

All potential cases of meningococcal disease must be phoned to local and state health officials immediately.

General number for CDES staff during weekdays: **(608) 267-9003**

Emergency number for on-call CDES staff after hours and on weekends: **(608) 258-0099**

(Emergency number is for local health departments and clinical practitioners only, please do not distribute to the public.)

Please note: This flowchart is intended for public health investigation only and should not be used for clinical diagnosis.

Refer to the Invasive Meningococcal Disease Management Protocol for important details.

Does it meet the case definition?

Case definition: At least one of the following:

- Isolation of *Neisseria meningitidis* from a normally sterile site (e.g., cerebrospinal fluid [CSF], blood, joint, pleural, pericardial fluid, or another normally sterile site) – *Isolation from urine, sputum, or pharyngeal swabs does not meet the case definition.*
- or
- Visualization of Gram-negative diplococci on Gram stain of CSF or blood
- or
- Molecular detection of *N. meningitidis* by polymerase chain reaction (PCR) test, performed on CSF only
- or
- Positive antigen test for *N. meningitidis* performed on CSF only

YES

NO

- Notify local and state health officials (phone call required)
- Identify all contacts who will need prophylactic treatment (these include household and daycare contacts and persons who had direct contact with patient's saliva)
- Ensure isolate is forwarded to the Wisconsin State Laboratory of Hygiene by the diagnosing lab

- Lab tests pending and
- Analysis of CSF suggestive of bacterial meningitis

- Negative culture and
- No organisms seen on gram stain

or

Was CSF analysis suggestive of bacterial meningitis? *See protocol for tips on analyzing CSF results.*

Pending results positive

YES

NO or unknown

If pending lab results come back negative, or positive for another organism (e.g., Gram-positive), stop the contact investigation. No need for prophylaxis.

Pending results negative

If clinical picture and doctor's opinion suggest meningococcal disease, consider it a case until results are known (check whether patient may have been on antibiotics prior to collection).
Note: Molecular testing by PCR can be performed at the Wisconsin State Laboratory of Hygiene on culture-negative CSF if necessary.

No indication that patient has meningococcal disease. Prophylaxis of contacts is not necessary.