

Appendix B: Provincial Case Definitions for Reportable Diseases

Disease: Meningitis, acute: i) bacterial; ii) viral, and iii) other

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1.0 Provincial Reporting

Confirmed and probable cases of disease

2.0 Type of Surveillance

Case-by-case

3.0 Case Classification

3.1 Confirmed Case

Clinically compatible signs and symptoms of meningitis with:

- Isolation of an organism (i.e., bacterial, viral or other) from an appropriate clinical site (e.g., cerebrospinal fluid [CSF], blood)
OR
- Detection of antigen (i.e., bacterial, viral or other) from an appropriate clinical site (e.g., CSF, blood)
OR
- Detection of nucleic acid (i.e., bacterial, viral or other) from an appropriate clinical site (e.g., CSF, blood)
OR
- Serologic confirmation of infection with an organism known to cause meningitis

3.2 Probable Case

Clinically compatible signs and symptoms of meningitis in the absence of laboratory confirmation of a causative organism

4.0 Laboratory Evidence

Given the variability of etiological organisms, consult with laboratory about appropriate specimens and testing methodologies

5.0 Clinical Evidence

Clinically compatible signs and symptoms are characterized by fever, headache, stiff neck, and pleocytosis.

6.0 ICD Code(s)

6.1 ICD 10 Code

G01 Bacterial

6.2 ICD 10 Code

G02.0 Viral

6.3 ICD 10 Code

G03.9 Other causes

7.0 Comments

Exclusionary Criteria for Meeting the Case Definition

Meningitis due to *Haemophilus influenzae* type b, *Neisseria meningitidis*, *Streptococcus*

pneumoniae or *Listeria monocytogenes* should be reported under the corresponding diseases.

8.0 References

- National Notifiable Diseases Surveillance System. Case Definitions. [Internet]. Meningococcal Disease; 2005. Atlanta, GA: Centers for Disease Control and Prevention (CDC); 2008. [cited 2009 Feb 12]. Available from <http://www.cdc.gov/ncphi/diss/nndss/casedef/meningococcalcurrent.htm>
- Ministry of Health and Long-Term Care, Public Health Division. iPHIS manual. Toronto, ON: Queen's Printer for Ontario; 2005.

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