|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Notification Details** | General Practitioner | | | | | | Hospital Practitioner | | | | | | | Other | | | | |
| **Name of person notifying** | **Insert name** | | | | | | | | | | | **Date reported** | | **Click for date** | | | | |
| **Organisation** | **Organisation Name** | | | | | | | | | | | **Phone** | | **Organisation Phone** | | | | |
| **Case’s GP Details** | **GP Name** | | | | | | | | | | | **GP Phone** | | **GP Phone** | | | | |
| **PATIENT Details and RISK FACTORS** | | | | | | | | | | | | | | | | | | |
| **Name of case** | **Surname** | | | | | | | | | **Given name(s**) | | | | | | | | |
| **NHI Number** | **Enter number** | | | | **Date of birth** | | | | | **Click for date** | | | **Gender** | | | | **Select from list** | |
| **Address** | **Add address details** | | | | | | | | | | | | | | | | | |
| **Phone (home)** | **Add phone** | | | | **Phone (work)** | | | | | **Work number** | | | **Mobile** | | | | **Insert mobile** | |
| **Ethnicity** | **Choose an item** | | | | | | | | | **Other, please specify** | | | | | | | | |
| **Occupation and employer** | **Insert details** | | | | | | | | | | | | | | | | | |
| **Attends/works at ELS,**  **School or Healthcare facility** | Yes | | **If yes, name & address of facility: Add name and address** | | | | | | | | | | | | | | | |
| No | | **Dates attended in past 7 days: Insert dates** | | | | | | | | | | | | | | | |
| **BASIS OF DIAGNOSIS** | | | | | | | | | | | | | | | | | | |
| **Meningitis** | Yes | No | | Unknown | | | | **Meningococcal pneumonia** | | | | | Yes | | | No | | Unknown |
| **Septicaemia/ sepsis** | Yes | No | | Unknown | | | | **Meningococcal conjunctivitis** | | | | | Yes | | | No | | Unknown |
| **Fever** | Yes | No | | Unknown | | | | **Rash** | | | | | Yes | | | No | | Unknown |
| **Other invasive (e.g. septic arthritis, pericarditis)** | Yes | No | | Unknown | | | | **Insert details** | | | | |  | | | | | |
| **Onset date of symptoms:** | **Click for date** | | | | | | | | | | | | | | | | | |
| **CLINICAL MANAGEMENT** | | | | | | | | | | | | | | | | | | |
| **Laboratory confirmation of disease** | | | | | | Yes | | | No | | Awaited | | | | Not Done | | | |
| **Type of laboratory confirmation (if done):** | | | | | |  | | | | | | | | | | | | |
| * **PCR from blood, CSF or other sterile site** | | | | | | Yes | | | No | | Not done | | | |  | | | |
| * **Blood or CSF gram stain or culture** | | | | | | ☐ Yes | | | ☐ No | | ☐ Not done | | | | Date: **Click for date** | | | |
| * **CSF latex agglutination test** | | | | | | ☐ Yes | | | ☐ No | | ☐ Not done | | | | Date: **Click for date** | | | |
| * **Other** | | | | | | **Insert details** | | | | | | | | | | | | |
| **Hospitalised?** | | | | | | Yes | | | No | | Unknown | | | | Hospital Admission:: **Click for date** | | | |
| **Antibiotics given (and if yes, which)?** | | | | | | Yes | | | No | | **Insert details** | | | | Date first administered: **Click for date** | | | |
| **Case/whānau informed of diagnosis** | | | | | | Yes | | | No | | **Insert details** | | | | | | | |
| **Case/whānau informed that public health will be notified and may contact case** | | | | | | Yes | | | No | | **Insert details** | | | | | | | |
| **IF CASE IN HOSPITAL** | | | | | | | | | | | | | | | | | | |
| **Occupational health informed** | | | | | | Yes | | | No | | **Insert details** | | | | | | | |
| **Infection Prevention and Control informed** | | | | | | Yes | | | No | | **Insert details** | | | | | | | |