



CEREBROSPINAL MENINGITIS OUTBREAK

Quick Reference Guide for Health Facility Teams

- Outbreaks of Cerebrospinal Meningitis occur with the start of the dry season (October – May)
- The health facility is a critical unit of the health system towards ensuring the safety of healthcare workers, treatment of cases and containing outbreaks when they occur
- Health facility activities aimed at strengthening preparedness and response before and during outbreak periods include the following:

BEFORE OUTBREAK

- Know the CSM case definition, obtain and familiarise the facility staff with the standard treatment protocol
- Understand reporting procedures (how and who to report cases, including weekly 'zero reporting')
- For health facilities that are not designated CSM treatment centres, identify and establish links with designated CSM treatment centres for ease of case referral
- Request your State to train appropriate personnel within your facility on lumbar puncture techniques, specimen collection and management (Trans Isolate (TI) media utilisation), Infection prevention and control
- Train yourself or ask your LGA disease surveillance and notification officer (DSNO) to train you on the use of standardised case-based forms
- Identify laboratory to send samples of suspected cases for confirmation and serotyping
- Plan sensitization/awareness creation activities for your facility staff early in the "season"
- Establish effective working relationships with the DSNO in your LGA to enhance early reporting and community prevention activities
- Maintain standard universal infection prevention and control practices in your facility
- Ensure the essential commodities and supplies are prepositioned

DURING OUTBREAK

- Conduct initial screening of cases using the CSM case definition
- Observe universal standard precautions while managing ALL suspected cases
- Refer cases meeting the case definition to a designated CSM treatment centre as urgently as possible after initial care, if health facility is not a designated CSM treatment centre
- At CSM treatment centre, obtain CSF from ALL suspected cases and send to the designated testing laboratory along with copies of completed case-based and laboratory forms
- Complete IDSR case-based reporting form for each case and notify LGA DSNO for collection
- Inform LGA DSNO if materials to collect or transport CSF to reference laboratory are not available
- Ensure weekly routine surveillance reporting
- If patients are seen at a designated treatment centre without initial referral from a LGA-level health facility, the centre should inform the LGA DSNO about the case and send the case-based form to the DSNO of the LGA corresponding to the patient's residential address
- Ensure safety of staff by adhering to infection prevention and control practices according to the guideline
- Document patient management process as often as possible
- Adhere to national treatment guideline while managing cases

AFTER OUTBREAK

- Organise a review/appraisal meeting to discuss and document successes, key challenges and recommendations for future patient management
- Revert to activities in the 'before outbreak' section



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