Enhanced Meningococcal Disease Surveillance
Data Collection Guidance Worksheet

NNDSS Case ID: _____ **State ID:** _____ **Laboratory ID:** _____

DOB: OR **Age:** _____ years old

Case Status: ☐Confirmed ☐Probable

Event date:

Source: ☐Blood ☐CSF ☐Other (specify): _____

Lab Ŏonfirmation Ɏethod:
☐Culture ☐PCR ☐Latex ☐Other ☐Unknown

Test used to serogroup:
☐Slide agglutination (SASG) ☐PCR ☐WGS ☐Other

Serogroup: ☐ A ☐ B ☐ C ☐ E ☐ W
☐ X ☐ Y ☐ Not groupable ☐ Other (specify) _____

Outcome: ☐Survived ☐Died ☐ Unknown

hdzűōNŜI·ʅĸ/tdzăúŜN wŜtI·úŜŘ: ☐Yes ☐No ☐Unknown

College Student: ☐Yes ☐No ☐ Unknown

If yes, please complete the following questions

Homeless: ☐Yes ☐No ☐ Unknown

If yes, please complete the following questions

Year in School: ☐ Freshman ☐ Sophmore ☐ Junior
☐ Senior ☐ Graduate Student ☐Other ☐ Unknown

Sheltered homeless: ☐Yes ☐No ☐ Unknown

Residence Type: ☐ On Campus ☐ Off Campus ☐ Unknown

HIV Status: ☐Positive ☐Negative ☐ Unknown

Greek Life: ☐Yes ☐No ☐ Unknown

International travel in the month before disease onset? ☐Yes ☐No ☐ Unknown

Please capture all travel history for the case and close contacts in the month before disease onset, including who traveled (if contact specify relationship), the location, and the date of return to the United States.

☐Case ☐Contact(s): _____ **City:** _____ **Country:** _____ **Date of return to U.S.:** _____
☐Case ☐Contact(s): _____ **City:** _____ **Country:** _____ **Date of return to U.S.:** _____
☐Case ☐Contact(s): _____ **City:** _____ **Country:** _____ **Date of return to U.S.:** _____
☐Case ☐Contact(s): _____ **City:** _____ **Country:** _____ **Date of return to U.S.:** _____
☐Case ☐Contact(s): _____ **City:** _____ **Country:** _____ **Date of return to U.S.:** _____

MSM (men who have sex with men)- Complete these variables for any male cases 16 years of age and older.

During the past 12 months, have you had sex with only males, only females, or with both males and females?

☐Males only ☐Females only ☐Both males and females ☐ Not sexually active ☐Unknown ☐Refused

MSM not otherwise specified: ☐Yes ☐No ☐ Unknown

Known epidemiologic link with any other meningococcal disease case? ☐Yes ☐No ☐Unknown

If yes, case ID of linked case:: _____

Taking complement inhibitor: ☐Yes, eculizumab/Soliris ☐Yes, ravulizumab/Ultomiris ☐No ☐Unknown

If yes, please complete the complement inhibitor case information table on the next page

COMPLEMENT INHIBITOR CASE INFORMATION* Please complete section only if the above answer was yes.

Indication for complement inhibitor treatment: ☐ Paroxysmal nocturnal hemoglobinuria (PNH) ☐ Unknown
☐ Generalized myasthenia gravis (gMG) ☐ Atypical hemolytic uremic syndrome (aHUS) ☐ Other: _____

Date complement inhibitor treatment started: ☐ Unknown

Date complement inhibitor treatment ended: ☐ Ongoing ☐ Unknown

Hospitalized? ☐ Yes ( ) days ☐ No ☐ Unknown

Sequelae: ☐ Yes: _____ ☐ No ☐ Unknown

Was the patient taking antibiotics at the time of disease onset? ☐ Yes ☐ No ☐ Unknown

- If yes:

Antibiotic: _____ **Date antibiotic started:** **Daily dose:** _____

VACCINATION INFORMATION

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

Did the patient receive serogroup B meningococcal vaccine? ☐ Yes ☐ No ☐ Unknown

If yes to either, please complete the table below for each dose

Date	Vaccine		
	Type	**Name**	**Lot Number**
☐ Unknown	☐ MenACWY ☐ MenB ☐ Other: _____ ☐ Unknown		
☐ Unknown	☐ MenACWY ☐ MenB ☐ Other: _____ ☐ Unknown		
☐ Unknown	☐ MenACWY ☐ MenB ☐ Other: _____ ☐ Unknown		
☐ Unknown	☐ MenACWY ☐ MenB ☐ Other: _____ ☐ Unknown		
☐ Unknown	☐ MenACWY ☐ MenB ☐ Other: _____ ☐ Unknown		