MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

RECORD OF INVESTIGATION OF BACTERIAL MENINGITIS OR BACTEREMIA CASE REPORT

DATE OF REPORT

DATE OF ONSET

PATIENT'S NAME (LAST, FIRST, M.I.)

PARENT'S NAME IF NOT AN ADULT

TELEPHONE NUMBER ( )

ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)

HOSPITAL

PATIENT CHART NO.

PLACE EMPLOYED OR SCHOOL ATTENDED

OCCUPATION

DETACH HERE - PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC

1. STATE (RESIDENCE OF PATIENT) (1-2)

2. COUNTY (RESIDENCE OF PATIENT) (3-12)

5. HOSPITALIZED? (25) IF YES, DATE OF ADMISSION (26-31)
1 ☐ YES 2 ☐ NO
MO DAY YEAR

3. STATE CONDITION I.D. (13-18)

4. CDC I.D. (19-24)

6. DATE OF BIRTH (32-37)
MO DAY YEAR

7A. AGE (38-39)

7B. IS AGE IN DAY/MO/YR? (40)
1 ☐ DAYS
2 ☐ MONTHS
3 ☐ YEARS

7C. IF <6 YEARS OF AGE IS PATIENT IN DAYCARE? (41)
1 ☐ YES
2 ☐ NO
9 ☐ UNKNOWN
(Daycare is defined as a supervised group of 2 or more unrelated children for >4 hours/week).

8. SEX (42)
1 ☐ MALE
2 ☐ FEMALE

9A. RACE (43)
1 ☐ WHITE
2 ☐ BLACK
3 ☐ AMERICAN INDIAN/ALASKAN NATIVE
4 ☐ ASIAN/PACIFIC ISLANDER
9 ☐ NOT SPECIFIED

9B. ETHNIC ORIGIN (44)
1 ☐ HISPANIC
2 ☐ NON-HISPANIC

10. OUTCOME (45)
1 ☐ SURVIVED
2 ☐ DIED
9 ☐ UNKNOWN

11. PHYSICIAN'S NAME AND TELEPHONE NUMBER
_____
( ) _____

12. TYPE OF INFECTION CAUSED BY ORGANISM (CHECK ALL THAT APPLY)

☐ PRIMARY BACTEREMIA	(46)	☐ CELLULITIS	(50)	☐ SEPTIC ARTHRITIS	(54)
☐ MENINGITIS	(47)	☐ EPIGLOTTITIS	(51)	☐ CONJUNCTIVITIS	(55)
☐ OTITIS MEDIA	(48)	☐ PERITONITIS	(52)	☐ OTHER (SPECIFY)	(56)
☐ PNEUMONIA	(49)	☐ PERICARDITIS	(53)	_____	(57-58)

13. BACTERIAL SPECIES ISOLATED FROM ANY NORMALLY STERILE SITE * (CHECK ONE) (59)
1 ☐ *NEISSERIA MENINGITIDIS*
2 ☐ *HAEMOPHILUS INFLUENZAE*
3 ☐ GROUP B STREPTOCOCCUS
4 ☐ *LISTERIA MONOCYTOGENES*
5 ☐ *STREPTOCOCCUS PNEUMONIAE* * (PNEUMOCOCCUS)
6 ☐ GROUP A STREPTOCOCCUS
8 ☐ OTHER BACTERIAL SPECIES * (SPECIFY: INCLUDE MYCOBACTERIA, FUNGI)
_____
* REPORT **ONLY** CSF ISOLATES FOR PNEUMOCOCCUS OR OTHER BACTERIAL SPECIES (60-61)

14. SPECIMEN FROM WHICH ORGANISM ISOLATED (CHECK ALL THAT APPLY)

☐ BLOOD	(62)	☐ PERITONEAL FLUID	(65)	☐ PLACENTA	(68)
☐ CSF	(63)	☐ PERICARDIAL FLUID	(66)	☐ OTHER NORMALLY STERILE SITE	(69)
☐ PLEURAL FLUID	(64)	☐ JOINT	(67)	SPECIFY _____	(70-71)

15. DATE FIRST POSITIVE CULTURE OBTAINED (72-77)
MO DAY YEAR

IMPORTANT – PLEASE COMPLETE FOR THE FOLLOWING ORGANISMS

HAEMOPHILUS INFLUENZAE

16A. DID PATIENT RECEIVE *HAEMOPHILUS b* VACCINE? (78)
1 ☐ YES 2 ☐ NO 9 ☐ UNKNOWN IF YES, PLEASE COMPLETE THE LIST BELOW.

DOSE	DATE GIVEN (MO DAY YEAR)	VACCINE NAME/MANUFACTURER	LOT NUMBER
1 (79-84)		(85)	(86-95)
2 (96-101)		(102)	(103-112)
3 (113-118)		(119)	(120-129)
4 (130-135)		(136)	(137-146)

16B. WHAT WAS THE SEROTYPE? (147)
1 ☐ TYPE b 2 ☐ NOT TYPEABLE 9 ☐ NOT TESTED OR UNKNOWN
8 ☐ OTHER (SPECIFY) _____ (148-149)

16C. IF *H. INFLUENZAE* WAS ISOLATED FROM BLOOD OR CSF, WAS IT RESISTANT TO:

AMPICILLIN	(150)	1 ☐ YES	2 ☐ NO	9 ☐ NOT TESTED OR UNKNOWN
CHLORAMPHENICOL	(151)	1 ☐ YES	2 ☐ NO	9 ☐ NOT TESTED OR UNKNOWN
RIFAMPIN	(152)	1 ☐ YES	2 ☐ NO	9 ☐ NOT TESTED OR UNKNOWN

NEISSERIA MENINGITIDIS

17A. WHAT WAS THE SEROGROUP? (153)
1 ☐ GROUP A
2 ☐ GROUP B
3 ☐ GROUP C
4 ☐ GROUP Y
5 ☐ GROUP W135
6 ☐ NOT GROUPABLE
9 ☐ UNKNOWN
8 ☐ OTHER (154-155) (SPECIFY) _____

17B. IF *N. MENINGITIDIS* WAS ISOLATED FROM BLOOD OR CSF, WAS IT RESISTANT TO:

SULFA	(156)	1 ☐ YES	2 ☐ NO	9 ☐ NOT TESTED OR UNKNOWN
RIFAMPIN	(157)	1 ☐ YES	2 ☐ NO	9 ☐ NOT TESTED OR UNKNOWN

SUBMITTED BY (NAME OF AGENCY)

TELEPHONE NUMBER ( )

DATE

RETURN COMPLETED REPORT TO: MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES, SECTION FOR COMMUNICABLE DISEASE PREVENTION PO BOX 570, JEFFERSON CITY, MO 65102

CONTACTS (HOUSEHOLD AND OTHER)

NAME AND ADDRESS	AGE	SEX	RELATION TO PATIENT	SIMILAR ILLNESS? ONSET DATE	LABORATORY SPECIMEN	DATE COLLECTED	RESULT	CHEMO-PROPHYLAXIS (DOSE & DATE)

FOLLOW-UP NOTES Underlying causes or prior illness: Cochlear Implant (y/n): Deaf/Profound Hearing Loss (y/n):