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Tuberculosis Outbreak at a community college in Leicester

Twenty-two students at a community college in Leicester have been diagnosed with tuberculosis and commenced on anti-tuberculous treatment. Of these, four have pulmonary smear positive (and therefore potentially infectious) disease and one has been admitted to hospital. The majority are well and asymptomatic.

Three cases in the same year 9 tutor group were diagnosed between August 2000 and February 2001. Three of their relatives have also been diagnosed with tuberculosis. In view of these findings, all students in years 7, 8, and 9 (aged 11 to 14 years) at the school were offered tuberculin skin (Heaf) tests, which were undertaken on 26 March. A teacher at the school was diagnosed with a non-infectious form of tuberculosis on 27 March. When the tuberculin tests were read on 30 March, 170 students were found to have positive results and required further assessment. These students have now been assessed clinically and had a chest x-ray.

Nineteen of the 170 students have been diagnosed with active tuberculosis following this assessment and have begun treatment. A further 60 students with strongly positive tuberculin skin test results (Heaf grade 4) are presumed to have been infected and have been started on chemoprophylaxis. Other students with grade 3 tuberculin skin test results will be followed up with chest x-rays in three, six, and twelve months. Unvaccinated students who did not have any reaction to the tuberculin test have been offered BCG vaccination. Letters explaining the situation have been sent to the parents of all pupils in the school. Teachers at the college have been also offered screening and twenty are to be further assessed.

Students at the college in years 7, 8, and 9 who missed the opportunity to be screened on this occasion, and all students in years 10 and 11, will be offered screening for tuberculosis when the new school term begins after Easter on 23 April. Written details will be provided to all students to be offered screening on the first day of term.

This is a major outbreak of tuberculosis and is being managed by the communicable disease team at Leicestershire Health Authority. A total of 26 patients are being treated for active disease. Identifying the source(s) of the outbreak and the circumstances leading to its occurrence will be a priority. It is likely that more cases will be identified as a result of the screening of the remaining students and contacts of the known cases. Most of the children in this outbreak have previously received BCG vaccination and this outbreak is not therefore related to the suspension of the schools BCG programme in England and Wales. This programme is due to recommence in September (1).

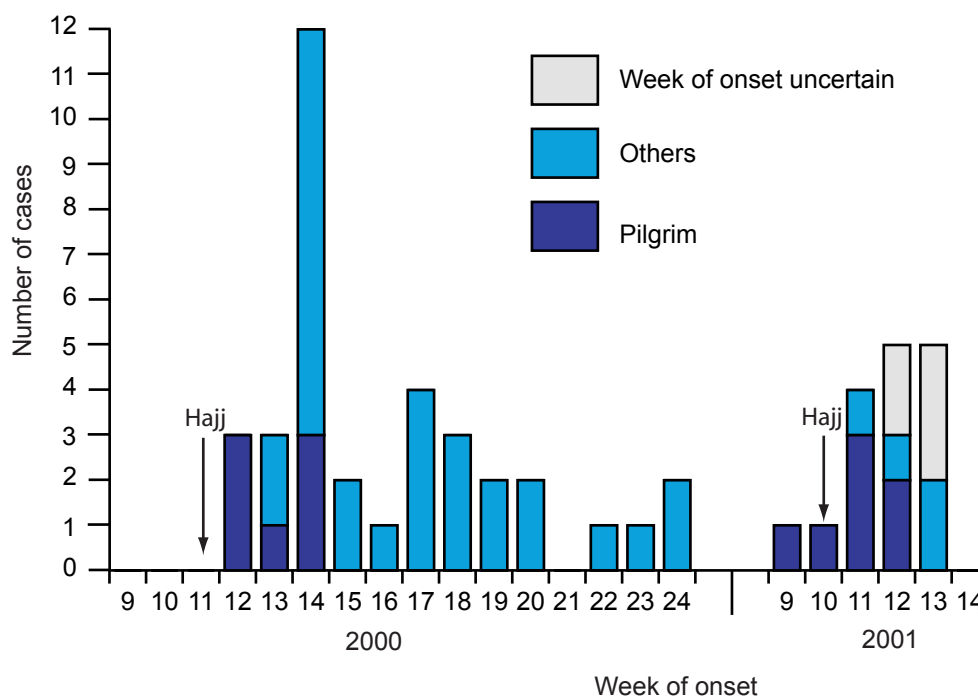
1. CDSC. Schools BCG immunisation programme to re-start. *Commun Dis Rep CDR Wkly* [serial online] 2001 [cited 5 April]; **11**(13): news. Available from <www.phls.co.uk/publications/CDR%20Weekly/archive/news1301.html#schools>

Meningococcal disease associated with Hajj 2001 – update

Fifteen cases of meningococcal disease associated with Hajj in 2001, including five deaths, have been reported in England and Wales (1). In eight cases the causative organism has been identified as *Neisseria meningitidis* serogroup W135, subtype 2a p1.2,1.5, which is indistinguishable from the strain associated with Hajj in 2000 (2). Nine of the cases were pilgrims on Hajj, and six were contacts of pilgrims. A further four cases of W135 disease, one of which was fatal, have been ascertained, although no link with Hajj has been identified.

The initial number of cases of infection with W135 is comparable to that in the outbreak following Hajj in 2000, with 14 cases in the first three weeks as opposed to 18 cases in the equivalent weeks in 2000 (figure).

Figure Cases of W135 meningococcal disease following Hajj, England and Wales: 2000 and 2001



Cases of meningococcal disease associated with the 2001 Hajj have also been reported from Saudi Arabia (109 cases up to 22 March 2001, predominantly W135, [WHO unpublished data]), but unlike 2000, only two cases have been reported from other European countries.

After the W135 outbreak in 2000, quadrivalent vaccine against meningococcal groups A,C,W135, and Y was recommended in the United Kingdom for pilgrims on Hajj in 2001 (3,4). Despite this, the estimated coverage of quadrivalent vaccine amongst Hajj pilgrims, (calculated by dividing the number of doses distributed by the estimated number of pilgrims), was less than 50%. None of the nine pilgrim cases or pilgrim contacts of other cases whose vaccination status is known, had received quadrivalent vaccine.

Based on the 2000 outbreak (3), an increased transmission rate of *N. meningitidis* W135 is expected among contacts of Hajj pilgrims in the coming weeks with limited, but sustained transmission thereafter in people without any close links with Hajj. As the strains are phenotypically indistinguishable it may be difficult to differentiate between transmission associated with Hajj in 2000 and this year's Hajj.

The PHLS Communicable Disease Surveillance Centre and Meningococcal Reference Unit are collaborating to enhance case finding of Hajj-associated meningococcal disease in England and Wales. The vaccination status of pilgrim cases and of pilgrim contacts of other cases is of special interest because of the change in vaccine policy for Hajj this year. Any new cases should be reported to CDSC, preferably using [the standard reporting form](#), (fax: 020 8200 7868; email Mary Ramsay: mramsay@phls.org.uk or Susan Hahné: shahn@phls.org.uk).

1. CDSC. Meningococcal infection and Hajj. *Commun Dis Rep CDR Wkly* [serial online] 2001 [cited 4 April 2001]; **11**(12): news. Available from <www.phls.co.uk/publications/CDR%20Weekly/archive/news1201.html#meningococcal>

2. Taha MK, Achtman A, Alonso JM, Greenwood B, Ramsay M, Fox A, et al. Serogroup W135 meningococcal disease in Hajj pilgrims. *Lancet* 2000; **356**: 2159.

3. CDSC. Meningococcal infection and Hajj. *Commun Dis Rep CDR Wkly* [serial online] 2001 [cited 4 April 2001]; **11**(2): news. Available from <www.phls.co.uk/publications/CDR%20Weekly/archive/news0201.html#hajj>

4. Department of Health. *Immunisation for pilgrims travelling to Saudi Arabia for Hajj or Umrah CEM/CMO/2001/3*. London: Department of Health, 2001. [cited on 22 March 2001]. <www.doh.gov.uk/cmo/cmo01_03.htm>

Guidance issued for local reporting of cases of Creutzfeldt-Jakob Disease (CJD)

Guidance has been issued for the local reporting of cases of Creutzfeldt-Jakob Disease (CJD). The guidance has been prepared jointly by the United Kingdom (UK) Health Departments, the Public Health Medicine Environmental Group (PHMEG), the National Creutzfeldt-Jakob Disease Surveillance Unit (NCJDSU), and the PHLS.

Clinicians caring for cases of both sporadic and variant CJD will be asked to inform the local Consultant in Communicable Disease Control (CCDC) and to state whether the cases are classified as possible, probable or definite. The guidance also describes the action to be taken by CCDCs on being informed about a resident with possible, probable, or definite CJD.

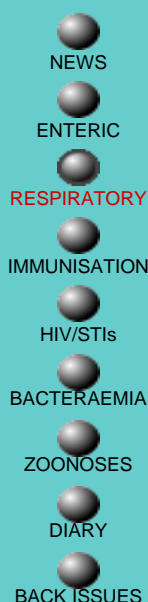
The NCJDSU is sending the guidance to all neurologists in the UK and the PHMEG is cascading the guidance to all its members. The guidance has already been sent to regional epidemiologists and the

CJD Policy Unit of the Department of Health is forwarding it to other relevant national organisations. The guidance will be posted on the NCJDSU website at <www.cjd.ed.ac.uk>.

A number of other guidance documents on CJD already exist <www.doh.gov.uk/cjd/cjd_pubs.htm> and guidance on the investigation of geographically associated cases of CJD will be available soon. The CJD Incidents Panel at the Department of Health (tel: 020 7972 5324) has been established to provide advice on the management of the possible risk of transmission resulting from medical or dental procedures in people subsequently diagnosed with CJD.

These guidance documents will be revised as knowledge accrues and experience in managing particular situations increases.

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Respiratory tract infections, England and Wales: laboratory reports, weeks 09-13/01

	Number of reports received					Total reports
	09/01	10/01	11/01	12/01	13/01	09-12/01
Adenovirus (excluding EM faeces)	34	24	52	54	33	197
Coronavirus	–	–	1	–	–	1
Influenza A	26	37	25	27	41	156
Influenza B	36	96	59	62	93	346
Parainfluenza	3	5	4	12	25	49
RS virus	399	140	93	163	90	885
Rhinovirus	–	4	1	4	–	9
Chlamydia sp	3	4	3	2	3	15
Coxiella burnetti	–	–	1	1	–	2
Legionella sp	1	1	1	3	2	8
Mycoplasma pneumoniae	21	7	18	14	9	69

Adenovirus (excluding types 40, 41, group F, EM faeces): 125 patients had eye infections, eight pneumonia, and one bronchiolitis. M 2y, M 4y, and F 26y had impaired immunity; M22y cystic fibrosis; F 1w meningitis; F 1y Kawasaki disease.

Coronavirus: one case was reported .

Influenza A: 18 patients had pneumonia. M 6y had renal failure; M 9y pleural effusion; M13y encephalitis; M 65y and M 68y chronic obstructive pulmonary disorder; M (age unknown) impaired immunity; F 37y Guillain-Barré syndrome. South West region reported 47 cases, North West 26, South East 20, and Trent 16. Forty-six per cent of patients (72) were aged 15 to 44 years.

Influenza B: 23 patients had pneumonia. M 16y had staphylococcal septicaemia; M 16y cystic fibrosis; F 35y severe asthma; F 39y and F 43y impaired immunity; two M 17y, M 18y; M 24y, and F 29y were associated with an outbreak. South West reported 104 cases, Trent 53, South East 46, North West 42, and Eastern 37. Forty-six per cent of patients (162) were aged 15 to 44 years and seven per cent (25) were over 65 years of age.

Parainfluenza (type 1, 6; type 2, 1; type 3, 16; untyped, 8): five had bronchiolitis. F 47y impaired immunity. North West region reported 18 cases, South East 9, South West 6, and London 5. Fifty-three per cent of patients (26) were under 1 year of age.

Respiratory syncytial virus: 62 patients had bronchiolitis and one pneumonia. M 1m and M5m after cardiac surgery; M 17y, M 20y, M 34y, and F 5y had impaired immunity. Northern and Yorkshire region reported 220 cases, South East 175, London 156, and South West 107. Sixty-one per cent of

patients (542 cases) were under 1 year of age.

Rhinovirus: nine cases were reported. Sixty-six per cent of patients (6 cases) were under 1 year of age.

Respiratory chlamydia (*C. psittaci*, 12; *C. pneumoniae*, 1, *Chlamydia* sp, 2): five patients had pneumonia. M 44y and M 48y had contact with birds.

Coxiella burnetii: two cases were reported. South West and Wales regions reported one case each.

Legionella: eight cases were reported, six were males aged between 43 and 76 years and two were female aged between 51 and 53 years, and all had pneumonia. M 76y and F 51y both died. Three cases were associated with travel abroad: Spain two, Egypt one. M 43y, M53y, F 51y, and F53y acquired infection in the community. M 76y acquired infection in hospital.

Mycoplasma pneumoniae: 18 patients had pneumonia and one bronchiolitis. M 35y had spina bifida. South West region reported 22 cases, South East 16, and Northern and Yorkshire 10. Fifty-seven per cent of patients (40) were aged 15 to 44 years.

Opportunist mycobacterial infections, England and Wales: laboratory reports, weeks 01-13/01

	Number of reports received				Annual totals*	
	Male	Female	Not stated	Total	2001	2000
Avium-intracellulare group	36	32	2	70	70	88
Site of isolate**						
pulmonary	28	24	–	52	52	65
lymph node	2	2	–	4	4	1
blood	5	1	–	6	6	3
other	3	5	2	10	10	19
M. malmoense	19	14	1	34	34	48
Site of isolate						
pulmonary	13	9	1	23	23	38
lymph node	–	1	–	1	1	–
other	6	4	–	10	10	10
M. kansasii	22	14	1	37	37	42
M. xenopi	8	4	–	12	12	8
Other species#	8	5	–	13	13	11

* provisional data; ** number of isolates may exceed number of cases, as cases may have disease at more than one site; # *M. marinum* 8; *M. chelonae* 3; *M. chelonae* 1; *M. phlei* 1.

Notifications of tuberculosis, England and Wales: 2000*

Notifications of tuberculosis by region and site of disease, England and Wales: 2000*

Region	Non-pulmonary	Pulmonary	Total
Northern and Yorkshire	192	434	626
Trent	220	328	548
Eastern	77	195	272
London	1045	1893	2938
South East	172	404	576
South West	69	171	240
West Midlands	286	447	733
North West	268	398	666
Wales	50	148	198
Total	2379	4418	6797

Number of notifications of tuberculosis by age, sex, and site of disease, England and Wales: 2000*

Age group	Sex	Pulmonary	Non-pulmonary	Total
0-14 years	Male	124	78	202
	Female	136	59	185
	Unknown	4	3	7
	Total	254	140	394
15-34 years	Males	870	505	1375
	Female	686	426	1112
	Unknown	2	5	7
	Total	1558	936	2494
35-54 years	Males	649	351	1000
	Female	390	329	719
	Unknown	4	5	9
	Total	1043	685	1728
55-74 years	Male	638	205	843
	Female	395	223	618
	Unknown	7	–	7
	Total	1040	428	1468
75+ years	Male	286	81	367
	Female	191	85	276
	Unknown	1	3	4
	Total	478	169	647
Age unknown	Male	21	10	31
	Female	19	9	28
	Unknown	5	2	7
	Total	45	21	66
Total		4418	2379	6797

* provisional data

Revision of reporting arrangements

Provisional figures for the year 2000 of reports (for England and Wales) to the system for enhanced surveillance of tuberculosis and to Mycobnet are published below. Experience has shown, however, that the proposed three month interval is insufficient to allow adequate preparation of the data. This is due to the inherent reporting delay which can occur due to the lengthy time required for mycobacterial culture. Updated figures for 2000 will therefore appear in July, and reporting thereafter will be quarterly, six months in arrears.

Enhanced surveillance of tuberculosis, England and Wales: 2000*

Enhanced surveillance of tuberculosis by age, sex, and site of disease, England and Wales: 2000*

Age group	Sex	Pulmonary	Non-pulmonary	Total
0-14 years	Male	87	78	165
	Female	91	80	171
	Unknown	6	6	12
	Total	184	164	348
15-34 years	Males	639	569	1208
	Female	532	424	956
	Unknown	13	18	31
	Total	1184	1011	2195
35-54 years	Males	489	336	825
	Female	276	355	631
	Unknown	12	14	26
	Total	777	705	1482
55-74 years	Male	496	179	675
	Female	284	253	537
	Unknown	3	4	7
	Total	783	436	1219
75+ years	Male	208	71	279
	Female	137	74	211
	Unknown	2	–	2
	Total	347	145	492
Age unknown	Male	2	3	5
	Female	4	4	8
	Total	6	7	13
Total		3281	2468	5749

* provisional data

Mycobacterium tuberculosis complex isolates reported to Mycobnet, England and Wales: 2000*

Region	Isoniazid-resistance		MDR!		Total number of isolates
	No	%	No	%	
Northern and Yorkshire	11	3.2	3	0.9	349
Trent	11	3.3	5	1.5	329
Eastern	7	5.8	–	–	121
London	104	7.3	15	1.1	1421
South East	21	7.2	3	1.0	293
South West	5	4.7	1	0.9	107
West Midlands	32	6.9	4	0.9	462
North West	23	5.8	5	1.3	399
Wales	5	2.9	–	–	171
Total	219	6.0	36	1.0	3652

* provisional data; with or without other resistance; ! multi-drug resistance, ie. resistance to isoniazid and rifampicin with or without other resistance

Updated mycobacterial reports 2000

Due to a technical difficulty, a number of laboratory reports of mycobacterial infections in 2000 were received during March 2001. Updated tables for 2000 are therefore provided.

Annual totals of laboratory reports of *Mycobacterium tuberculosis* infections, England and Wales

	Annual totals*	
	2000	1999
<i>M. tuberculosis</i>		
All cases (disseminated)	2020 (2)	2400 (6)
Site of isolate**		
pulmonary (smear positive)	1204 (281)	1301 (346)
lymph node	133	147
CNS (meningitis)	21 (19)	32 (30)
genitourinary	56	76
bone/joint (spinal)	20 (8)	34 (10)
gastrointestinal/peritoneal	32	24
non-pulmonary respiratory	91	118
abscess	144	159
other (specified)	333	528#
<i>M. bovis</i>	11	23

* provisional data; ** number of isolates may exceed the number of cases, as cases may have disease at more than one site; # includes non-pulmonary respiratory (incl. pleural) disease, abscesses (site unstated), and other sites

Annual totals of laboratory reports of opportunist mycobacterial infections, England and Wales

	Annual totals*	
	2000	1999
<i>Avium-intracellulare</i> group	308	328
Site of isolate**		
pulmonary	219	201
lymph node	6	14
blood	21	17
other	66	99
<i>M. malmoense</i>	119	127
Site of isolate		
pulmonary	100	90
lymph node	–	5
other	18	32
<i>M. kansasii</i>	104	116
<i>M. xenopi</i>	40	56
Other species	21	35

* provisional data; ** number of isolates may exceed number of cases, as cases may have disease at more than one site

Leprosy in England and Wales

Leprosy became a notifiable disease in 1951, and since then a total of 1385 cases have been notified in the United Kingdom. The PHLS Communicable Disease Surveillance Centre manages the national register of all patients (past and present). The Central Register is a more active subset of this, and holds data on patients currently undergoing therapy or who remain under surveillance having completed therapy (either because of complications or because their treatment was within the previous five years). Patient data are placed on the register at notification and subsequent biannual reviews of those on the Central Register enable this information to be updated.

In England and Wales as at 31 December 1998, there were 129 patients on the Central Register. Nearly three-quarters of patients for whom details were available are male and about half were aged from 15 to 34 years at notification. Most of these patients (109) were born abroad and about half (54) were born in the Indian subcontinent. Nearly half (64) of all patients on the Central Register had the lepromatous form of leprosy, many were borderline (33 borderline lepromatous and 20 borderline tuberculoid) and only a few (4) had the tuberculoid form. Ninety-eight (76%) had completed treatment (but remained under surveillance), 22 (17%) were still on therapy, 5 (4%) were recurrent cases and in 4 (3%) the current treatment status was unknown.

The bi-annual review forms for 1999/2000 for updated information on the 122 patients on the Central Register as at 31 December 2000 will be sent to clinicians shortly.

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Common animal associated infections, England and Wales: laboratory reports, weeks 09-13/01

Organism	Total reports for weeks 09-13/01		Cumulative totals for weeks 01-13	
	2001*	2000	2001*	2000
<i>Borrelia burgdorferi</i> **#	–	9	4	12
<i>Leptospira hardjo</i> **##	–	–	2	1
<i>Leptospira icterohaemorrhagiae</i> **##	–	2	4	4
<i>Leptospira other</i> **##	2	–	10	8
<i>Pasteurella haemolytica</i>	–	–	1	–
<i>Pasteurella multocida</i>	28	18	67	59
<i>Pasteurella pneumotropica</i>	–	–	1	–
<i>Pasteurella spp</i>	6	4	10	8
<i>Toxocara canis</i>	–	–	–	1
<i>Toxocara cati</i>	–	–	–	–
<i>Toxocara spp</i>	–	–	–	–
<i>Toxoplasma gondii</i>	3	3	6	7
<i>Toxoplasma spp</i>	6	4	20	17

* provisional data; ** by specimen date; # Lyme Disease Reference Laboratory and CDSC; ## Leptospira Reference Laboratory and CDSC

Common imported infections, England and Wales: laboratory reports, weeks 09-13/01

Organism	Total reports for weeks 09-13/01		Cumulative totals for weeks 01-13	
	2001*	2000	2001*	2000
Arbovirus	–	–	–	–
Dengue virus	–	–	–	–
<i>Ascaris spp</i>	6	7	31	21
Hookworm (unspecified)	–	3	9	18
<i>Ancylostoma duodenale</i>	–	–	–	–
<i>Necator americanus</i>	–	–	–	–
<i>Leptospira sp</i>	1	1	1	2
<i>Hymenolepis diminuta</i>	–	–	–	1
<i>Hymenolepis nana</i>	1	1	5	3
<i>Hymenolepis sp</i>	–	–	–	–
<i>Schistosoma haematobium</i>	1	6	10	16
<i>Schistosoma intercalatum</i>	–	–	–	–
<i>Schistosoma mansoni</i>	2	1	7	2
<i>Schistosoma sp</i>	–	4	9	7
<i>Strongyloides stercoralis</i>	3	1	12	3
<i>Strongyloides sp</i>	–	1	–	1

* provisional data

Report form: Meningococcal disease associated with the Hajj 2001

*For pilgrim cases, please fill in this page only.
For non-pilgrim cases, please fill in both pages.*

1	First name case:	3 Date of birth:	
2	Surname case:	4 HA of residence:	
5	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		

6 Hajj link: case is a ...

pilgrim

household contact of pilgrim:
Please supply information on vaccination status of this/these pilgrim(s) on page 2.

other contact of pilgrim:
Please supply information on vaccination status of this/these pilgrim(s) on page 2.

No known contact with pilgrim

7 Date of onset:

8 Date of admission:

9 Case died? No Yes

10 Clinical diagnosis:(e.g. meningitis, septicemia, arthritis)

11 Confirmation

Clinical only

Isolate, from(site)

PCR

Other, please specify.....

12 Sample sent to MRU? No Yes

FOR PILGRIM CASES ONLY

13 Date of return from Hajj:

14 Meningococcal disease vaccination status

Not vaccinated

AC Vax or Meningivac,
date:.....batchnumber.....

ACWY-Vax vaccine
date:.....batchnumber.....

Men C conjugate vaccine, date (s):

15 If not sure which vaccine, please give vaccination date and batch number

Reported by: _____, tel _____ date _____

Page 2: Only if case is not a pilgrim

Information on vaccination status for pilgrim contacts of cases.

Name case:

1 Pilgrim contact 1 Household contact of case, relationship to case.....
 Other contact of case

2 Date of return from Hajj

3 Meningococcal disease vaccination status Not vaccinated
 AC Vax or Meningivac,
date:.....batchnumber.....
 ACWY-Vax vaccine
date:.....batchnumber.....
 Men C conjugate vaccine, date (s):

1 Pilgrim contact 2 Household contact of case, relationship to case.....
 Other contact of case

2 Date of return from Hajj

3 Meningococcal disease vaccination status Not vaccinated
 AC Vax or Meningivac,
date:.....batchnumber.....
 ACWY-Vax vaccine
date:.....batchnumber.....
 Men C conjugate vaccine, date (s):

1 Pilgrim contact 3 Household contact of case, relationship to case.....
 Other contact of case

2 Date of return from Hajj

3 Meningococcal disease vaccination status Not vaccinated
 AC Vax or Meningivac,
date:.....batchnumber.....
 ACWY-Vax vaccine
date:.....batchnumber.....
 Men C conjugate vaccine, date (s):

.....
.....
(In case of more pilgrim contacts, please copy form)