City and County of San Francisco

San Francisco Department of Public Health

Communicable Disease Control & Prevention
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RESPONSE TO COMMUNICABLE DISEASES

A QUICK GUIDE FOR SAN FRANCISCO CLINICIANS

Meningococcal Disease

SITUATION

Meningococcal disease is a suspected etiology of your patient's presentation, OR,
Your patient's blood (or CSF or other sterile site) has Gram negative diplococci, OR,
Your patient's blood (or CSF or other sterile site) is positive for *Neisseria meningitidis*

CLINICIAN RESPONSE

1. *IMMEDIATELY* REPORT THE SUSPECT OR CONFIRMED CASE TO:

San Francisco Dept of Public Health AND Your Infection Control Professional (ICP)
Communicable Disease Control Unit
24/7 telephone: 415-554-2830 (After hours, follow the prompts to page the on-call MD)

* Clinicians are required by California law to ***immediately*** report suspected and confirmed cases of meningococcal disease.
* Immediate action will be taken by Public Health and ICPs to prevent additional cases.

2. IMPLEMENT APPROPRIATE INFECTION CONTROL PRECAUTIONS

* Patients are most infectious at symptom onset and continue to be infectious until 24 hrs after effective antibiotics.
* Use droplet precautions until patient has received 24 hours of effective treatment:
  - Put patient in a private room; if not possible, mask patient and keep at least 3 feet away from other patients.
  - Limit movement and transport of the patient; If transport is essential, mask the patient.
  - Wear a mask when within 3 feet of the patient.
* Work with your ICP to implement precautions. Consult with Public Health for guidance.

3. IDENTIFY AND ASSESS CONTACTS OF CASES FOR POSTEXPOSURE PROPHYLAXIS (PEP)

* Work with your ICP and Public Health. While infectious, cases can spread this potentially fatal infection to close contacts. The attack rate for household contacts is 500-800 times the general public's rate. Newly infected people more frequently develop invasive disease. Antibiotic PEP given ASAP and within 10 days can prevent disease.
  - ICPs have the primary responsibility for identifying and managing contacts in the hospital setting;
  - Public Health has primary responsibility for identifying community contacts and determining who should receive PEP.
  - Clinicians may have knowledge of staff members and patient's family and friends who may be at risk, and may have their contact information. Clinicians should provide this information to their ICPs and Public Health.
  - Clinicians may be asked to provide PEP if their patient is an exposed contact to a person with meningococcal disease.

Criteria Used by Public Health to Determine Whether an Exposure Has Occurred: (Need both A & B)

A. *Did the person have contact with the case during the case's infectious period?*
The infectious period begins 7 days before symptom onset and ends after 24 hours of effective treatment.

B. *Did the person have direct or indirect contact with the case's oral secretions?*
Examples of direct contact: kissing, endotracheal intubation.
Examples of indirect contact: sharing objects placed in the mouth such as drinks, cigarettes, lipstick, or toothbrushes.

PEP Medicines	Age Group	Dosage	Notes
Rifampin	< 1 mo 1 mo to < 15 years ≥ 15 years	5 mg/kg by mouth every 12 hrs x 2 days 10 mg/kg by mouth every 12 hrs x 2 days 600 mg by mouth every 12 hrs x 2 days	Not recommended for pregnant women; Can stain contact lenses and interfere with oral contraceptives Rare resistance identified.
Ciprofloxacin	Adults (≥ 18 yrs)	500 mg by mouth, single dose	Not recommended for age < 18 yrs, pregnant or lactating women; Rare resistance identified.
Ceftriaxone	< 15 yrs ≥ 15 yrs	125 mg IM, single dose 250 mg IM, single dose	None.
Azithromycin	< 15 yrs ≥ 15 yrs	10 mg/kg by mouth, single dose 500 mg by mouth, single dose	Alternative: equivalent to rifampin in 1 study, but there is less experience with this regimen.