

SURVEILLANCE OF MENINGOCOCCAL DISEASE CLUSTERS IN EDUCATIONAL ESTABLISHMENTS : England and Wales

FORM 1

Health Authority: _____ Region: _____ CCDC: _____

Please tick or complete boxes, or write in the space(s) provided

Section 1: CLUSTER DETAILS *(see box above for definition)*

Date of admission (or onset if not admitted) of (i) FIRST case/...../..... (ii) LAST case/...../.....

Section 2: CASES IN CLUSTER *(see box above for definitions)*

Total number of confirmed and probable cases:

Section 3: TYPE OF EDUCATIONAL ESTABLISHMENT *(tick more than one box if appropriate)*

Pre-school group Junior/Infant school Secondary school Independent school

6th form college University

Other educational establishment (please describe) _____

Section 4: LINKED CASES WITHIN ESTABLISHMENT *(complete more than one box if applicable)*

Number of cases

Same class/year

Same hall of residence

Same social group

Other group

If applicable, please describe _____

If applicable, please describe _____
(ie: best friends/siblings/cousins etc)

PTO

Section 5: LINKED CASES OUTSIDE ESTABLISHMENT

Were there any linked cases outside the establishment? Yes No

If yes, please give details _____

Section 6: OTHER CASES

Was this cluster considered to be part of an increased incidence in the wider community? Yes No

If yes, please give details _____

Section 7: POPULATION AT RISK AND ACTION TAKEN (please tick appropriate boxes)

	Number of children/students				Advice given		Date	Antibiotics given		Date	Vaccine given		Date
					Yes	No/...../.....	Yes	No/...../.....	Yes	No/...../.....
Children/students in linked group within establishment (see Section 4) please specify group _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>/...../.....	<input type="checkbox"/>	<input type="checkbox"/>/...../.....	<input type="checkbox"/>	<input type="checkbox"/>/...../.....

Children/students in whole educational establishment (please complete for all clusters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>/...../.....	<input type="checkbox"/>	<input type="checkbox"/>/...../.....	<input type="checkbox"/>	<input type="checkbox"/>/...../.....
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Section 9: SWABBING

Was any swabbing done Yes No If yes, how many were swabbed? Date of swabbing/...../.....

Please describe how this group was chosen: _____

If yes, how many were positive for *Neisseria meningitidis*?

Please give details of meningococcal serogroups and serotypes among contacts: _____

Section 10: ADDITIONAL OR EXPLANATORY COMMENTS

Form completed by: Position: Date:/...../.....

Thank you for completing both forms. Please return to your regional epidemiologist.