

# Enhanced surveillance on Invasive Meningococcal Disease in Northern Ireland – Cluster form

HSSB: .....

## Demography

Name of patient (or soundex code): .....

DOB (dd/mm/yy) or age if not known: .....

## Cluster

Linked to a case within past 4 weeks    Y  If yes, see below    N     UNK

Nature of Link:

- Same household
- Pre-school
- School
- 6<sup>th</sup> Form College
- Hall of Residence
- Other

Student in Higher Education    Y  If yes, see below    N     UNK

Type of residence

- Halls (self-catering)
- Halls (catered)
- Flat
- Other

Year of study: .....

Name of the university: .....

Name of the index case: .....

Thank you. Please return this form as soon as possible and at least every 4 weeks (including nil returns) to the Regional Epidemiology Unit.

Completed by .....

Date: .....

*Any relevant information, please write on the reverse.*