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 WHO Eastern Mediterranean Region in 2005. In late 2007, the network was expanded to include other invasive bacterial diseases (pneumonia and sepsis).

Based on the regional standard operational procedures of menengitis in the 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

up to 6 years: any seizure

up to 6 months: 2 generalized brief convulsions within a 24-hour period

poor sucking and irritability (> 2 months old)

prostration or lethargy

toxic appearance

petechial or purpuric rash.

For children confirmed case is a case that is laboratory-confirmed as meningococcus in the cerebrospinal fluid (CSF) or from the blood.

The regional surveillance of meningitis includes:

case-based reporting form that is filled out for all suspected cases of bacterial meningitis

specimen collection and reporting form that is completed for all specimens forwarded to laboratory investigation

suspected bacterial meningitis log book for all suspected cases of meningitis that includes the minimum data required for surveillance purposes

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 clinicians within 1 hour after receiving the CSF specimens in the laboratory.

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