



CEREBROSPINAL MENINGITIS OUTBREAK

Quick Reference Guide for Local Government Surveillance Teams

- Outbreaks of Cerebrospinal Meningitis occur with the start of the dry season (October – May)
- The LGA is the first point and primary unit of disease surveillance, outbreak preparedness and response
- Strengthening preparedness and response before, during and after an outbreak at LGA level include the following:

BEFORE OUTBREAK

- Convene your LGA Emergency Preparedness and Response (EPR) Committee meeting to plan for the outbreak season
- The EPR Committee should develop its Preparedness and Response Plan
- Plan and organise community education, social mobilisation, awareness/sensitisation activities for your team, health facilities and the public before the season, to prepare them for any eventual outbreak
- Identify and establish link with designated CSM treatment centres
- Identify and establish link with designated CSM testing laboratory(ies) and reference laboratory (for confirmation)
- Provide information to health facilities on names and locations of designated CSM treatment centres, and inform them to refer patients for diagnosis and treatment to the nearest CSM treatment centres as quickly as possible
- Support training of healthcare workers in health facilities within your LGA on:
 - Use of case definitions and reporting procedures (for all health facilities)
 - Collection of CSF specimens, understanding that specimens should be collected before commencing antibiotics (where possible) and proper methods of ventilating/storing specimens prior to transport (for designated treatment centres)
- Preposition adequate supplies of lumbar puncture (LP) kits, surveillance data tools and other relevant reporting tools
- Conduct clinician sensitization, LGA surveillance meetings, and other related surveillance activities
- Distribute case definition and Information, Education and Communication (IEC) materials widely
- Identify designated CSM testing laboratory(ies) and reference laboratory (for confirmation)

DURING OUTBREAK

- Ensure routine weekly reporting of meningitis cases from health facilities in the LGA
- Analyse epidemiological data daily by Ward and LGA to quickly determine which Wards/LGAs have reached Alert and Epidemic Thresholds; the definitions are dependent on the population size as follows:

ALERT THRESHOLD

- **Population of 30,000 - 100,000:** Attack Rate of 3 suspected cases per 100,000 persons in one week
- **Populations < 30,000:** Two (2) suspected cases in one week
- OR an increase in the number of cases compared to previous non-epidemic years

EPIDEMIC THRESHOLD

- **Populations of 30,000 - 100,000:** Attack Rate of 10 suspected cases per 100,000 persons in one week
- **Populations of < 30,000:** Five (5) suspected cases in one week OR a doubling of number of cases over a three-week period

Specific Actions Based On Disease Threshold

PRE-ALERT:

- Ensure all health facilities are using appropriate case definition
- Assess and identify health facilities to serve as designated treatment centre(s) for referral of suspected CSM cases for evaluation and treatment
- Ensure adequate sample testing supplies and surveillance data tools are prepositioned at treatment facilities
- Investigate all suspected cases and complete the case-based forms
- Ensure that CSF samples are collected from ALL suspected cases and tested at designated laboratory
- Assign epid numbers to all cases and laboratories should ensure that epid numbers are not changed so that laboratory results can be matched with patients' clinical data
- Compile and analyse WEEKLY data from health facilities

ALERT:

Continue with all activities as in Pre-alert phase, and in addition,

- Alert the State to start process of initiating ICG request
- Alert all health facilities in LGA that the Alert Threshold has been reached/crossed
- Contact health facilities that have not provided any reports (zero reporting) to ensure that they know the case definition and reporting procedures

EPIDEMIC:

- If one Ward/LGA in the State has reached Epidemic Threshold, all other Wards/LGAs should begin or intensify active case search
- Ensure DAILY reporting of aggregate number of suspected cases and deaths including zero reporting from ALL HEALTH FACILITIES TO the State DSNO using appropriate template:
 - Information can be sent by phone, email, WhatsApp, SMS, or other methods depending on availability in the LGA
 - Photos of line list can be taken and sent to DSNO to ensure timely reporting
 - Send DAILY line list to State DSNO.
 - Ensure harmonisation of routine and outbreak data in the LGA
- Verify that zero reporting from all health facilities are true zero reporting
- Send all case-based forms to State DSNO
- Conduct regular meetings to discuss/monitor progress as well as next steps

AFTER OUTBREAK

- Organise a review meeting to discuss and document your successes, key challenges and recommendations for future outbreak control.
- Ensure harmonisation of routine and outbreak data in the LGA
- Revert to activities in the 'before outbreak' section detailed above



NIGERIA CENTRE FOR DISEASE CONTROL

Toll-free Number: 0800-970000-10. **SMS:** 08099555577. **WhatsApp:** 07087110839

Twitter/Facebook: @NCDCgov. **Website:** ncdc.gov.ng