

Laboratory Testing for Meningococcal Disease



January 2025

The California Department of Public Health (CDPH) Immunization Branch and Microbial Diseases Laboratory (MDL) request submission of all *Neisseria meningitidis* isolates obtained from normally sterile sites for confirmation and serogrouping. Culture-negative specimens from patients for whom there is a high clinical suspicion of meningococcal disease should also be submitted for PCR testing.

Serogrouping, Molecular Subtyping and Antimicrobial Susceptibility Testing (AST)

The MDL performs serogroup identification on all confirmed isolates and some clinical specimens to assist in surveillance of meningococcal disease. CDPH routinely submits *N. meningitidis* isolates to CDC for molecular subtyping and AST when appropriate. This information is extremely helpful in determining if a cluster or outbreak is occurring. CDPH encourages local clinical facilities to perform AST on *N. meningitidis* isolates to inform treatment decisions. AST should not delay initiation of PEP. CDC results are not available promptly enough to be used for clinical or public health decision-making for individual cases. Please see the CDPH Meningococcal Quicksheet for more information.

Appropriate Samples for Testing

- Bacterial isolates of *N. meningitidis* from normally sterile site; or
- 0.5 ml of EDTA-treated blood (purple top); and/or 0.5 ml of CSF; or
- Blood culture bottle once finalized (if negative); aerobic bottle preferred; Please send both blood and CSF, if available.

Expedited Testing

Please contact CDPH IZB and MDL if urgent PCR testing or serogroup identification is requested to assist in public health follow-up.

Storage and Shipping

Specimens should be stored at 4°C/39.2°F (refrigerator temperature) and shipped as soon as possible. Specimens must arrive at 2-8°C or they may be rejected for testing. MDL currently recommends shipping original human specimens frozen on dry ice (except for blood culture bottles, which should not be frozen). Bacterial isolates should be shipped at ambient temperature. Please see the [MDL testing webpage](#) for more details.

CDPH Contact Information

Please contact MDL at (510) 412-3700 or MDL.Submissions@cdph.ca.gov for further information regarding laboratory testing for *N. meningitidis*.

MDL Shipping Information

- *N. meningitidis* sterile site clinical specimens may be shipped directly from clinical, hospital or public health laboratories to CDPH MDL. *N. meningitidis* bacterial isolates should be routed via a local county public health laboratory.
- Submitters can submit samples to MDL for testing using one of the following methods:
 - [MDL Lab Web Portal \(LWP\)](#) (Preferred)
 - The MDL General Electronic Submission Form is available **only** for submitters that do not have access to the MDL LWP. Please contact MDL at MDL.Submissions@CDPH.ca.gov for additional information.

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- For isolates: Use the default dropdown form “Bacterial Culture for Identification (exclude Mycobacteria)-446”. Please fill out the second page with available details on previous laboratory testing.
- For specimens: Select the dropdown form “Bacterial Sepsis/Meningitis PCR-VPP01”. Please fill out the second page with additional requested specimen and patient details.
- Include key information: patient identifiers, submitter information, specimen collection date and sample information (including biochemical, molecular, or serological testing).
- Missing information may delay specimen processing and testing.
- Insert the appropriate submittal form between the inner and outer container.
- Please record shipping tracking number. This is particularly important if testing is being requested urgently.
- Shipping address: Specimen Receiving
Attn: Bacterial Diseases Section CDPH Microbial Diseases Laboratory 850 Marina Bay Parkway
Richmond, CA 94804

California Statewide Discontinuation of Ciprofloxacin for IMD PEP

As of September 2024, due to the detection of ciprofloxacin-resistant strains of *Neisseria meningitidis*, the use of ciprofloxacin for IMD PEP should be discontinued in California. For IMD PEP, prescribe rifampin, ceftriaxone or azithromycin instead of ciprofloxacin. These recommendations (see [Meningococcal Quicksheet](#)) should be followed until updated public health guidance is issued.