

## Case Definition

### Confirmed Case:

Clinical evidence<sup>1</sup> of invasive disease with laboratory confirmation of infection:

- Isolation of *Neisseria meningitidis* from a normally sterile site (blood, CSF, joint, pleural or pericardial fluid)  
**OR**
- Demonstration of *N. meningitidis* DNA by an appropriately validated nucleic acid test (NAT) from a normally sterile site.

### Probable Case:

Clinical evidence<sup>1</sup> of invasive disease with purpura fulminans or petechiae, with no other apparent cause and with non-confirmatory laboratory evidence:

- Detection of *N. meningitidis* antigen in the CSF.

## Clinical Evidence

Clinical illness associated with invasive meningococcal disease usually manifests itself as meningitis and/or septicaemia, although other manifestations may be observed (e.g. orbital cellulitis, septic arthritis). Invasive disease may progress rapidly to petechiae or purpura fulminans, shock and death.

## Reporting Requirements

Report confirmed cases **immediately** to DHW Surveillance via Panorama and the Surveillance Inbox.

Select appropriate initial staging option in the “staging” field in Panorama.

- Update the staging field if/when new information becomes available.
- Update serogroup in Panorama when information is available.

## Additional Forms

None.

## Additional Comments

None.

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<sup>1</sup> See Clinical Evidence section.