Containing epidemics and managing cases largely depends on the existence of adequate national epidemiological and laboratory surveillance, which enables early detection of epidemics.

A regional network for surveillance of bacterial meningitis among children less than 5 years of age with an emphasis on Haemophilus influenzae type B (Hib), Streptococcus pneumoniae (the pneumococcus) and Neisseria meningitidis as causative organisms was established in the Eastern Mediterranean Region in 2005. In late 2007, the network has been expanded to include other invasive bacterial diseases (pneumonia and sepsis).

Based on the regional Standard Operational Procedures (SOPs) of meningitis in the Eastern Mediterranean Region, the case description of meningitis is:

Suspected cases of meningitis are persons who present with the following:

Sudden onset of fever (> 38.5°C rectal or >38°C axillary) AND at least one of the following signs:

- neck stiffness,
- bulging fontanel,
- altered or reduced level of consciousness,
- convulsions,
- 6 years: any seizure
- 6 months to 2 generalized brief convulsions within 24 hour period
- Poor sucking and irritability (> 2 months old)
- prostration or lethargy,
- toxic appearance,
- petechial or purpural rash

For children

Confirmed case is a case that is laboratory-confirmed as Hib in the CSF or from the blood

The regional surveillance of meningitis include:

1. Case based reporting form that is filled out for all suspected cases of bacterial meningitis;

2. Specimen collection and reporting form that is completed for all specimens forwarded to the laboratory investigation;

3. Suspected bacterial meningitis Log book for all suspected cases of meningitis and includes the minimum data required for surveillance purposes; and

4. Laboratory log book for CSF and blood specimens that is used to record information on all patients with suspected meningitis, severe pneumonia and sepsis and for whom CSF has been collected.

Any positive Gram stain CSF and positive blood culture results are reported to the clinicians within 1 hour after receiving the CSF specimens in the laboratory. Standard Operating Procedures to establish surveillance for invasive Hib, Pneumococcal and Meningococcal diseases. [Working Document pdf 435 Kb]

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