

Suspect Meningococcal Disease Intake and Checklist

COUNTY OF LOS ANGELES PUBLIC HEALTH
 Acute Communicable Disease Control
 313 N. Figueroa St., Rm. 212
 Los Angeles, CA 90012
 213-240-7941 (phone)
 213-482-4856 (facsimile)
 publichealth.lacounty.gov/acd/

Weekend/After Hours for Administrator on Duty (AOD)

Investigation required within 24 hours



CALL DETAILS

Contact Name	Date of Call	Time of Call (Military time)	Duration (minutes)
Contact Phone Number	Reporting Facility		

PATIENT INFORMATION

Patient Name (Last, First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days
Current Address- Number, Street, Apt #	City	State	ZIP Code
Patient Phone Number	Cell Phone Number	Emergency Contact Name	Emergency Phone Number
Physician Name	Physician Phone Number		

CLINICAL PRESENTATION

Date of Onset	Date of Hospitalization	Hospital Name	Medical Record No.
Describe Present Illness			
If Died, Date of Death:		Intubated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

LABORATORY EVIDENCE

Type of Specimen <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Other: _____	Date of Collection	Result
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INITIAL IMPRESSION (refer to B-73 for case definitions)

NOT CASE (No further Public Health action necessary at this time.) **OR** SUSPECT CASE

ACTION TAKEN

Check all that apply.

- Obtain a list of contacts given prophylaxis by hospital - include name, phone, type of contact, type of prophylaxis, & date initiated
- Referred to Clinical/Community Officer of the Day (COD):
 - COD does NOT need to be involved for reports after 5 pm if next day is a regular business day. Overnight reports can be referred to COD in the morning on holidays.
 Name: _____ Date/time Contacted: _____
- Email completed form to: ACDC-AOD@ph.lacounty.gov AND cc: the following Vectorborne Disease Unit members:
 (Aiman Halai (uhalai@ph.lacounty.gov), Van Ngo (vnngo@ph.lacounty.gov) and Zuelma Contreras (zcontreras@ph.lacounty.gov).

REMARKS

AOD INFORMATION

Name (print)	Date Completed
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Weekend/After Hours for Clinical/Community Officer of the Day (COD)

Patient Name (Last, First)	Date of Birth	Date of Onset	Date/Time Report Rec'd
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ACTIONS TAKEN

Check all that apply.

- Confirm onset date of suspect case.
- Identify close contacts. Prophylaxis indicated for close contacts exposed during the 7 days prior to symptom onset until 24 hours after appropriate antibiotics.
- Complete Meningococcal Disease Contact Roster if necessary.
 - Go to <http://publichealth.lacounty.gov/acd/Diseases/EpiForms/MeningococcalDisContactRoster-acd-meningocontact.pdf>
- Identify high-risk or high-profile settings (e.g. college dorms, jails, homeless shelters, daycares/schools).
 - If identified, inform the ACDC Chief, Sharon Balter or the Associate Director, Dawn Terashita (or acting director for ACDC) via the County Operator at (888) 397-3993 as soon as possible for additional guidance.
- Inform patient and contacts that they may be contacted again for additional questions.
- Ensure prophylaxis of close contacts within 24 Hours.**
 - COD may write prescriptions if contacts cannot obtain prophylaxis.
 - If ≥5 contacts cannot obtain prophylaxis through other means, COD may consider opening a clinic.
- Email completed form to ACDC-AOD@ph.lacounty.gov and cc: AOD doc-on-call (if requested) by the next business day.

DETAILS

COD INFORMATION

Name (print)	Date Completed
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