Facts for Health Professionals

Surveillance

Invasive disease caused by *Neisseria meningitidis* includes meningitis, septicemia, and other infections. Any suspected or confirmed case of invasive *N. meningitidis* is an emergency and should be reported immediately by telephone to the local health department, which must inform the NJDOH Communicable Disease Service. If the local health department cannot be reached, the NJDOH can be notified by calling (609) 826-5964 on weekdays or (609) 392-2020 after hours, on weekends and holidays. Prompt case reporting ensures that chemoprophylaxis of contacts occurs in a timely manner, and that isolates are obtained and submitted for susceptibility testing and serogrouping.

Indications for chemoprophylaxis

Contacts of any confirmed or suspected case of invasive meningococcal disease require immediate evaluation for chemoprophylaxis, regardless of vaccination status. Prophylaxis is given to close contacts meeting the criteria below who were exposed to the case during the 7 days before onset of symptoms, or while the case is symptomatic, but has not yet received 24 hours of appropriate antibiotic therapy. Contacts for whom chemoprophylaxis is recommended are:

- All members of the patient’s household, especially young children.
- Healthcare & EMS workers who may have been exposed to the patient’s oral/nasal secretions through unprotected mouth-to-mouth resuscitation, intubation, or suctioning.
- Childcare or pre-school attendees who were in the classroom with the patient in the 7 days prior to onset. Classmates in kindergarten or above are generally not considered close contacts.
- Persons who may have had contact with the patient’s oral secretions through kissing, or sharing food, drink or eating utensils in the 7 days prior to onset.
- Persons who ate or slept in the same dwelling as the patient in the 7 days prior to onset.

Chemoprophylaxis is not recommended for casual contacts, but may be indicated in other circumstances. Determination of the need for prophylaxis beyond those listed above should be made in consultation with NJDOH. Prophylaxis should be initiated as soon as possible following exposure; however, prophylaxis delayed up to 2 weeks may still be effective. The use of nasopharyngeal cultures of asymptomatic contacts to determine the need for prophylaxis is not recommended. All symptomatic contacts should be referred immediately for medical evaluation, regardless of prophylaxis status.

NOTE: Only invasive *N. meningitidis* infections (identified in a specimen collected from a normally sterile body site) are reportable and require prophylaxis for close contacts. Up to 10% of persons are asymptomatic, transient nasopharyngeal carriers of *N. meningitidis* strains that are largely nonpathogenic. Therefore, a positive culture or PCR result in a specimen such as throat, sputum, or skin lesion would not constitute an invasive (reportable) case.
Chemoprophylaxis

<table>
<thead>
<tr>
<th>Drug</th>
<th>Age of Contact</th>
<th>Dosage</th>
<th>Route &amp; Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rifampin&lt;sup&gt;a,b&lt;/sup&gt;</td>
<td>Infants aged &lt;1 month</td>
<td>5mg/kg body weight q12h</td>
<td>Orally x 2 days</td>
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</tbody>
</table>
|                            | ≥ 1 month           | 10mg/kg body weight q12h      | Orally x 2 days  |<br>
|                            |                    | (max 600 mg per dose)        |                  |
| Ceftriaxone                | < 15 years          | 125 mg                        | Single IM dose   |
|                            | ≥ 15 years          | 250 mg                        | Single IM dose   |
| Ciprofloxacin<sup>a</sup>  | ≥ 1 month           | 20mg/kg body weight q12h      | Single oral dose |
|                            |                    | (max 500 mg per dose)        |                  |

<sup>a</sup>Not recommended for use in pregnant women.<br>
<sup>b</sup>Can interfere with efficacy of oral contraceptives and some seizure and anticoagulant medications. Consideration should be given to using alternative contraceptive measures while rifampin is being administered. Will stain body fluids red, and may permanently stain contact lenses.

Immunization

Two types of vaccines are available, each protective against four serogroups (A, C, Y, and W-135) of *N. meningitidis*. They are a polysaccharide vaccine (MPSV4), and a polysaccharide/protein conjugate (MCV4). MCV4 is routinely recommended by the CDC's Advisory Committee on Immunization Practices (ACIP) for certain people including:

- All children and adolescents aged 11 – 18 years
- College freshmen living in dormitories
- Microbiologists routinely exposed to isolates of *N. meningitidis*
- Military recruits
- International travelers and citizens residing in endemic or hyperendemic areas
- Persons with anatomic or functional asplenia
- Persons with terminal complement component disorders

Two serogroup B meningococcal vaccines (MenB), Trumenba® and Bexsero®, are licensed for use in the United States. ACIP recommends MenB for persons aged 10 years and older at elevated risk for meningococcal disease. Those at elevated risk include:

- Persons with certain medical conditions and occupations
- Persons identified to be at increased risk because of a serogroup B meningococcal disease outbreak

More information is available at [https://www.cdc.gov/vaccines/vpd/mening/index.html](https://www.cdc.gov/vaccines/vpd/mening/index.html)

**Where can I get more information on Neisseria meningitidis?**

- Your local health department [http://www.localhealth.nj.gov](http://www.localhealth.nj.gov)
- Centers for Disease Control & Prevention [http://www.cdc.gov](http://www.cdc.gov)

This information is intended for educational purposes only and is not intended to replace consultation with a healthcare professional.

Adapted from Centers for Disease Control and Prevention