**Category 1: Immediate reporting telephonically followed by written or electronic notification within 24hrs of diagnosing a case**

**MENINGOCOCCAL DISEASE**

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| **Why is surveillance necessary?** | **Who must notify and when?** | **Suspected case definition** | **Probable case definition** | **Confirmed case definition** |
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| Meningococcal disease is caused by *Neisseria meningitidis*. It can present as meningitis, septicaemia, respiratory or focal infections. It is spread through droplets or intimate contact with nasopharyngeal secretions. The incubation period of meningococcal disease is 3 to 5 daysMeningococcal disease should be notified, as additional cases can be prevented by giving chemoprophylaxis (antibiotics) to persons who have been in contact with cases.  | Any clinician who suspects a case of meningococcal disease should notify the case immediately before laboratory results are available. Health authorities should identify contacts and administer prophylactic antibiotics as soon as possible before laboratory confirmation is available. | A clinical diagnosis of meningitis, septicaemia or other invasive disease (e.g. orbital cellulitis, septic arthritis) where the physician considers that meningococcal disease is the most likely diagnosis. Cases may present with fever, petechial rash and may progress rapidly to purpura fulminans, shock, and death. | A suspected case is regarded as a probable case. | The isolation of *N. meningitidis* from a normally sterile site specimen (e.g., blood; cerebrospinal, pericardial or synovial fluid), or a positive Gram’s stain and latex result, or a positive PCR result.Although not meeting the case definition, meningococcal conjunctivitisis considered an indication for public health action because of the high immediate risk of invasive disease. |
| **Additional notes** The NICD Centre for Respiratory Disease and Meningitis (CRDM) is able to conduct PCR for meningococcal disease and other pathogens in cases of unexplained death where meningococcal disease or other infectious agent is suspected. Post-mortem specimens may be submitted to the CRDM. For further information or assistance please contact annev@nicd.ac.za  |
| **Additional resources**The following resources are available at <http://www.nicd.ac.za/diseases-a-z-index/meningoccocal-disease/> A Frequently asked questions (FAQ) document, an update for healthcare workers (april 2019), a specimen submission form.  |