Form MENSV01

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**Text

Description automatically generated**

**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® |
| MenC  Vaccination 2 | Yes | No | NK | Not eligible | DD/MM/YYYY |  |  | DD/MM/YYYY |  |  | DD/MM/YYYY |  |  |
| MenC/Hib  Vaccination 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**

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| --- |
|  |

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 | | |