FOR IMMEDIATE RELEASE  07/31/2018

TO: Grant County Healthcare Providers

FOR INFORMATION CONTACT
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GCHD is Investigating a Confirmed Case of Invasive Neisseria Meningitidis (NM)

GRANT COUNTY, WA – Grant County Health Officer, Dr. Alexander Brzezny, issues the following alert to the healthcare provider community: Grant County Health District is investigating a confirmed case of invasive Neisseria Meningitidis (NM) illness in a Grant County resident. GCHD is working to identify and notify all close contacts of the individual and offer Post Exposure Prophylaxis (PEP) to those at increased risk. The period of contagiousness for NM is generally defined as 7-10 days prior to symptom onset, in this case the period of interest is approximately 07/18/2018 -- 07/28/2018. No deaths or secondary cases have been reported.

Those in close contact with the investigated individual are being advised by GCHD 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.

Actions requested
• Remain vigilant in your practice for patients presenting with signs and symptoms of Neisseria Meningitidis (NM).
• Report suspected cases of Neisseria Meningitidis (NM) (case definition) to GCHD immediately.
• Collect specimens (see below for guidance) from patients suspected of having NM as early as possible in the course of illness.
• Contact your GCHD for guidance.

PEP is recommended for close contacts, which are defined as:
• Those with a direct face-to-face contact,
• Those with an obvious exposure to respiratory, oral or nasal secretions, or
• Those who spent a prolonged period of time in a close proximity to the infectious individual, regardless of meningococcal vaccination status.

PEP is not recommended in cases of casual contact, such as walking by a person, briefly sitting across a person in a waiting room or office.

Period of contagiousness is generally defined as 7-10 days prior to symptom onset, in this case from approximately 07/18/2018 -- 07/28/2018. The probability of illness decreases with the amount of time that has passed since exposure.
• The preferred agent for PEP in case of meningitis exposure is Rifampin twice a day, Ceftriaxone x 1 dose (preferred in pregnancy). Ciprofloxacin once dose is an option for those allergic to Rifampin or Ceftriaxone, but Fluoroquinolone Resistant N. Meningitidis have been reported.
Case Classifications ([2015 Case Definition](#))

**Suspected:**
- Clinical purpura fulminans in the absence of a positive blood culture; or
- Gram-negative diplococci, not yet identified, isolated from a normally sterile body site (e.g., blood or CSF).

**Probable:**
- Detection of *N. meningitidis* antigen
  - In formalin-fixed tissue by immunohistochemistry (IHC);
  - In CSF by latex agglutination.

**Confirmed:**
- Detection of *N. meningitidis*-specific nucleic acid in a specimen obtained from a normally sterile body site (e.g., blood or CSF), using a validated polymerase chain reaction (PCR) assay; or
- Isolation of *Neisseria meningitidis*
  - From a normally sterile body site (e.g., blood or cerebrospinal fluid, or, less commonly, synovial, pleural, or pericardial fluid), or
  - From purpuric lesions.

**Specimen collection guidance**
Collect specimens from patients suspected of having **NM as early as possible in the course of illness** including:
- Cerebrospinal fluid or
- Blood

**Contact GCHD for questions, sampling and shipping details.**

**Resources**

Meningococcal Disease
Meningococcal Disease Report Form

**Clinical Consultation**

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