1 alt	PROVINCIAL LABORATORY MEDICINE SERVICES Provincial Health Services Authority BCCDC Public Health Lab	
	DATE:	Mar 19, 2025
	TO:	All users of <i>N. meninaitidis</i> susceptibilit

All users of N. meningitidis susceptibility testing at BCCDC

RE: Changes in reporting of *N. meningitidis* susceptibility testing

Dear colleagues,

As you are fully aware, invasive infections with *N. meningitidis* are devastating medical emergencies that require immediate empiric antibiotic therapy, well before diagnostic testing provides organism identification or antimicrobial susceptibility testing (AST). Within a very short period, hospital laboratories are usually able to identify and guide therapy for the culprit organism with AST done on site. Front-line laboratories work closely with clinicians to ensure the most appropriate antibiotics are reported to prescribers.

The Public Health Laboratory (PHL) at the BCCDC performs serogroup testing on all invasive *N. meningitidis* isolates as an important surveillance activity -- supporting vaccination recommendations and prophylaxis efforts. In addition, to guide empiric therapy guidance during the critical phase of acute infections prior to AST from frontline labs, the PHL performs AST on all isolates sent for serogroup surveillance. These data, while critical for understanding resistance patterns generally, are not available in a timely fashion for individual patient decision making. In addition, they can occasionally cause confusion, either by double reporting the same drug or providing drugs that are not usually used for therapy (e.g. drugs used for prophylaxis). Because of these issues, the PHL will no longer routinely report individual patient results of AST for *N. meningitidis*. We will continue to report the organisms' serotype as soon as it is available.

Non-invasive *N. meningitidis* is commonly found in non-sterile sites (e.g. respiratory tract). These isolates are not reportable and would not be further investigated for surveillance or AST. We ask that those isolates not be sent to the PHL. If there is a need to perform AST to inform clinical management, this should be done in the front-line laboratory setting.

The data generated by AST performed at PHL will be reported in aggregate on the BCCDC website – to guide empiric prescribing and to follow susceptibility trends over time. Individual patient results will still be available upon request, if needed.

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MEMORANDUM