Form MENSV01

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Ref: [UKHSA National ref]

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**National epidemiological surveillance – confirmed invasive meningococcal disease#**

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**Please complete in block capital letters** **IN CONFIDENCE**

**Patient details**

|  |  |  |
| --- | --- | --- |
| Surname: | Forename: | Gender: [ ]  Male [ ]  Female |
| Date of birth: DD/MM/YYYY  | NHS number: | HPZone reference: | Onset date: DD/MM/YYYY |

**Part A: Ethnicity – please tick below**

|  |
| --- |
| [ ] White British [ ] White other [ ] Black-Caribbean [ ] Black African [ ] Indian [ ] Pakistani [ ] Bangladeshi [ ] Chinese  |
| [ ] Mixed\* [ ] other\*, \*please specify:  |

**Part B: Vaccination history. This covers Men B, Men C and MenACWY vaccination.**

**Please complete details for all vaccines below as fully as possible**.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vaccine | Did this case receive any doses of each vaccine before disease onset? | 1st dose date | 1st dose batch number | 1st dose manufacturer/ brand | 2nd dose date | 2nd dose batch number | 2nd dose manufacturer/ brand | 3rd dose date | 3rd dose batch number | 3rd dose manufacturer/ brand |
| MenB vaccination 1 | Yes [ ]  | No[ ]  | NK[ ]  | Not eligible [ ]  | DD/MM/YYYY |   | Bexsero*®* | DD/MM/YYYY |   | Bexsero® | DD/MM/YYYY |   | Bexsero® |
| MenCVaccination 2 | Yes[ ]   | No[ ]  | NK[ ]   | Not eligible [ ]  | DD/MM/YYYY |   |   | DD/MM/YYYY |   |   | DD/MM/YYYY |   |   |
| MenC/HibVaccination 3 | Yes[ ]  | No[ ]  | NK[ ]  | Not eligible [ ]  | DD/MM/YYYY |   | Menitorix® | All high-risk groups (complement deficiency or asplenia) should be offered MenB and MenACWY vaccination. |  |
| MenACWY vaccination 4 | Yes[ ]   | No[ ]   | NK[ ]  | Not eligible [ ]  | DD/MM/YYYY |   |   |  |

 MenB vaccine (Bexsero®) included in the routine infant programme since 01/09/2015 including any child born from 01/05/2015. Routinely offered at 8 weeks, 16 weeks and 1 year.

2 MenC vaccine (Meningitec®, Menjugate® or Neissvac®) included in the routine infant programme from 01/11/1999-30/6/2016. Catch-up vaccination means all those born between 01/09/1981-31/03/2016 should have been offered at least one dose of MenC vaccine. MenC vaccine was offered to teenagers aged 13/14 years and Freshers June 2013-May 2015.

3 A single dose of Menitorix® vaccine (combined MenC-Haemophilus influenzae type B [Hib]) has been offered at 12-13 months of age from 01/09/2006 (DOB>01/08/2005).

4 MenACWY vaccine (Menveo ®, Nimenrix ®) replaced MenC vaccine for teenagers routinely at 13-15 years (all young people at least 13 years of age and born after 31/08/1996 would be eligible to 25th birthday). In addition, fresher doses for those eligible <25 years from 01/09/2015-31/08/2022 at university or another Higher Education Institution

**Part C: Clinical presentation**

1. **What was the clinical presentation?**

[ ]  Meningitis

[ ]  Septicaemia

[ ]  Both meningitis and septicaemia

[ ]  Septic arthritis

[ ]  Epiglottitis

[ ]  Pneumonia

[ ]  Other

[ ]  Unknown

|  |
| --- |
| Comments: |

**Part D: Risk factors**

1. **At the time of onset did the patient have any known risk factors for meningococcal disease?**

[ ]  Yes [ ]  No [ ]  Unknown

**2.1) If yes, what were their risk factor/s?**

[ ]  Asplenia/ splenic dysfunction

[ ]  Complement deficiency

[ ]  Malignancy/ immune deficiency

[ ]  Immunosuppressive drug

 (Including complement inhibitors, e.g. eculizumab)

|  |  |  |
| --- | --- | --- |
| Completed by (full name):  | Contact Number: | Date: DD/MM/YYYY |
| Surgery/hospital/HPT­­­: |

**Thank you for your time and assistance. Please return by post or secure email (both as detailed overleaf) or upload to HPZone*.***

|  |
| --- |
| Comments: |

**Part E: Co-morbidities and pregnancy**

1. **At the time of meningococcal disease, did the patient have any co-morbidities?**

[ ]  Yes [ ]  No [ ]  Unknown

**3.1) If yes, what were their co-morbidities?**

[ ]  Chronic heart disease

[ ]  Congenital or chromosomal abnormality

[ ]  Chronic lung disease

[ ]  CNS disease (CSF leak, VP shunt etc)

[ ]  Chronic renal disease

[ ]  Chronic gastrointestinal disease

[ ]  Metabolic disease

[ ]  Other

|  |
| --- |
| Comments: |

1. **Was the patient pregnant at the time?**

[ ] Not applicable [ ] Yes [ ] No [ ] Unknown

**Part F: Outcome**

1. **Was the patient admitted to ITU?**

[ ]  Yes [ ]  No [ ]  Unknown

1. **Is the patient currently alive?**

[ ]  Yes [ ]  No [ ]  Unknown

**6.1) If patient died, date of death**

 DD/MM/YYYY

**Part G: Travel history**

|  |
| --- |
| 1. **Was the patient born in the UK?**

[ ]  Yes [ ]  No [ ]  Unknown |
| **7.1) If no, when did they arrive in the UK** DD/MM/YYYY  |
| **7.2) Country of birth:**  |
| 1. **Has the patient recently travelled abroad (returning in the last 28 days)?**

[ ] Yes [ ] No [ ] Unknown |
| **8.1) If yes, where did they travel** (town/ country)? |
| **8.2) When did they return?** DD/MM/YYYY |

**Part H: Is the case working at or attending any of these situations? Complete page 3 for university or other higher education settings**

[ ]  child minder [ ]  nursery [ ]  school/college

[ ]  university [ ]  barracks [ ] care/nursing home

[ ] other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part I: Please provide any further comment**

|  |
| --- |
|  |

MENSV01 Cases of confirmed and probable invasive meningococcal disease in university/ HEIs

Please ensure the case has been added to the appropriate HPZone contexts.

|  |  |
| --- | --- |
| Institution full name |  |
| Year of study | [ ] Year 1 [ ] Year 2 [ ] Year 3 [ ] Year 4 [ ] Year abroad/ in industry [ ] Masters [ ] PhD [ ] Staff [ ] Other, please explain: |
| Study course (e.g. physiology, law etc.) |  |
| Usual term time accommodation details (please provide postcode for every case) | [ ] Family home [ ] Student accommodation with shared space [ ] Shared private rental [ ] Accommodation with no shared space [ ] Other, please explain:  |
| Postcode: | If student accommodation, name: |
| Where was the case at time of onset? | [ ]  Usual accommodation during term time [ ] family home, Postcode: [ ] Other, please explain: Did the case return to their family home after they became ill? [ ] Yes [ ] No [ ] NK |
| In the 7 days pre-onset did the case have contact with another confirmed/ probable IMD case? | [ ] Unknown [ ] No [ ] Yes (inc. eye infection) If YES, full name/ HPZone number: |
| The following details are being collected for national surveillance purposes and may be helpful if a further case arises. These do not need to be included as an HPZone context unless additional cases arise with a specific venue in common. Please do collect these details whenever possible. |
| Please detail any current paid/ voluntary work the case attends in person(e.g. bar staff, shop assistant) | Work type:  | Venue/Postcode:  |
| Work type:  | Venue/Postcode:  |
| Bars/clubs/pubs visited in the 7 days pre-onset | Venue names:  |
| Other social groups case actively takes part in, in person (e.g. sports teams, uni societies, choir) |  |
| Were any of the contacts who were offered prophylaxis also studying at university/ HEI? | [ ]  No, there were no university contacts [ ]  Yes, at the same university as the case [ ]  Yes, at a different university to the case, name of the institution:[ ] It is not known whether there were university contacts |