

# MEDICAL HEALTH OFFICERS **ALERT** FOR PHYSICIANS

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Meningococcal disease in the Okanagan

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**Medical Health Officers:**

**Dr. Trevor Corneil**

**Dr. Kamran Golmohammadi**

**Dr. Silvina Mema**

**Dr. Sue Pollock**

**Dr. Karin Goodison**

**CONTACT INFO:**

**Duty MHO line (24/7)**

**1-866-457-5648**

## **Meningococcal disease in the Okanagan**

Interior Health has declared an **outbreak of Meningococcal disease** in 15-19 year olds for the Okanagan Health Service Delivery Area:

- Five cases of invasive meningococcal disease serogroup W135 have been reported in the Okanagan since June 2017, all among 15-19 year olds
- Interior Health is experiencing the highest rates of any of the BC regions of serogroup W disease

In response to this, public health is offering provincially funded quadrivalent meningococcal vaccine to all 15-19 year olds in the Okanagan. This vaccine will be provided in secondary school settings and in public health centres.

Given the increased incidence of meningococcal disease in the community, physicians should have an increased index of suspicion for this disease in patients presenting with compatible symptoms.

### **Signs and symptoms:**

Meningococcal meningitis usually presents with sudden onset of fever, headache and stiff neck. Other symptoms include nausea, vomiting, photophobia, and altered mental status. Meningococcal sepsis can occur with or without meningitis and may progress rapidly to purpura fulminans (i.e., hypotension, fever, and disseminated intravascular coagulation), shock, and death.

### **Transmission:**

Meningococcal disease is transmitted by direct contact of naso/oral mucosa with secretions from the nose and mouth of infected or colonized individuals (risks = sleeping together, sharing utensils, drinks, cigarettes, etc). Incubation period is 1-10 days, with an average of 3-4 days.

### **Patient management and notification:**

If you suspect *Neisseria meningitidis* bacteremia and/or meningitis:

- Put the patient on droplet and contact precautions

- Submit appropriate microbiology specimens to lab for culture **prior** to initiating antibiotics:
  - Blood cultures
  - If indicated, CSF for cell count, biochemistry and culture
  - If antibiotics have been initiated, contact medical microbiologist on call for advice on testing (consideration of PCR testing)
  - Depending on patient presentation, physicians may request nasopharyngeal swab for respiratory viruses
- Consider starting patient on antibiotics if either bacteremia or meningitis suspected; our medical microbiologists recommend using ceftriaxone 2g iv q12h ([www.bugsanddrugs.org](http://www.bugsanddrugs.org))
- Notify Medical Health Officer on call via hospital switchboard
- Notify Medical Microbiologist on call via hospital switchboard

**Contacts of cases:**

Contacts include individuals who share living arrangements, or had contact with the patient's saliva (i.e. kissing, sharing drinks or cigarettes). Please report these to the CD Unit or call MHO on call to assist with assessment for chemoprophylaxis and immunoprophylaxis.

Additional information can be found at the BCCDC website:

<http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/Meningococcal.pdf>