Neisseria meningitidis (N. men)

Investigation Checklist for Local Health Departments

Local health department staff should follow these steps, not necessarily in order, when investigating N. men reports. For more detailed information, refer to the N. men disease chapter which can be accessed at: https://www.nj.gov/health/cd/topics/meningo.shtml

☐ Clarify verbal reports of “meningitis” vs meningococcal disease
  - Viral vs bacterial vs fungal
  - Bacterial organism suspected (e.g., N. men, H. flu, S. pneumo)
    - Is N. men suspected? How high on differential is N. men – enough to begin recommending prophylaxis? Is there another leading diagnosis?
    - What laboratory tests are pending?
    - Obtain gram stain and chemistry results
  - Obtain as much information as possible regarding situation from case reporter

☐ Review reported laboratory result(s) to ensure source is from a sterile site
  - Only specimens collected from normally sterile sites are reportable (typically blood or CSF)
    - Obtain/document the date and method isolate will be sent to NJ PHEL for serotyping as required by N.J.A.C. 8:57:
      - https://www.nj.gov/health/phel/shipping-specimens/
  - If results are pending:
    - Inquire about gram stain results
    - Request a copy of CSF analysis results
  - If result is only from PCR on CSF, please inquire whether a culture is pending. If no culture is pending or culture is negative, and N. men is highly suspected, please request remaining CSF be sent to PHEL (facility should order via Copia or complete BACT-109) for forwarding to Wisconsin State Laboratory of Hygiene (our VPD Reference Center) – notify SME of ETA to PHEL

☐ Obtain clinical info and determine illness onset date
  - Interview case, when clinically appropriate
  - It is often helpful to request a copy of the medical notes
  - Additional data for CDC may be requested

☐ Identify close contacts of confirmed or highly suspected cases and refer for post-exposure prophylaxis (PEP)
  - Exposure period is 7 days before illness onset through 24 hours after receipt of appropriate antibiotic therapy
  - Close contacts are defined here:
If case is too ill to interview, it is imperative to interview family members or friends. When case is stable enough to interview, it is extremely important to verify info already obtained and to ensure there are no additional close contacts not previously identified.

Refer identified exposed close contacts to their primary medical provider for follow up and evaluation for PEP (regardless of meningococcal disease immunization status).

Document assessment/prophylaxis of close contacts in the Contact Tracing section of CDRSS.

Finalize CDRSS data entry, assign appropriate case classification, and LHD Close case when investigation is complete:

- Illness onset date
- Demographics (including race/ethnicity)
- Signs/symptoms (including onset dates)
- Risk factors (additional information may be requested by NJDOH)
- Hospital admission/discharge dates
- Mortality (whether case was alive or deceased upon discharge)
- Immunizations (specifically, meningococcal immunizations)
- Treatment (document antibiotics administered to treat N. men w/ dates)
- Disease specific questionnaire: “Meningococcal Questions”
- Assessment/prophylaxis of close contacts