PUBLIC HEALTH INFORMATION

Government of South Australia

SA Health

COMMUNICABLE DISEASE CONTROL BRANCH

- Please bring to the attention of all doctors -

Date: 22 May 2019 Contact telephone number: **1300 232 272 (24 hours/7 days)**

2019 Meningococcal Season Reminder

- Invasive meningococcal disease (IMD) should be considered in the differential diagnosis of any systemic febrile illness in any age group. A rash is not always present.
- Early recognition, immediate empirical treatment with parenteral benzylpenicillin or ceftriaxone, & urgent transfer to hospital can be life-saving.

Epidemiology

- Notifications of IMD usually increase in winter and spring. IMD can occur in any age group, with peaks in children <5 years & young adults aged 15-24 years. Seven cases of IMD (4B, 2W & 1Y) have been notified in SA residents since January 2019, with 34 cases notified in 2018 (27B, 4W & 3Y).

Clinical features

IMD usually causes meningitis, septicaemia, or a combination of both. Symptoms are often non-specific: fever, headache, vomiting, photophobia, joint pains, neck stiffness, drowsiness & irritability. Septicaemia is more common than meningitis, with a greater mortality. A petechial or purpuric rash may be present, but can be atypical or absent in the early stages, & does not occur with meningitis if septicaemia is not also present. Children may have clinical features not normally expected in an acute self-limiting illness, for example, poor eye contact, altered mental state, or pallor despite a high temperature. In children <16 years, early signs of peripheral vascular shutdown (leg pain, abnormal skin colour & cold hands & feet) should heighten suspicion of IMD. Serogroup W cases can present in less typical ways (e.g. septic arthritis, pneumonia & epiglottitis) & are associated with delayed diagnosis & a higher case fatality rate.

If a patient with a non-specific febrile illness does not require hospital referral, the carer should be told to watch the patient & seek urgent help if the patient deteriorates in any way, especially if a rash develops. A medical review may be urgently required at any time, even within hours of the initial consultation, as IMD can be associated with rapid clinical deterioration.

Management before hospitalisation

- Early recognition & treatment of IMD can be life-saving.
- **Take** blood for culture & PCR, if possible before giving antibiotics, & send with the patient to hospital.
- **Immediately treat patients with suspected IMD** with
    - benzylpenicillin 2.4 g (child: 60 mg/kg up to 2.4 g) **IV** or IM or
    - ceftriaxone 2 g (child 1 month or older: 50mg/kg up to 2 g) **IV** or IM.
- **Transfer** the patient urgently to hospital by ambulance.
- All GPs should have benzylpenicillin in their surgeries & emergency bags.

Notification of cases

- Notify suspected cases to the Communicable Disease Control Branch (CDCB) urgently by phoning **1300 232 272** (24 hrs/7 days). **Do not wait for laboratory confirmation**. This enables rapid contact tracing & provision of clearance antibiotics to close contacts as soon as possible after diagnosis.

Vaccination

- Free meningococcal B vaccine is available in South Australia for children aged 6 weeks to <4 years & adolescents aged 15 to <21 years.
- Free meningococcal ACWY vaccine is given at 12 months of age with a catch-up through schools in Year 10 (adolescents 14-16 years), & through GPs for adolescents 15-19 years.

Further information

- For more information about IMD see www.sahealth.sa.gov.au/InfectiousDiseaseControl
- For information on antibiotics see Therapeutic Guidelines: Antibiotic https://tgldcdp.tg.org.au/etgAccess
- For information on vaccination see www.sahealth.sa.gov.au/immunisation
- IMD can have serious health consequences or be fatal. Doctors are urged to provide or refer people for qualified counselling.

For all enquires please contact the CDCB on 1300 232 272 (24 hours/7 days)

Dr Louise Flood – Director, Communicable Disease Control Branch