|  |  |  |  |
| --- | --- | --- | --- |
| **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** |