

**IN MEDICAL CONFIDENCE**

HSSB Ref: .....

CDSC (NI) Ref: .....

**Enhanced surveillance on Invasive Meningococcal Disease in Northern Ireland – Notification form**  
(Revision December 2007)

HSSB: .....

Name (or soundex code): \_\_\_\_\_

DOB (dd/mm/yy) or age if not known: \_\_\_\_\_ Sex: M  F  NK

**Hospital**  
Date of onset or admission (or death if not admitted): \_\_\_\_\_  
Name of hospital: \_\_\_\_\_  
Admission to ICU: Yes  No  Unknown   
Initial diagnosis:  
Meningitis:  Septicaemia:  Both:  Other  Unknown   
If other, please specify: \_\_\_\_\_  
Died: Yes  date of death: \_\_\_\_\_ No  Unknown

**Laboratory**  
Blood culture positive  CSF culture positive   
Blood PCR positive  CSF PCR positive   
*If meningococcus confirmed:*  
Group, type and subtype if known: \_\_\_\_\_  
Source laboratory: \_\_\_\_\_ Lab date: \_\_\_\_\_  
MRU number: \_\_\_\_\_ MRU lab date: \_\_\_\_\_

**For Serogroup C disease**  
Men C vaccination history (please supply dates if known)  
Dose 1: \_\_\_\_\_ Dose 2: \_\_\_\_\_ Dose 3: \_\_\_\_\_ Booster \_\_\_\_\_

**Case attends?**  
Nursery/crèche  Primary school  Secondary school  Higher education

**Cluster**  
Yes  (If there is a cluster, please fill in the appropriate form) No  Unknown

Date of notification to HSSB: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

*Please write any additional relevant information on the reverse*

Please return this form as soon as possible to CDSC (NI), McBrien Building, Belfast City Hospital, Lisburn Road, Belfast, BT9 7AB