (specify)_____

LABORATORY INFORMATION (please attach lab report if available)

Date Collected ____/____/____ **Specimen Source:** ☐ CSF ☐ Blood ☐ Other Sterile Site (specify): _____

☐ Culture ☐ Other test (specify) _____ **Result:** _____

ALL ISOLATES FROM A STERILE SOURCE MUST BE SENT TO DSHS LAB FOR TYPING: Date sent to DSHS: ____/____/____

WHAT WAS THE SEROGROUP? ☐ A ☐ B ☐ C ☐ Y ☐ W135 ☐ Other:____ ☐ Not Groupable ☐ Unknown

WAS ISOLATE TESTED FOR SUSCEPTIBILITY TO ANTIBIOTICS? ☐ Yes ☐ No **Please indicate antibiotic resistance** _____

VACCINE INFORMATION

Did the patient receive the polysaccharide meningococcal vaccine? ☐ Yes ☐ No ☐ Unknown

Did the patient receive the conjugate meningococcal vaccine? ☐ Yes ☐ No ☐ Unknown

Date given: ____/____/____ **Vaccine Name/Manufacturer** _____

EXPOSURE DATA

Did any member of the patient's household have a similar illness during the two weeks prior to onset? ☐ **Yes** ☐ **No**

Name: _____ **DOB:** ____/____/____ **Relationship:**_____ **Date of Illness:** ____/____/____

Total number of close contacts: _____ **Number who were prophylaxed:**_____ **Date prophylaxed:** ____/____/____

Did the patient attend/work at a day-care center/home during the two weeks days prior to onset? ☐ **Yes** ☐ **No**

Name of center/home: _____ **Address:** _____ **Date last attended:** ____/____/____

Total classroom contacts: ____**Students** ____**Staff** **Number Prophylaxed:** _____**Students** _____**Staff**

Did any other child in this center have a similar infection during the two weeks prior to onset? ☐ **Yes** **Name** _____ ☐ **No**

RECOMMENDATIONS FOR PROPHYLAXIS

THE FOLLOWING GROUPS OF INDIVIDUALS SHOULD RECEIVE CHEMOPROPHYLAXIS AFTER EXPOSURE TO MENINGOCOCCAL DISEASE

- **All family contacts or household members who spend at least 8 hours a day with the case.**
- **Classroom contacts in the childcare center or childcare home attended by the case.**
- **Persons directly exposed to infectious oral secretions without personal protective equipment (PPE).**
- **Index case(s) should receive prophylaxis prior to discharge.**

It is important that antimicrobial chemoprophylaxis be administered as soon as possible, ideally within 24 hours. Chemoprophylaxis given more than 14 days after exposure is of limited value.

When prophylaxis is indicated, it should be administered to all eligible contacts at the same time to eliminate the organism from the population. Prophylaxis should begin within 24 hours of diagnosis or strong suspicion of case. Culturing of contacts is not recommended. Prophylaxis should not substitute for close observation of case contacts for symptoms.

DRUGS AND DOSAGE RECOMMENDATIONS FOR MENINGOCOCCAL CHEMOPROPHYLAXIS

DRUG	AGE GROUP	DOSAGE[1]	DURATION
Rifampin	Infants (< 1 month)	5 mg/kg q 12 hours	2 days
	Children (≥ 1 month)	10 mg/kg q 12 hours	2 days
	Adults (≥ 18 years)[3]	600 mg q 12 hours	2 days
Ciprofloxacin	Adults (≥ 18 years)	500 mg po	Single Dose
Ceftriaxone	Children (≤ 15 years	125 mg	Single IM Dose
	Individuals (> 15 years)	250 mg	Single IM Dose

1 – All doses are oral unless otherwise specified
2 – Only given if organism is known to be sensitive
3 – PREGNANT WOMEN SHOULD NOT TAKE RIFAMPIN OR CIPROFLOXACIN

COMMENTS

Reported by: _____ **Phone:** (_____)_____ **Date Reported:** ____/____/____

Investigated by: _____ **Investigation Start Date:** ____/____/____

Agency: _____ **Phone:** (_____)_____