Local PHE HPT informed

Suspected case of IMD

► Throat Swab for local culture
► EDTA sample (2ml) sent to MRU for PCR-testing
► Take other samples as clinically indicated (CSF, joint, etc.)

Local hospital: action according to local procedures

► Check throat swab has been taken for local culture
► Check EDTA +/- other clinically-indicated samples are sent to MRU for PCR-testing
► Remind that all meningococcal positive isolates should be sent to the MRU
► Collect detail needed for PH action (epi surveillance form MENSV01 or local equivalent)

PHE HPT routine surveillance

Suspected case under 5 years of age

► Request ACUTE serum (2ml) and additional EDTA sample (2ml) for non-culture typing of vaccine antigens be taken (ideally within 72 hours of treatment) & sent to MRU using the PHE sample submission form (Appendix 3)

PHE HPT enhanced surveillance

Suspected case 5 years of age or older

► Request additional EDTA sample (2ml) to be sent to MRU for non-culture typing of vaccine antigens using the PHE sample submission form (Appendix 3)

All cases confirmed as IMD

► Ensure epi surveillance form MENSV01 is completed and uploaded to HPZone or is returned to PHE for all confirmed cases

PHE Immunisation team enhanced surveillance

► Confirm age appropriate samples for confirmed cases have been sent to MRU including second EDTA samples and acute serum for <5 years
► Request CLINICIANS to complete the clinical questionnaire MENSV02 for confirmed cases <5 years
► Request PHE HPTs to complete epi surveillance form MENSV01 (if not complete)

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