Interior Health

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IS0800: Meningococcal Infection	**EFFECTIVE DATE:** April 2009 **REVISED DATE:** November 2010 **REVIEWED DATE:**

1.0 PURPOSE

To prevent transmission of Meningococcal infection to patients and staff.

To provide guidance to staff on how to report a case of Meningococcal disease to Public Health.

2.0 DEFINITION

Meningococcal disease
Meningococcal disease is caused by the bacteria *Neisseria meningitides (N. meningitides)*. The bacteria can be found naturally in the throat or nose of 5-10% of the population, only rarely giving rise to illness. However, when illness does occur, the infection can progress rapidly and is fatal in about 1 in 10 cases, striking young children and young adults most frequently.

The two most common presentations of **invasive meningococcal disease** are meningitis and septicaemia.

The symptoms of **meningococcal meningitis** are identical to those of other forms of acute bacterial meningitis. Signs of meningitis include sudden onset of fever, headache, and stiff neck. Other symptoms frequently seen are nausea, vomiting, light sensitivity and altered mental status. A petechial rash with pink macules may occasionally be observed.

Meningococcal septicaemia can occur with or without meningitis and may progress rapidly to purpura fulminans (hypotension, fever and disseminated intravascular coagulation), shock and death.

Less common presentations of meningococcal disease are **purulent primary meningococcal conjunctivitis** and primary meningococcal pneumonia.

Infectious Period

- The incubation period is most commonly 3-4 days but can range from 2 to 10 days.
- Persons are communicable for 7 days prior to onset of symptoms until 24 hours after initiation of appropriate antibiotic therapy.

Transmission

- Person to person spread occurs through direct contact with respiratory droplets from the nose and throat of infected people.

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3.0 PROCEDURE

3.1 Additional Precautions

- Confirmed or suspected cases must be placed on **Droplet** Precautions (**Droplet/Contact** Precautions for pediatric patients).
- Gloves should be worn for contact with eye secretions of cases of primary meningococcal conjunctivitis.

3.2 Discontinuing Precautions

- Precautions may be discontinued after the patient has received 24 hours of appropriate antimicrobial therapy.

3.3 Reporting

- Report case to Infection Control who will report case to Public Health.
- If Infection Control is not available then report case to Public Health via the CD Unit (1-866-778-7736) Monday to Friday 0830-1630 or the Medical Health Officer On-Call (1-866-457-5648) after hours.
- Contacts will be identified, notified of recommendations and provided direction regarding medication distribution by Public Health.
- Chemoprophylaxis may be considered and is provided free of charge for close contacts of invasive meningococcal disease and primary meningococcal conjunctivitis cases under authorization of the Medical Health Officer.
- Chemoprophylaxis is only recommended for healthcare workers who have had intensive unprotected contact (without wearing a mask or eye protection) with infected patients (i.e. intubating, resuscitating, or closely examining the oropharynx) or unprotected contact with the purulent discharge from the eye of a case of primary meningococcal conjunctivitis.
- Infection Control will ask Unit Managers to identify healthcare workers who meet the above close contact definition with the patient since admission to 24 hours post treatment and report these names to the Occupation Health Nurse Specialist for follow-up.

4.0 REFERENCES

4.1 **Control of Communicable Disease Manual** (19th edition). Heymann, D. (Ed). American Public Health Association (2008).

4.2 **Communicable Disease Control Manual. Meningococcal Disease**. BC Centre for Disease Control. February 2009.