Meningococcal Disease Investigation Checklist

☐ **Determine if there is sufficient lab or clinical evidence to meet at least suspect case definition for meningococcal disease. If so, initiate an investigation immediately.**

- A meningococcal disease investigation should be initiated immediately if any of the following lab or clinical findings are present:
  - Isolation of gram negative diplococci from a normally sterile body site (such as blood or cerebrospinal fluid [CSF])
  - Isolation of *Neisseria meningitidis* from a normally sterile body site or purpuric lesions
  - Detection of *N. meningitidis* nucleic acid by PCR from a normally sterile body site
  - Detection of *N. meningitidis* antigen
    - In CSF by latex agglutination or
    - In formalin-fixed tissue by immunohistochemistry (IHC)
  - Clinical purpura fulminans in the absence of a positive blood culture
- In patients with meningitis, if the above lab and/or clinical findings are not present or laboratory tests are pending, additional CSF findings can be helpful in assessing likely etiology. Refer to Table 1 in the IDOH Meningococcal Disease Investigation Guide for additional information.

☐ **Gather clinical information about the patient's symptoms, symptom onset, admission date(s), laboratory findings, and any antibiotic treatment.**

- Contact the treating hospital(s) to request medical records for the case (history and physical, lab results, emergency department notes, etc.).
- Refer to the Meningococcal Disease Investigation Form or Table 2 in the Meningococcal Disease Investigation Guide for guidance on relevant clinical information to collect.

☐ **Establish the patient's illness onset date. This is used to determine the contact tracing window (7 days prior to symptom onset through the completion of 24 hours of appropriate antibiotic therapy).**

☐ **Obtain contact information for the patient or the patient's next-of-kin if the patient is not well enough to provide a contact history.**

☐ **Interview the patient and/or patient's next-of-kin to identify any close contacts in need of antibiotic post-exposure prophylaxis (PEP).**

- Identify close contacts with exposure to the case from 7 days prior to symptom onset through the completion of 24 hours of appropriate antibiotic therapy.
- Obtain **name, age and/or date of birth, and contact information** for all identified close contacts. It is helpful to keep a line list of all identified contacts.
- Close contacts who should receive prophylaxis include:
  - Those who shared a residence with the patient (household contacts or overnight house guests)
  - Daycare/childcare or preschool contacts
  - Anyone with direct exposure to the case's saliva or respiratory secretions (direct cough or sneeze in the face, kissing, shared food/drink, shared cigarettes, etc.)
- Assess the patient's employment; any association with a school; residence in a shelter, long term care facility, or correctional facility; and attendance at any gatherings or social events during the contact tracing window. Attendance at these settings/events does not necessarily indicate a need for broader PEP, but the investigator should assess whether any direct exposure to the patient's saliva or

respiratory secretions was likely to have occurred and recommend PEP for any high risk contacts identified.

- Assess the patient's travel history within the **14** days prior to symptom onset. Determine transportation mode, whether any transit time lasted over 8 hours, and whether the patient had an active cough or vomiting during transit.
- Refer to the meningococcal disease contact tracing script, investigation form, and investigation guide or consult IDOH for additional guidance on contact tracing.

☐ **Reach out to close contacts of the case to notify them of the exposure, recommend PEP, and educate on signs and symptoms.**

- Notify the individual of their exposure and recommend that they **seek antibiotic prophylaxis as soon as possible (ideally within 24 hours).**
- PEP is recommended for close contacts **regardless of meningococcal vaccination status**.
- Educate the individual of signs/symptoms of meningococcal disease (refer to Meningococcal Disease Quick Facts for additional information). Advise them to seek medical care immediately if symptoms develop.
- Patients may seek PEP from their primary care provider, urgent care, or an emergency department. Sometimes, the treating hospital's pharmacy will provide PEP. The local health department may also provide prescriptions for PEP at the discretion of the local health officer.
- Refer to Table 3 in the IDOH Meningococcal Disease Investigation Guide for additional information about recommended prophylaxis regimens.

☐ **Follow up with contacts within the next 1-2 days to confirm receipt of PEP.**

☐ **Confirm that the hospital is conducting an internal assessment of health care workers who may need antibiotic post-exposure prophylaxis (PEP).**

- Usually hospitals have their own internal protocols for assessing staff who may have had high risk exposure to a case (direct contact with a patient's saliva or respiratory secretions such as through intubation, suctioning, managing a patient's airway, or resuscitation).
- Confirm the patient's mode of arrival at the hospital (private vehicle vs. ambulance) and confirm whether the patient had any other health care visits in the 7 days prior to symptom onset to identify any other potential health care worker exposures outside the treating hospital.
- Follow up with the hospital within the next few days to confirm the number of health care workers who were provided PEP.

☐ **Request that the hospital or clinical laboratory submit *N. meningitidis* isolates (if available) to the Indiana State Department of Health Laboratories for serogrouping.**

- Isolate submission is required per the Indiana Communicable Disease Rule. Guidance on isolate submission is available on the IDOH Laboratories website.

☐ **Collaborate with IDOH and any other affected entities (such as schools, daycares, or businesses) to address additional education and communication needs.**

- Editable letter templates and communication assistance, including assistance with media communications, are available through IDOH.

☐ **Ensure all case investigation information is entered into NBS.**

- Please also submit any available medical records to IDOH by attaching them to the NBS investigation or faxing them to the IDOH Infectious Disease Epidemiology and Prevention Division at 317-234-2812.