SEROGROUPING OF INVASIVE MENINGOCOCCAL DISEASE ASSESSMENT

Thank you for volunteering your time. Based on pilots, we estimate the 15 assessment questions may take approximately 20 minutes.

The assessment focuses on serogrouping of invasive meningococcal disease isolates during a study period of January 1, 2003 to December 31, 2005. If practices or policies existed during any part of this period, please answer yes for that question. For simplicity, questions will reference "your state" and "your program" in referring to the communicable disease surveillance and epidemiology program in your state, territory, county, or city health department. The last page of this document is a glossary of terms used for the assessment.

The end of the assessment also includes an opportunity for open-ended comments. If you have questions about the assessment or the project, please contact Benjamin Silk at bsilk@sph.emory.edu. Again, thank you for your time.

Serogrouping of Invasive Meningococcal Disease Assessment

1. Please indicate your name and a preferred telephone number or email address:

   Name: _____

   Title: _____

   Phone: _____

   Email: _____

2. Please indicate your employment function(s):

(Check one that best describes your functions)

- ❑ Administrative
- ❑ Assignee (e.g., CSTE Fellow, EIS Officer, etc.)
- ❑ Front-line epidemiologist
- ❑ Program manager or supervisor
- ❑ State epidemiologist (or jurisdiction equivalent)

3. In your state, please provide the <u>number of cases of invasive meningococcal disease</u> with each case status for the following periods: *

	Total lab-confirmed	Total Probable
Report dates of Jan. 1 – Dec. 31, 2003:	_____	_____
Report dates of Jan. 1 – Dec. 31, 2004:	_____	_____
Report dates of Jan. 1 – Dec. 31, 2005:	_____	_____

* Please use the 1997 CDC/CSTE case definition. *Confirmed* is clinically compatible case that is laboratory-confirmed (and would include culture-confirmed). *Probable* is a case with a positive antigen test in CSF or clinical purpura fulminans in the absence of a positive blood culture. If data are unavailable, please indicate "don't know" with 9999.

4. Has your program monitored completeness of serogrouping of *N. meningitidis* isolates during the study period of January 1, 2003 to December 31, 2005?

❑ Yes ❑ No ❑ Don't know

If yes, does a defined goal for monitoring completeness of serogrouping exist?

(***<u>Check all definitions</u>*** *that apply and specify the goal as a percentage.)*

	Percentage
❑ Yes, the number of isolates serogrouped / number of isolates received	_____
❑ Yes, the number of isolates serogrouped / number of cases reported	_____
❑ Yes, ascertaining every possible case, getting all isolates possible, and serogrouping every possible isolate	_____
❑ Yes, another definition, specify: _____	_____

5. Is responsibility for the completeness of serogrouping of *N. meningitidis* isolates designated to a single individual in your program?

❑ Yes ❑ No ❑ Don't know

6. Does your state's notifiable disease reporting law(s) or regulation(s) currently require clinical laboratories to submit *N. meningitidis* isolates to your public health laboratory?

❑ Yes ❑ No ❑ Don't know

IF YES, in what month and year was this requirement added to the law / regulation: _____

Has this law / regulation been enforced?

❑ Yes ❑ No ❑ Don't know

IF YES, please indicate how. (*Check all that apply)*

- ❑ Verbal or written notice of failure to submit isolates by in-state laboratories
- ❑ Verbal or written notice of failure to submit isolates by out-of-state laboratories
- ❑ Certification or licensure suspension / revocation
- ❑ Other, please specify: _____

7. In your state, are there currently posters or other promotional materials with the list of notifiable diseases AND specification that clinical laboratories are required to submit isolates or samples of *N. meningitidis*?

❑ Yes ❑ No, materials exist but don't specify submission requirement ❑ No, posters/ promotional materials don't exist ❑ Don't know

IF YES, in what year was the requirement that clinical laboratories are required to submit isolates or samples of *N. meningitidis* first specified on these posters or other materials: _____

8. Other than participating in the Emerging Infections Program (if applicable), has your program, or local health departments in your state, taken initiatives to enhance surveillance of invasive meningococcal disease during the study period?

❑ Yes, state wide ❑ Yes, select region(s) / counties ❑ No ❑ Don't know

If yes, state wide OR select region(s) / counties, indicate which surveillance activities were performed for case ascertainment: (*Please check all that apply.*)

	State Wide	Select Region(s) or Counties
Automated or electronic laboratory reporting	❑	❑
Case finding through hospital records review	❑	❑
Case finding through laboratory records review	❑	❑
Dissemination of advisories / recommendations specifically for meningococcal disease	❑	❑
Dissemination of surveillance manuals / protocols	❑	❑
Periodic telephone inquiries to reporting sources	❑	❑
Reporting promoted via written periodicals (e.g., newsletters) to clinicians or hospital staff	❑	❑
Trainings / seminars on reporting to clinicians or hospital staff	❑	❑
Other, please specify: _____	❑	❑

9. In your state, do you conduct public health follow-up (identification and chemoprophylaxis of close contacts) on every case of invasive meningococcal disease?

❑ Yes ❑ No

If no, why is follow-up not conducted on every case?

❑ Considered clinicians' responsibility ❑ Another reason: _____ ❑ Don't know

10. Has your program, or local health departments in your state, required or recommended each of the following during the study period?

That clinical laboratories submit isolates to your public health laboratory	❑ Yes	❑ No	❑ Don't know
That clinicians request bacterial cultures while caring for patients with invasive meningococcal disease	❑ Yes	❑ No	❑ Don't know

If yes to either, please indicate how required or recommended for each.

	Clinical laboratories submit isolates to your public health laboratory		Clinicians request bacterial cultures while caring for patients with invasive meningococcal disease	
	Required	Recommended	Required	Recommended
By disseminating surveillance manuals / protocols	❑	❑	❑	❑
During case finding inquiries to reporting sources	❑	❑	❑	❑
In advisories / recommendations for meningococcal disease	❑	❑	❑	❑
In trainings / seminars on reporting	❑	❑	❑	❑
Via written periodicals (e.g., newsletters)	❑	❑	❑	❑
While conducting public health follow-up of cases	❑	❑	❑	❑
Other, please specify: _____	❑	❑	❑	❑

11. Based on your experience, which of the following, if any, increased emphasis on *N. meningitidis* serogrouping among public health officials in your state? (*Check one response per row.*)

	Very important	Somewhat important	Not important
The FDA licensure of the meningococcal conjugate vaccine	❑	❑	❑
The 2004 CSTE / CDC approved position statement recommending universal serogrouping of *N. meningitidis* isolates	❑	❑	❑
The Advisory Committee on Immunization Practices (ACIP) / CDC recommendations for routine vaccination of adolescents	❑	❑	❑
An outbreak of meningococcal disease in your state	❑	❑	❑
Other, please specify: _____	❑	❑	❑

12. Based on your experience, if submission and/or serogrouping of *N. meningitidis* isolates has not been universal (< 90%) in your state, what have been barriers to accomplishing this task during the study period? (*Check one response per row.*)

	Relevant	Not relevant	Don't know
Clinical diagnosis of suspected meningococcal disease:	❑	❑	❑
Use of non-culture methods by clinical labs:	❑	❑	❑
Lack of isolate submission by clinical labs:	❑	❑	❑
Interactions with local health departments:	❑	❑	❑
Lack of demonstrated need:	❑	❑	❑
Lack of funding for submission / serogrouping:	❑	❑	❑
Data transfer issues among information / surveillance systems	❑	❑	❑
Other, please specify: _____	❑	❑	❑

13. If your program is trying to achieve is currently universal (or near universal) *N. meningitidis* isolate submission, describe what has been key to accomplishing this task: _____

_____

14. How does your program use the results of each of the following? (*Check all that apply.*)

	N. meningitidis isolate serogrouping	Pulsed-field gel electrophoresis (PFGE) subtyping of *N. meningitidis*
To characterize the epidemiology of invasive meningococcal disease in your state	❑	❑
For determination of linkages between cases	❑	❑
For consideration of prevention and control options	❑	❑
Other, please specify: _____	❑	❑
Not used	❑	❑

15. Please add any comments you would like.

_____

_____

Serogrouping of Invasive Meningococcal Disease Assessment

GLOSSARY

State: Refers to your public health jurisdiction, which may be a state, territory, or a large city or county.

Report dates: Refers to the first date public health was notified of the case.

Study period: The period from January 1, 2003 to December 31, 2005.

Percentage: Specify a number between 0 and 100 without decimals.

Universal: Equal or greater than 90%.