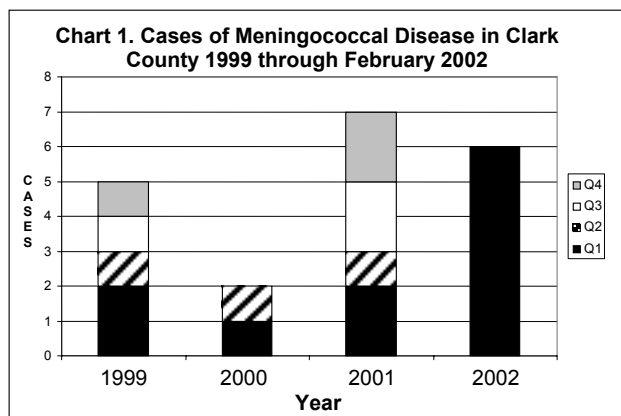


## Prophylaxis for Contacts of Meningococcal Disease Cases

Clark County has seen a significant increase in the number of cases of invasive meningococcal disease (both bacteremia and meningitis) in recent months. Through February, there have been six unrelated cases reported. Chart 1 shows the number of cases of invasive meningococcal disease (IMD) reported over the last three years by quarter.



days. Because there is frequently a delay between the onset of disease and the diagnosis of IMD, prophylaxis of close contacts should be initiated as soon as possible after the identification of the index case. Ideally, it should begin within 24 hours and preferably within 72 hours. Prophylaxis provided after 14 days is of limited or no value. Table 2 contains the recommended chemoprophylaxis schedule for both meningococcemia and meningococcal meningitis for adults and children.

As listed in Table 1, chemoprophylaxis is recommended for close contacts of IMD cases, specifically those persons with direct contact with the case's oral secretions. It is not recommended for casual contacts, such as coworkers or classmates, nor is recommended for medical personnel without direct exposure to the patient's oral secretions.

Although vaccination may be useful in outbreak situations, the quadrivalent (A, C, Y, W-135) vaccine cannot be used in *(continued)*

The incubation period of IMD is from two to ten days, but is most commonly three to four

Table 1. Recommendations for the Administration of Prophylaxis to IMD Case Contacts

Group	Prophylax	Do Not Prophylax
Personal Contacts <sup>1,2</sup>	<ul style="list-style-type: none"> <li>Household members / Roommates</li> <li>Childcare attendees and staff</li> <li>Persons with direct exposure to patient's oral secretions (shared eating utensils or toothbrushes, kissing)</li> <li>Travel companions</li> </ul>	<ul style="list-style-type: none"> <li>Casual contacts (coworkers or classmates with no direct exposure)</li> <li>Indirect contacts (contacts of a contact)</li> </ul>
Aircraft Contacts <sup>1</sup>	Flights $\geq 8$ hours in duration <ul style="list-style-type: none"> <li>Passengers or crew seated next to the case</li> </ul> Flights $< 8$ hours in duration <ul style="list-style-type: none"> <li>Prophylaxis is not necessary*</li> </ul>	Flights $\geq 8$ hours in duration: <ul style="list-style-type: none"> <li>Passengers or crew not seated next to the case*</li> </ul> Flights $< 8$ hours in duration: <ul style="list-style-type: none"> <li>Prophylaxis is not necessary*</li> </ul>
Health Care Workers <sup>2</sup>	<ul style="list-style-type: none"> <li>Workers involved in unprotected mouth-to-mouth resuscitation, intubation or suctioning</li> <li>Workers with direct exposure to the patient's oral secretions</li> </ul>	<ul style="list-style-type: none"> <li>Other patients</li> <li>Health care workers without <u>direct</u> exposure to the patient's oral secretions</li> </ul>

\* Except in the case of direct exposure to the patient's oral secretions

place of chemoprophylaxis. Protective antibodies do not develop for seven to ten days after vaccination, which is not soon enough to prevent disease in contacts. However, vaccination is recommended for the prevention of IMD in high-risk groups, such as military recruits or incoming college freshmen (particularly those living in residence halls).

Any case of suspected invasive meningococcal disease should be reported immediately to the Clark County Health District Office of Epidemiology. The Office of Epidemiology can be reached 24 hours a day, seven days a week at 383-1378.

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Table 2. Chemoprophylaxis Schedule<sup>1</sup>

Drug	Age Group	Dosage	Duration and Route
Rifampin	Children <1month	5mg/kg every 12 hours	2 days, Oral
	Children >1month	10 mg/kg every 12 hours	2 days, Oral
	Adults*	600mg every 12 hours	2 days, Oral
Ciprofloxacin	Adults†	500mg	Single Dose, Oral
Ceftriaxone	Children <15	125mg	Single IM Dose
	Adults	250mg	Single IM Dose

\*Avoid use in pregnant women

†Avoid use in children and pregnant women

References:

1. Exposure to Patients With Meningococcal Disease on Aircrafts – United States, 1999-2000. *MMWR*. 50(23); 485-9.
2. Prevention and Control of Meningococcal Disease. *MMWR*. 49 (RR07); 1-10.

## Other News:

The Clark County Health District Bioterrorism Preparedness Training Program (BPTP) has conducted 50 presentations since September 11, 2001. More than 1,320 medical professionals in Clark County and Washoe County have attended the training sessions.

Southern Nevada AHEC is presenting a conference April 11-13, 2002 at the Flamingo Hotel in Las Vegas. The conference entitled “*Weapons of Mass Destruction: Your Role In the Community Response*”, will help healthcare professionals increase their knowledge and skills related to preparedness for nuclear, chemical and biological incidents. Particular emphasis will be placed on the identification and response to potential terrorist attacks using biologic agents. Seminars will cover:

- Identifying signs and symptoms of biologic agents
- Recognizing appropriate differential diagnoses and establishing treatment plans
- Descriptions of the public health response to events related to weapons of mass destruction
- Understanding the role of each member of the team in the response system

Continuing education credit has been applied for or obtained for the following:

- Physicians: 19.75 CMEs
- CHES Category 1: 20.25
- EMS: 20.25
- Nurses (CA and NV): 24.30
- Pharmacists: 20.25

For more information about the conference or about scheduling a 2.5-hour BPTP training, contact AHEC: Paul Quiroz at 702-320-4407 (pquiroz@med.unr.edu) or Marilyn Campbell at 702-318-8452 (campbell@med.unr.edu), or visit [www.snahec.org](http://www.snahec.org).