Meningococcal Disease

Merlin disease code: 03630 Meningococcal Disease

Isolates for all cases must be sent to the Bureau of Public Health Laboratories

Background

Meningococcal disease manifests most commonly as meningitis or meningococcemia that may progress rapidly to purpura fulminans, shock, and death. Other manifestations might be observed.

Clinical criteria for case classification

Clinical purpura fulminans in the absence of a positive blood culture.

Laboratory criteria for case classification

Confirmatory:
Either of the following:
- Isolation of Neisseria meningitidis from a normally sterile site (e.g., blood or cerebrospinal fluid [CSF], or less commonly, synovial, pleural, or pericardial fluid) or from purpuric lesions
- Or detection of N. meningitidis-specific nucleic acid in a specimen obtained from a normally sterile body site (e.g., blood or CSF) using a polymerase chain reaction (PCR).

Presumptive:
Either of the following:
- Detection of N. meningitidis antigen in formalin-fixed tissue by immunohistochemistry (IHC)
- Or detection of N. meningitidis antigen in CSF by latex agglutination.

Supportive:
Gram-negative diplococci, not yet identified, from a normally sterile site (e.g., blood or CSF).

Epidemiological criteria for case classification

Not applicable.

Case classification

Confirmed:
A person with confirmatory laboratory criteria.

Probable:
A person with presumptive laboratory criteria.

Suspect:
Either of the following:
- Clinical purpura fulminans in the absence of a positive blood culture
- Or a person with supportive laboratory criteria.

Criteria to distinguish a new case from previous reports

Not applicable.
Comments

Positive antigen test results from urine or serum specimens are unreliable for diagnosing meningococcal disease. Sputum cultures are not considered confirmatory, as sputum is not obtained from a normally sterile site.