

**HEALTH ALERT**  
**Meningococcal Disease – Local Case**  
**March 9<sup>th</sup>, 2020**

**Situational Summary**

On March 8<sup>th</sup>, Humboldt County Public Health was notified of a probable diagnosis of *Neisseria meningitidis* with atypical clinical presentation in an Arcata High School student. Chronic meningococemia is the working diagnosis. The patient's symptoms began in early February but became noticeably worse on March 1<sup>st</sup>, 2020. In consultation with the California Department of Public Health, the infectious period has been determined to be February 23<sup>rd</sup> through March 3<sup>rd</sup>, when he was transferred out of the area. Humboldt County Public Health is advising post-exposure prophylaxis for individuals who were in close contact with the patient during the infectious period. Post-exposure prophylaxis can be given up to 14 days after the most recent exposure, but should be given as early as possible. Humboldt County Public Health will be reaching out to close contacts directly and through a parent letter. The risk to individuals is low, particularly those outside of a 7 days exposure period. Prophylaxis is offered out of an abundance of caution because of the seriousness of the disease.

**Guidance for Clinicians:**

- Consider *Neisseria meningitidis* as a differential diagnosis in individuals with compatible clinical presentation, especially those in their teens and 20's.
- Provide post-exposure prophylaxis, following the dosage chart included with this document, to individuals who describe close contact with a case of *N. meningitidis* during the infectious period and within 14 days of today's date.
  - Public Health is actively working to identify and notify all close contacts.
  - Close contacts include:
    - └ Household members
    - └ Persons who shared sleeping spaces with the case
    - └ Persons with exposure to the index patient's respiratory secretions through kissing, sharing smoking equipment or other markers of close intimate contact (e.g. sharing toothbrushes, eating utensils, beverages, cigarettes)
    - └ Individuals likely to have been directly exposed to aerosols or secretions from the case's nose, throat, or mouth for any reason.
- Individuals who have had contact with asymptomatic contacts of a meningitis case do not require post-exposure prophylaxis.
- Post-exposure prophylaxis for *N. meningitidis* should be given to all close contacts, regardless of their vaccination status.
- Immediately report suspect meningococcal disease by telephone to the Health Officer.
- Monday – Friday 8:00-5:00      707-268-2182
- After Hours call the Sheriff, who will page the Health Officer    707-445-7251
- Providers should immediately report clinically suspect cases and not wait for culture results. Laboratories should immediately report gram-negative diplococci from any



sterile site (e.g., blood, CSF, pericardial fluid, synovial fluid), as well as confirmation of *N. meningitidis* from any culture source.

**Recommended chemoprophylaxis regimens\***

Age	Dose	Duration	Efficacy	Cautions
<b>Rifampin<sup>a</sup></b>				
<1 month	5 mg/kg, every 12 h, po	2 days		Discussion with an expert for infants <1 month of age.
≥1 month	15-20 mg/kg (maximum 600 mg), every 12 h, po	2 days	90–95%	Can interfere with efficacy of oral contraceptives and some seizure and anticoagulant medications; can stain soft contact lenses.
<b>Ceftriaxone</b>				
<15 years	125 mg, intramuscularly	Single dose	90–95%	To decrease pain at injection site, dilute with 1% lidocaine.
≥15 years	250 mg, intramuscularly	Single dose	90–95%	To decrease pain at injection site, dilute with 1% lidocaine.
<b>Ciprofloxacin<sup>a,b</sup></b>				
≥1 month	20 mg/kg (maximum 500 mg), po	Single dose	90–95%	
<b>Azithromycin</b>	10 mg/kg (maximum 500 mg), po	Single dose	90%	Not recommended routinely; equivalent to rifampin for eradication of <i>N. meningitidis</i> from nasopharynx in one study of young adults.

\***Penicillin** is often appropriate as treatment, but is not appropriate for chemoprophylaxis.

<sup>a</sup> Not recommended for use in pregnant women.

<sup>b</sup> Use only if fluoroquinolone-resistant strains of *N. meningitidis* have not been identified in the community. If ciprofloxacin-resistant strains have been found, azithromycin can be used for chemoprophylaxis.

