

Reporting Criteria for Invasive meningococcal infection

Note: Invasive meningococcal infection, defined as below, requires notification starting from 1 April 2013.

(1) Definition

Invasive infectious disease caused by *Neisseria meningitidis*, where the bacteria is detected from sterile sites such as cerebrospinal fluid or blood.

(2) Clinical Symptoms

The incubation period is 2-10 days (average 4 days) and the onset is sudden. In meningitis cases, headache, fever, meningeal irritation, convulsion and disturbance of consciousness occur. Neonatal meningitis cases are accompanied with swelling of the anterior fontanel. Sepsis cases show fever, chills and prostration; in severe cases, purpura may develop, and may advance to shock and DIC (Waterhouse-Friderichsen syndrome). Characteristic of this infection are petechiae in the bulbar conjunctiva, oral mucosa or skin, and bleeding spots are found on the trunk and in the lower extremities.

Its occurrence can be both sporadic and epidemic. The infection is more frequent in cold seasons in temperate regions and in dry seasons in tropical regions.

Teenagers who live in communal settings such as in dormitories are considered at high risk, and vigilance is needed for such populations against potential outbreaks.

(3) Reporting criteria

a) "Patients (confirmed cases)":

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician has examined a patient with clinical signs or symptoms as described in (2), suspected invasive meningococcal infection, and has made a diagnosis of invasive meningococcal infection based on the results obtained by the laboratory method and specimen as described below, the physician shall notify the case immediately. In particular, when the patient is living in a communal setting such as a student dormitory, rapid response is required.

b) "Deceased individual whose death was attributed to invasive meningococcal infection"

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician has examined a deceased person with clinical signs as described in (2), and, has diagnosed that the death was due to invasive meningococcal infection based on the results obtained by the laboratory methods and specimens as described below, the physician shall notify the case immediately.

Laboratory method	Specimen
Detection of pathogen by isolation and identification	Cerebrospinal fluid, blood,
Detection of the pathogen's genome by PCR	other sterile sites