

MEDICAL HEALTH OFFICERS **ALERT** FOR PHYSICIANS

November 17, 2017

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- **Meningococcal Disease Update**

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<https://www.interiorhealth.ca/AboutUs/Leadership/MHO/Pages/MHOUpdates.aspx>

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Background:

Three cases of Meningococcal Disease, *Neisseria meningitidis* serotype W135, have now been identified in Oliver. All cases continue to be linked to South Okanagan Secondary School, but one person was not a student at this school. The most recently identified case occurred in October, so there have been no confirmed new cases since November 8th. Public Health is taking additional actions to protect the public, including offering immunization to an expanded population of 15-24 year olds living in Oliver, Osoyoos and Okanagan Falls.

Clinics will be held at the Oliver Health Center:

Saturday, November 18, 2017 9am-4pm

Sunday, November 19, 2017 1pm-4pm

Given the increase in incidence of *N. meningitidis* invasive disease in the community, physicians should have an increased index of suspicion in patients presenting with compatible symptoms.

Signs and symptoms:

Signs and symptoms of meningitis include sudden onset of fever, headache and stiff neck, often associated with other symptoms such as nausea, vomiting, photophobia, and altered mental status. Meningococcal sepsis occurs with or without meningitis and may progress rapidly to purpura fulminans (i.e., hypotension, fever, and disseminated intravascular coagulation), shock, and death.

Diagnostic testing:

Submit appropriate microbiology specimens to lab for culture prior to initiating antibiotics:

Blood cultures

CSF culture, if indicated

If antibiotics have been initiated, blood and/or CSF can still be tested (contact medical microbiologist on call to facilitate this)

Depending on patient presentation, physicians may request nasopharyngeal swab for respiratory viruses

Patient management and notification:

If you are suspecting *N. meningitidis* bacteremia and/or meningitis:

1. Put the patient on droplet and contact precautions
2. Perform blood culture; if indicated, submit CSF for cell count, biochemistry, and CSF culture
3. Consider starting patient on antibiotics if either bacteremia or meningitis suspected; our medical microbiologists recommend using ceftriaxone 2g iv q12h. (www.bugsanddrugs.org)
4. Notify Medical Health Officer on call.
5. Notify medical microbiologist on call