

FOR IMMEDIATE RELEASE 07/31/2018

TO: Grant County Media

FOR INFORMATION CONTACT

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GCHD is Investigating a Confirmed Case of Invasive Neisseria Meningitidis (NM) Illness

Grant County, WA—Grant County Health Officer, Dr. Alexander Brzezny, issues an alert about a confirmed case of Invasive Neisseria Meningitidis (NM) illness in a Grant County resident. Neisseria meningitidis (NM) is a bacterium which most commonly presents as meningitis, meningococemia (blood infection), or both. This is an isolated case in our county and no deaths or secondary cases have been reported

GCHD is working with community partners to confidentially identify all community members who could have been in “close” contact with the ill individual. The identified persons are being contacted directly by GCHD. GCHD is investigating the known close contacts to determine if post-exposure prophylactic (PEP) antibiotics are needed. See definition of close contacts below. Close contacts that have been contacted by GCHD are being advised to monitor for signs and symptoms of a meningococcal infection including: sudden onset of fever, chills, headache, neck stiffness, mental status change, typical rash, and other symptoms of invasive infection. If symptoms occur, GCHD is directing individuals to seek immediate medical attention at the emergency room; please wear a mask before entering the healthcare facility.

Post-exposure prophylactic (PEP) antibiotics are being recommended based on risk of illness and are **NOT being recommended for casual contacts**; please refer to the definitions below that describe the type of contact. NM is spread by respiratory droplets or secretions by an infected person, therefore, close contact for an extended period of time is needed for transmission to occur.

- If you believe that you were a close contact according to the definition below and were not contacted directly by GCHD- please call GCHD at 509-766-7960 and speak with a public health nurse.

The contagious period for the case of Neisseria Meningitidis (NM) being investigated was from **July 18th through July 28th, 2018 (7 to 10 days before symptoms appeared)**. During the contagious period the individual was present at multiple locations around Grant County. Only individuals who are "close contacts" are at increased risk. For all others, including those who had casual contact as would occur in most community-related activities, the risk of infection is very low. Preventive antibiotics are not recommended for casual contacts of infected persons.

Approximate locations, dates & times include:

Basket weaving class Moses Lake Presbyterian Church
7/20/2018 9:00 AM - 3:00 PM

Church Service Moses Lake Presbyterian
7/22/2018 10:00 AM - 11:15AM

Mardon Restaurant (Beach Resort Restaurant)



7/22/2018 12:00 PM - 3:00 PM

Quilting Guild Meeting Moses Lake Lutheran Church

7/24/2018 7:00 PM - 9:00 PM

TOPS Moses Lake Christian Church Nelson Road

7/26/2018 8:00 AM - 10:00AM

Contact Definition

Close contacts for the purposes of this community investigation are defined as individuals who, regardless of their meningitis vaccine:

- Are living in the same household as the infected person
- Have kissed the infected person on the mouth, or had another similar face-to-face contact.
- May have had items that came in contact with an infected person's saliva, such as drinks from the same container (i.e. water bottles, cups, glasses), eating utensils, cigarettes, or lipstick

Immunizations recommendations:

GCHD is advising all residents to check their children's and their own vaccine records for up-to-date meningococcal vaccine. There are two kinds of meningococcal vaccine in the United States:

- Meningococcal conjugate vaccine (MCV4) was licensed in 2005. It is the preferred vaccine for people 2 through 55 years of age.
- Meningococcal polysaccharide vaccine (MPSV4) has been available since the 1970s. It may be used if MCV4 is not available, and is the only meningococcal vaccine licensed for people older than 55.

What is Neisseria meningitidis (NM) illness: Signs & Symptoms

Symptoms of meningococcal disease can first appear as a flu-like illness and rapidly worsen.

- The most common symptoms include: fever, headache, stiff neck
- There are often additional symptoms, such as: nausea, vomiting, photophobia (eyes being more sensitive to light), and altered mental status (confusion)

How is Neisseria meningitidis (NM) spread?

People spread meningococcal bacteria to other people by sharing respiratory and throat secretions (saliva or spit). Generally, it takes close (for example, coughing or kissing) or lengthy contact to spread these bacteria. Sometimes the bacteria spreads to people who have had close or lengthy contact with a patient with meningococcal disease. Those at increased risk of getting sick include:

- People who live with the patient
- Anyone with direct contact with the patient's oral secretions

How to prevent meningococcal disease.

Keeping up to date with recommended immunizations is the best defense against meningococcal disease.

- Make sure you and your children are up-to-date on meningococcal vaccine. Your healthcare provider office has the vaccine in supply. Adults can also contact their local pharmacy to schedule an appointment. Most health insurance plans cover the cost of the vaccine.
- [Wash your hands](#) often with soap and water.
- Avoid sharing drinks or utensils used for eating.
- Disinfect frequently touched surfaces, such as toys, doorknobs, tables, counters.
- Meningitis vaccine as recommended for certain age and high risk groups.

What to do if you are a close contact and have symptoms.

- **If you or your child has symptoms of meningitis (sudden onset of fever, chills, headache, neck stiffness, mental status change, typical rash), seek medical care immediately; please wear a mask before entering the healthcare facility.**

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