**LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS**

<table>
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<tr>
<th>NC REPORTABLE DISEASE/CONDITION</th>
<th>INFECTIOUS AGENT (S)</th>
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<td>MENINGOCOCCAL DISEASE, INVASIVE</td>
<td><em>Neisseria Meningitidis</em></td>
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**PREPARING FOR INVESTIGATION**

**KNOW THE DISEASE/CONDITION**
- Read about Meningococcal Disease in the CD Manual.
- See the case definition for Meningococcal Disease, Invasive in the CD Manual.
- Study CDC MMWR: Prevention and Control of Meningococcal Disease, Recommendations of the ACIP. May 27, 2005; 54(RR07). Available from: [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm)
- Print and review reporting forms:
  - Part 1: Confidential Disease Report (DHHS 2124)
  - Part 2: Meningococcal Disease, Invasive (DHHS/EPI # 27)

**CONDUCTING INVESTIGATION**

**COLLECT CLINICAL INFORMATION**
- **Realize that suspected cases of *N. meningitidis* must be investigated immediately. Do not wait for lab confirmation.**
- Obtain healthcare provider clinical notes from date(s) of service for this disease/condition.
- If patient hospitalized for this disease, obtain medical record (admission note, progress note, lab report(s), and discharge summary).
- Look for evidence in the medical record that supports clinical findings described in the case definition.

**REVIEW LABORATORY INFORMATION**
- Review laboratory report(s) specific to this disease.
- Obtain hard copy of positive culture results for *N. meningitidis*.
- If organism not yet identified, request stat testing with results expected within a few hours, not days.
- Evaluate laboratory results to determine if requirements of the case definition are satisfied.
- Contact healthcare provider if further testing of the patient is necessary.
- Understand that negative cultures taken after the initiation of antibiotics may be unreliable.
- *N. meningitidis* may be isolated from other specimens (i.e. tracheal aspirate). Evaluate clinical presentation when assessing and consult CD Branch staff if unclear about whether case should be considered invasive.

**APPLY THE CASE DEFINITION**
- Use the case definition to determine if the clinical and laboratory findings meet the case definition criteria.

**IMPLEMENTING CONTROL MEASURES**

**ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE**
- Review clinical documentation for potential source(s) of exposure.
- If potential source of exposure is not evident in clinical information, interview patient/contacts to obtain a detailed assessment of potential sources.

**IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES**
- Assure that patient is isolated for 24 hours after starting appropriate antibiotic.
- Notify health director and PIO if a significant number of contacts are suspected.
- Activate Epi Team if indicated.
- Manage contacts by:
  - ensuring chemoprophylaxis of close contacts. Be aware that chemoprophylaxis beyond the 14th day after exposure is of little or no benefit.
  - monitoring for 2 incubation periods.
  - reinforcing mechanism of transmission to minimize unnecessary prophylaxis.
  - educating or counseling contacts regarding transmission, symptoms and need to seek immediate care if symptoms develop.
- Use the CDC website [www.cdc.gov](http://www.cdc.gov) to teach at risk people about the disease
- Special notes regarding rifampin:
  - contact local pharmacies with compounding capabilities to compound rifampin syrup for children.
  - pursuing being able to borrow rifampin from TB drug supply.

**REPORTING INVESTIGATION**
- Enter Part 1 and Part 2 Communicable Disease Reports into NC EDSS as a new event, or update the existing event if already entered.
- Assign event to State Disease Registrar when case investigation complete.
| CASE FINDING | • During the course of the investigation, look for symptoms of the disease in other exposed individuals.  
• Refer symptomatic individuals to physician/health care provider for immediate evaluation. |
| SPECIAL CONSIDERATIONS | STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING | • NC Communicable Disease Control rules state that any positive culture from a normally sterile site be sent to SLPH for serogrouping.  
• Notify the SLPH of the impending specimen.  
• The Special/Atypical Bacteriology form DHHS T806 should accompany the specimen.  
• Use the following link for further information or forms: [http://slph.state.nc.us/Microbiology/default.asp](http://slph.state.nc.us/Microbiology/default.asp) |
| PERSONAL PROTECTIVE MEASURES | • Prevention through vaccination with meningococcal vaccine for eligible recipients is recommended for anyone wanting to reduce their risk of disease but is not necessary for investigation and follow-up. |
| RISK COMMUNICATION | • Due to the severity of this disease, be prepared to provide information to the media. Assign PIO.  
• Consider using risk communication tools for public and health professionals. The CD Branch has sample notification letters available if needed.  
• Consider HAN Alert for single cases with many contacts.  
• Outbreaks of cases will need NC HAN alerts, EPI-X reports, MD alerts and probably a press release.  
• Realize that some individuals not meeting public health criteria for prophylaxis will seek prophylaxis.  
• NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed. |