

Invasive Meningococcal Disease (IMD)

Neisseria meningitidis (N. men)

Investigation Checklist for Local Health Departments

Local health department staff should follow these steps, not necessarily in order, when investigating reports of invasive meningococcal disease (IMD). For more detailed information, refer to the 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
 - If PCR/culture results are pending but there is a high clinical suspicion of *N. men*:
 - Inquire about gram stain results
 - Request a copy of CSF analysis results

- Review reported laboratory result(s) to ensure source is from a [sterile site](#)
 - Only specimens collected from normally sterile sites are reportable
 - Obtain/document the date and method isolate will be sent to [NJ PHEL](#) for serotyping as required by N.J.A.C. 8:57.
 - If result is only positive PCR on CSF, please inquire whether a culture is pending.
 - If no culture is pending, or culture is negative, please request facility submit remaining CSF (minimum volume: 300-500µL) to PHEL for forwarding to Wisconsin State Laboratory of Hygiene (our VPD Reference Center).
 - Approval is required by NJDOH prior to submission and should be coordinated through the LHD. Once submission is approved, facility should create an order via [PHEL’s Online Ordering Portal](#):
 - Search for “Reference Laboratory Test Request”, select “Other” under test type; enter “N. men PCR testing”; select specimen type (CSF); and select appropriate reference laboratory location (Wisconsin).
 - Print requisition form and include with sample in shipment to PHEL. Incorrectly labeled specimens submitted to PHEL will be rejected.
 - If online ordering is not available, a completed [BACT-109](#) form must accompany the specimens sent to PHEL. In “Tests Requested” section of the form, indicate “Reference Laboratory” and write in “Wisconsin”.
 - 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 necessary CDC data elements, please see below

- 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: https://www.nj.gov/health/cd/documents/topics/meningo/nmen_facts.pdf
 - 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

- Obtain/document necessary case investigation data elements (please see [IMD Disease Chapter](#), section 5C for complete details)
 - Illness onset date
 - Demographics (including race/ethnicity)
 - Signs/symptoms (including onset dates), specifically, but not limited to, the following:
 - Headache; fever; stiff neck; rash; photophobia; nausea; vomiting; diarrhea; sore throat
 - Disease specific questionnaire: “Meningococcal Questions”
 - Homeless? ○ HIV Status?
 - College student? ○ Taking Complement
 - MSM status? Inhibitor?
 - Immunizations (specifically, meningococcal immunizations)
 - Risk factors (additional information may be requested by NJDOH)
 - Hospital admission/discharge dates
 - Mortality (whether case was alive or deceased upon discharge)
 - Treatment (document antibiotics administered to treat *N. men* with dates)
 - Assessment/prophylaxis of close contacts

- Finalize CDRSS data entry, assign appropriate [case classification](#), and LHD Close case when investigation is complete