TIBDN Meningitis Surveillance
IMPACT Surveillance Report
Room L 427, 4500 Oak Street,
Vancouver, BC, V6H 3N1
FAX: (604) 875-2635

form
04

IMPACT #: ☐☐ - 0 4 - ☐☐☐☐☐

Local Inventory #: Hosp. Code ☐☐ - ☐☐☐☐☐☐☐☐☐

Date of birth: ☐☐☐☐ ☐☐ ☐☐
year / month / day

Age at admission: ☐ d ☐ mo ☐ yr

Gender: ☐ 1 = male 2 = female

Date of admission: ☐☐☐☐ ☐☐ ☐☐
year / month / day

Postal code: ☐☐☐

Ethnic code: ☐

Hospital: ☐ 1 = Impact 2 = Other local, specify: ☐ Code

A. GENERAL HEALTH OF INDIVIDUAL PRIOR TO THIS INFECTION:

A.1. Health status prior to admission:
(enter categories from list A.1 on back of sheet. Write N/A in unused box(es).)

a) Most relevant health condition:

☐ Specific diagnosis: _____

b) If additional relevant health condition present:

☐ Specific diagnosis: _____

c) If additional relevant health condition present:

☐ Specific diagnosis: _____

A.2. Immune status at time of admission:

☐
☐
Choose best descriptors from list A.2 on reverse for individual's current immune status: (If only one category applies, write N/A in 2nd box)

A.3. Prior Meningococcal infection known?

☐ 1 = yes 2 = no/unknown

If yes, a) Indicate age at onset: _____
☐ Months
☐ Years

b) Infection syndrome:
(use codes in C.2) ☐ ☐ If other: _____

A.4. Risk Factors:

a) Did the individual have known exposure to a recent case of meningococcal infection?

☐ 1 = yes 2 = no/unknown

b) Any biologic risk factors?

☐ 1 = yes 2 = no/unknown

If yes, choose all that apply:
(write N/A in unused boxes)

☐
☐
☐

1 = complement deficiency, newly demonstrated
2 = complement deficiency, previously known (A.2)
3 = absence or dysfunction of spleen, newly detected
4 = absence or dysfunction of spleen, previously known (A.2)
5 = low serum immunoglobulin levels, newly detected
6 = low serum immunoglobulin levels, previously known (A.2)
7 = corticosteroid treatment (except topical)
8 = other immunodeficiency, specify: _____

A.1. Health status prior to admission:

    1 = Healthy for age (minor ailments only)
    2 = Neoplasm of any kind, of current relevance - double check immune status
    3 = Cardiovascular disorder
    4 = Respiratory disorder (except otitis media, mild asthma) - double check immune status
    5 = Hematologic disorder, non-malignant (eg. sickle cell disease) - double check immune status
    6 = Neurological or developmental disorder
    7 = Genitourinary or renal disorder - double check immune status
    8 = Gastrointestinal or hepatic disorder
    9 = Endocrine, nutritional or metabolic disorder
    10 = Inherited immunodeficiency (eg. hypogammaglobulinemia)
    11 = Bone, joint or connective tissue disorder - double check immune status
    12 = Skin disorder (severe only)
    13 = Effects of injury (CSF leakage, burns etc)
    14 = Multi-system disorder or syndrome (eg Down syndrome) - double check immune status
    15 = Chronic infection present (eg. HIV/AIDS, tuberculosis) - double check immune status
    16 = Relevant concurrent acute infection (e.g. influenza)
    17 = Other - specify on reverse

A.2. Immune status at time of admission:

    1 = Normal immunity for age, presumed or confirmed
    2 = Immunosuppressed by cancer treatment (chemotherapy, radiation)
    3 = Post-bone marrow transplantation
    4 = Post-solid organ transplantation
    5 = Inherited immune deficiency, as dictated by A.1) 10 above
    6 = Immunosuppressed by corticosteroids and/or other current medications, for indications other
        than those listed in A.2) 2 - 4, above
    7 = HIV/AIDS
    8 = Spleen dysfunction or absence (including surgical removal)
    9 = Low serum immunoglobulin levels, acquired (eg nephrotic syndrome)
    10 = Complement deficiency or disorder
    11 = Other acquired immunodeficiency (eg aplastic anemia)

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A. GENERAL HEALTH OF INDIVIDUAL PRIOR TO THIS INFECTION (continued):

A.4. Risk Factors (continued):

   c) Any social or behavioural risk factors?   **If no/unknown skip to Section B.**

☐ 1 = yes
    2 = no/unknown

If yes, ☐ i) Cigarette smoking?
    1 = none
    2 = ≤ 1pack/day
    3 = > 1pack/day
    4 = unknown

☐ ii) Alcoholism?
    1 = yes
    2 = no
    3 = unknown

☐ iii) IV drug use?
    1 = yes
    2 = no
    3 = unknown

☐ iv) Recent foreign travel?
    1 = none
    2 = Asia, country: _____
    3 = Africa, country: _____
    4 = Australia
    5 = Europe: country: _____
    6 = Other: specify: _____
    7 = unknown

☐ v) Current college/university student?
    1 = yes
    2 = no
    3 = unknown/NA

☐ vi) Group living arrangements?
    1 = none
    2 = residence/dormitory
    3 = barracks
    4 = homeless shelter
    5 = other, specify: _____
    6 = unknown

B. IMMUNIZATION HISTORY:

B.1. Did this infection occur despite prior meningococcal vaccination?

☐ 1 = yes
    2 = no, not vaccinated   **If no/unknown skip to C**
    3 = unknown vaccination history

Dose	Product/Manufacturer	Date Given			Verified with Imm. record
		YYYY	MM	DD	YES NO
1.	☐	└─┴─┘	└─┴─┘	└─┴─┘	☐ ☐
2.	☐	└─┴─┘	└─┴─┘	└─┴─┘	☐ ☐
3.	☐	└─┴─┘	└─┴─┘	└─┴─┘	☐ ☐
4.	☐	└─┴─┘	└─┴─┘	└─┴─┘	☐ ☐

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C. MANIFESTATIONS OF THE MENINGOCOCCAL INFECTION:

C.1. Date of onset: |___|___|___|___||___|___||___|___|
YYYY   MM   DD

C.2. Enter the categories that best describe the individual's illness. Enter all that apply. (Write N/A in unused boxes). Include location where specified:

☐ a   ☐ b

☐ c   ☐ d

☐ e   ☐ f

1 = acute bacteremia without septic shock
2 = acute bacteremia with septic shock
3 = meningitis
4 = chronic (subacute) meningococcemia
5 = pneumonia
6 = pericarditis
7 = arthritis

8 = endophthalmitis
9 = seizure
10 = petechial rash
11 = bruising (ecchymosis)
12 = skin necrosis, location: _____
13 = other (describe): _____

C.3. Was CSF examined:

☐

1 = yes
2 = no   **If no/unknown skip to C.4**
3 = unknown

If yes, a) Date sample collected: |___|___|___|___||___|___||___|___|
YYYY   MM   DD

b) Indicate results below: 1 = normal
2 = abnormal

If abnormal, indicate exact value with units

☐ Protein: Abnormal value: _____

☐ Glucose: Abnormal value: _____

☐ WBC: Abnormal value: _____ 10^6/L

i) Neutrophils: _____ %

ii) Lymphocytes: _____ %

C.3. Blood sample counts within 24 hours of admission:

1 = normal
2 = abnormal   If abnormal, indicate the **maximum abnormal value** and units (within 24 hours of admission)
3 = not done

☐ Hemoglobin: Abnormal value: _____

☐ WBC: Abnormal value: _____

☐ Platelets: Abnormal value: _____

☐ INR: Abnormal value: _____

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D. ANTIBIOTIC HISTORY:

D.1. Had the individual been on antibiotics immediately prior to admission/initial diagnosis?

[ ] 1 = yes
2 = no/unknown   **If no/unknown, skip to E**

If yes, a) Duration of continuous antibiotics: _____ [ ] hours
[ ] days   **(ND if no data)**

b) Route of antibiotic(s):

[ ] 1=oral   4=oral & injected
2=intramuscular   5=unknown
3=intravenous

c) Type of most recent antibiotic, specify: _____

E. MICROBIOLOGY DATA:

E.1. [ ] Is the isolate expected to be available for the study? 1 = yes   (If yes, complete the Isolate Tracking Page)
2 = no

E.2. Positive cultures of *Neisseria meningitidis* were obtained from: (enter all that apply, write N/A in unused boxes)

[ ]   1 = blood   5 = peritoneal fluid
[ ]   2 = CSF   6 = pericardial fluid
[ ]   3 = joint fluid   7 = other normally sterile site, specify:_____
[ ]   4 = pleural fluid   8 = positive PCR test for meningococcus was obtained from blood or CSF

E.3. Indicate the locally determined sero group of the *Neisseria meningitidis*:

[ ]   1 = A   5 = Y
2 = B   6 = untypable
3 = C   7 = other, specify: _____
4 = W-135   8 = unknown/not done

E.4. Indicate the antibiotic susceptibility of the *Neisseria meningitidis* with the following codes:

1 = susceptible   2 = non-susceptible (intermediate/high level resistance)   3 = not reported/NA

[ ] Penicillin   Penicillin MIC: [. | |] mg/L or mcg/ml (Non-susceptible $\geq$ 0.12mg/L)

[ ] Cefotaxime   Cefotaxime MIC: [. | |] mg/L or mcg/ml

[ ] Ceftriaxone   Ceftriaxone MIC: [. | |] mg/L or mcg/ml

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F. TREATMENT IN HOSPITAL:

F.1. Indicate antibiotics used in diagnosing hospital to treat this individual <u>before</u> culture and sensitivity results were available:

[ ] a) Penicillin/Ampicillin

1 = yes
2 = no
3 = unknown/NA

[ ] b) Cefotaxime or Ceftriaxone

[ ] c) Vancomycin

[ ] d) Other, specify:_____

F.2. Once culture results and/or susceptibilities were available, what antibiotics were used to treat this individual:

[ ] a) Penicillin/Ampicillin

1 = yes
2 = no
3 = unknown/NA

[ ] b) Cefotaxime or Ceftriaxone

[ ] c) Other, specify: _____

F.3. If meningitis was diagnosed (Sect. C.2. = 3), were IV corticosteroids (eg. dexamethasone) used within the first 24 hours of diagnosis? **If not meningitis, skip to section G.**

[ ]
1 = yes
2 = no
3 = unknown

If yes: Type: _____

G. LEVEL OF CARE REQUIRED FOR THIS INFECTION:

G.1. [ ] Was individual:
1 = admitted to hospital
2 = already in hospital for another reason
3 = treated as outpatient

G.2. Duration of hospital stay for this illness (combined stays if more that one hospital provided acute care):

[ ] days

G.3. [ ] Was individual in any ICU? If yes, i) [ ] days combined number of days.

1 = yes
2 = no

ii) [ ] assisted ventilation?
1 = yes
2 = no

iii) [ ] blood pressure support using pressors?
1 = yes
2 = no

H. OUTCOME:

H.1. Enter outcome code:

[ ]
1. Patient recovering, completing course of antibiotics and will be discharged home OR to other facility primarily to complete course of antibiotic therapy.
2. Patient recovering, completed course of antibiotics but remained in hospital because of other non-meningococcal related illness.
3. Patient recovering, completed course of antibiotics and was transferred to rehabilitation facility or team for management of sequelae.
4. Died of reported infection or sequelae
5. Died of other cause

[| | || | | || | |] Date of outcome
YYYY   MM   DD

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K. COMPLICATIONS OR SEQUELAE:

K.1. Were there any complications or sequelae of infection?

☐ 1 = yes
2 = no   **If no or n/a, skip section K.**
3 = n/a (in case of death)

If Yes, a) Time interval between admission and reporting of sequelae:

☐ 1 = <2 months
2 = 2 - ≤6 months
3 = >6 months

b) Type(s) of sequelae?   1 = yes
2 = no

☐ i) Amputation (tissue loss)?
If yes, indicate location(s): ☐ 1 = head, specify: _____
(write N/A in unused boxes) — 2 = upper extremities: _____
☐ 3 = trunk, specify: _____
☐ 4 = lower extremities: _____
5 = other, specify: _____

☐ ii) Skin scarring?
If yes, indicate location(s): ☐ 1 = head
(write N/A in unused boxes) 2 = neck
☐ 3 = upper extremities
4 = trunk
☐ 5 = lower extremities
6 = other, specify: _____

☐ iii) Deafness? If yes, severity: ☐ ☐   1 = mild
left right 2 = moderate
3 = severe
4 = none

☐ iv) Renal failure?
If yes, dialysis dependent? ☐ 1 = yes
2 = no

☐ v) Seizure disorder?

☐ vi) Developmental delay or learning impairment?

☐ vii) Paralysis?

☐ viii) Other, specify: _____

Reviewed by Investigator: ☐ yes ☐ no

Completion date of form: ☐☐☐☐ | ☐☐ | ☐☐
YYYY   MM   DD

Nurse monitor's initials: _____