Communicable Disease Case Reporting and Investigation Protocol

BACTERIAL MENINGITIS
(Non-meningococcal, non-Haemophilus influenzae)

I. IDENTIFICATION AND DEFINITION OF CASES
A. Clinical Description: A group of diseases characterized by infection of the meninges (the tissue and fluid that cover the brain and spinal cord) caused by a bacterium other than Neisseria meningitidis, Haemophilus influenzae, Streptococcus pneumoniae, Groups A or B Streptococcus, or Listeria monocytogenes. Some examples of other organisms that can cause bacterial meningitis are: Escherichia coli, Staphylococcus aureus, and other Streptococcal and Klebsiella species. Signs and symptoms of meningitis may include: sudden onset of fever, intense headache, stiff or rigid neck, photophobia, nausea, and vomiting.

B. Laboratory Criteria: Isolation of a bacterial pathogen from cerebrospinal fluid (CSF).

C. Wisconsin Surveillance Case Definition: Confirmed—A clinically compatible illness that is laboratory confirmed.

II. REPORTING
A. Wisconsin Disease Surveillance Category II – Methods for Reporting: This disease shall be reported to the patient’s local health officer or to the local health officer’s designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § DHS 145.04 (3) (b). Report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or mail or fax a completed Acute and Communicable Disease Case Report (F-44151) to the address on the form.

B. Responsibility for Reporting: According to Wis. Admin. Code § DHS 145.04(1), persons licensed under Wis. Stat. ch. 441 or 448, laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in Appendix A.

C. Clinical Criteria for Reporting: Clinically compatible illness.

D. Laboratory Criteria for Reporting: Isolation of a bacterial pathogen from cerebrospinal fluid (CSF).

III. CASE INVESTIGATION
A. Responsibility for case investigation: It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.

B. Required Documentation:
   1. Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs (e.g., WEDSS Lab Clinical Tab, “Invasive bacteria - Specimen summary” section).
   2. Upon completion of investigation, set WEDSS disease incident process status to “Final.”

C. Additional Investigation Responsibilities
   1. Determine whether the case is potentially outbreak-related and notify the Wisconsin Division of Public Health (DPH), Bureau of Communicable Diseases (BCD).

IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES
V. CONTACTS FOR CONSULTATION
A. Local health departments and tribal health agencies: https://www.dhs.wisconsin.gov/lh-depts/index.htm
B. Bureau of Communicable Diseases, Communicable Diseases Epidemiology Section: 608-267-9003
C. Wisconsin State Laboratory of Hygiene: 1-800-862-1013

VI. RELATED REFERENCES
C. Centers for Disease Control and Prevention Meningitis website: https://www.cdc.gov/meningitis/bacterial.html
D. Division of Public Health Meningitis website: https://www.dhs.wisconsin.gov/invasive-bacteria/meningitisviralbacterial.htm