

# MENINGOCOCCAL DISEASE, INVASIVE

## Case Definition

### Confirmed Case:

Clinical evidence of invasive disease with laboratory confirmation of infection:

- Isolation of *Neisseria meningitidis* from a normally sterile site (blood, CSF, joint, pleural or pericardial fluid).

**OR**

- Demonstration of *N.meningitidis* DNA by an appropriately validated nucleic acid test (NAT) from a normally sterile site.

### Probable Case:

Clinical evidence\* of invasive disease with purpura fulminans or petechiae, with no other apparent cause and with non-confirmatory laboratory evidence:

- Molecular testing identification of *N. meningitidis* in the CSF.

**OR**

- Gram-negative diplococci in the CSF.

## Clinical Evidence

Clinical illness associated with invasive meningococcal disease usually manifests itself as meningitis and/or septicemia, although other manifestations may be observed (e.g. orbital cellulitis, septic arthritis). Invasive disease may progress rapidly to petechiae, purpura fulminans, shock and death.

## Reporting Requirements

- Report confirmed or probable cases **immediately** to DHW Surveillance Team.
- Enter into Panorama.
- Update serogroup in Panorama when information is available
- Select appropriate initial staging option in the “staging” field in Panorama
  - Update the staging field if/when new information becomes available

## Additional Forms

None.

## Data Entry

Complete data entry in Panorama.