

V1.4 MENINGOCOCCAL DISEASE INVASIVE

Version	Status	Last reviewed	Endorsement date	Implementation date
1.4	Re-examined differences between Meningococcal Guidelines October 2007 case definition and the surveillance case definition and adopted the Guidelines version.	CDNA 30 September 2009	CDNA 30 September 2009	1 July 2010
1.3	No Change	CDWG 14 August 2008	CDWG 14 August 2008	
1.2	<p>Under Laboratory suggestive evidence delete following text <i>“Positive polysaccharide antigen test in cerebrospinal fluid with other laboratory parameters consistent with meningitis.”</i></p> <p>Under Laboratory definitive evidence, add text in bold and italics “Detection of <i>specific meningococcal DNA sequences</i> in a specimen from a normally sterile site by nucleic acid <i>amplification</i> testing.”</p> <p>Move ‘detection of meningococcus in a specimen from a normally sterile site by nucleic acid testing’ from laboratory suggestive evidence to laboratory definitive evidence.</p>	April 2007	October 2007	
1.1	Inclusion of PCR testing in laboratory definitive evidence.	June 2005	April 2007	
1.0	Initial CDNA case definition (2004)			

Reporting

Both confirmed cases and probable cases should be notified.

Confirmed case

A confirmed case requires either:

1. Laboratory definitive evidence
OR
2. Laboratory suggestive evidence AND clinical evidence.

Laboratory definitive evidence

1. Isolation of *Neisseria meningitidis* from a normally sterile site
OR
2. Detection of specific meningococcal DNA sequences in a specimen from a normally sterile site by nucleic acid amplification testing.

Laboratory suggestive evidence

1. Detection of Gram-negative diplococci in Gram stain of specimen from a normally sterile site or from a suspicious skin lesion
OR
2. High titre IgM or significant rise in IgM or IgG titres to outer membrane protein antigens of *N. meningitidis*

Clinical evidence (for a confirmed case)

Disease which in the opinion of the treating clinician is compatible with invasive meningococcal disease.

Probable case

A probable case requires clinical evidence only.

Clinical evidence (for a probable case)

A probable case requires:

1. The absence of evidence for other causes of clinical symptoms
AND EITHER
2. Clinically compatible disease including haemorrhagic rash
OR
3. Clinically compatible disease AND close contact with a confirmed case within the previous 60 days.