



## Health Advisory: Increase in Invasive Meningococcal Disease

February 23, 2024

### Summary

The Texas Department of State Health Services (DSHS) is reporting an increase of invasive meningococcal disease cases since November 2023.

**We advise clinicians to follow the recommendations below and immediately report any suspected cases to your local health department.**

### Background

Invasive meningococcal disease is caused by the bacterium *N. meningitidis* and spreads from person to person through respiratory or throat secretions (saliva or spit). Generally, it takes close and lengthy contact, such as kissing, sharing utensils, or staying in the same household, for spread to occur. The bacteria can reside in the upper respiratory tract of asymptomatic individuals, who unknowingly can spread the disease. In vulnerable individuals, the bacteria can invade the blood stream and cause serious systemic infections. People living in group settings, people with certain medical conditions, and travelers to certain areas may be at higher risk. Find more information on meningococcal meningitis at [dshs.texas.gov/vaccine-preventable-diseases/meningococcal-invasive-disease](https://dshs.texas.gov/vaccine-preventable-diseases/meningococcal-invasive-disease).

### Recommendations For Health Care Professionals

Healthcare providers should consider invasive meningococcal disease in patients presenting with the following symptoms:

- Fever
- Headache
- Nausea or vomiting
- Sensitivity to light
- Rash
- Mental confusion
- Muscle or joint pain

Consider meningococcal disease in diagnosing patients with clinically comparable symptoms even if they are not normally at-risk groups and get travel history.

**Immediately** report any suspected invasive meningococcal disease cases to your local health department: [dshs.texas.gov/idps-investigation-forms/disease-reporting-contacts](https://dshs.texas.gov/idps-investigation-forms/disease-reporting-contacts).

**Because of the risks of severe morbidity and death, effective antibiotics should be administered promptly to patients suspected of having meningococcal disease.** Treatment options can be found here: [Meningococcal Disease: Technical and Clinical Information | CDC](https://www.cdc.gov/meningococcal/disease/technical-and-clinical-information)

## **Infection Control Precautions**

- Use droplet precautions upon arrival to a healthcare facility and through the first 24 hours of antimicrobial therapy to reduce possible exposures.
- Healthcare workers should wear a mask and face protection for any necessary aerosolizing procedures, including intubation.

## **Diagnostic Testing**

Positive Polymerase Chain Reaction (PCR), Gram negative diplococci stains, and subsequent blood or cerebrospinal fluid (CSF) cultures for *N. meningitidis* are immediately reportable to your local health department. Testing for invasive meningococcal disease should be done for all suspected cases as soon as possible. Additional information as it relates to *N. meningitidis* testing is:

- Once *N. meningitidis* is isolated from a sterile site, the laboratory that performed the testing must send the isolate to the Texas DSHS Laboratory for serogrouping and sequencing.
  - Blood or CSF cultures are preferred due to the greater capability for serogrouping and sequencing.
- Providers should work with their local health department or DSHS regional office to coordinate testing at the DSHS laboratory and ensure specimens are submitted correctly and meet testing requirements.
- Unless coordinated in advance, specimens may only be received by the DSHS Laboratory during normal business hours Monday through Friday.

## **Recommendations for Public Health: Contacts to a Case**

- Post-exposure prophylaxis (PEP) should be administered as soon as possible and ideally within 24 hours of identification of the index patient. PEP administered more than 14 days after exposure is of limited or no value.
- Contacts include those who were exposed to the case in the 7 days before symptoms began in the case and until the case has had 24 hours of effective antibiotic therapy.
  - Close contacts at high-risk for developing symptoms and are strongly encouraged to receive PEP include:
    - Household contacts, especially children younger than 2 years old
    - Childcare or preschool contact at any time during 7 days before onset of illness
    - Direct exposure to the index patient's secretions through kissing or through sharing toothbrushes or eating utensils at any time during 7 days before onset of illness
    - Mouth-to-mouth resuscitation or unprotected contact during endotracheal intubation at any time 7 days before onset of illness
    - Frequently slept in same dwelling as index patient during 7 days before onset of illness
    - Passengers seated directly next to the index case during airline flights lasting more than 8 hours (gate to gate)
  - Contacts at lower risk for developing symptoms and for whom PEP is *not* recommended include:

- Casual contact: no history of direct exposure to index patient's oral secretions (e.g., school or work)
- Indirect contact: only contact is with a high-risk contact, no direct contact with the index patient
- Health care personnel without direct exposure to patient's respiratory or oral secretions
  - Hospital personnel should receive prophylaxis only if they were directly exposed to the patient's respiratory or oral secretions and failed to correctly use appropriate PEP.

### **Infants & Children**

- Rifampin may be administered; however, for infants less than 1 month old, consultation with an expert is recommended.
- Ceftriaxone may be administered diluted with 1% lidocaine to decrease pain at injection site.

### **Teens & Adults**

- Rifampin may be administered; however, it can interfere with the efficacy of oral contraceptives and some seizure and anticoagulant medications.
- Ceftriaxone may be administered diluted with 1% lidocaine to decrease pain at injection site.
- Ciprofloxacin may be administered; however, resistance to ciprofloxacin has been demonstrated in some strains of *N. meningitidis*. It is not recommended for pregnant women.

To review dosage, duration, route of administration, and cautions, visit <https://www.cdc.gov/vaccines/pubs/surv-manual/chpt08-mening.html>

### **Information for the Public**

The bacteria are not spread by casual contact or by simply breathing the air where a person with meningococcal disease has been.

Meningococcal vaccination can prevent most meningococcal disease, and one dose of MenACWY vaccine is required for students enrolling in 7<sup>th</sup>–12<sup>th</sup> grades in Texas. More information on the vaccine is available at [dshs.texas.gov/immunization-unit/texas-school-child-care-facility-immunization/meningitis-information-student-parents](https://dshs.texas.gov/immunization-unit/texas-school-child-care-facility-immunization/meningitis-information-student-parents).

Routine hand washing and covering your mouth and nose while sneezing or coughing are essential to prevent the spread of bacteria. Avoid close contact with people who are sick, and don't share food, utensils, toothbrushes, cigarettes or similar personal items.

If you think you have invasive meningococcal disease, isolate yourself from others and call your healthcare provider or hospital before arriving so they can prepare for your arrival without exposing other people.

If you think you've been exposed to someone with meningococcal disease, contact your healthcare provider about medication that can keep you from getting sick.

**For More Information**

- [Meningococcal Disease](#)
- [Meningococcal Disease - Causes and How It Spreads](#)
- [Meningococcal Disease - Diagnosis, Treatment, and Complications](#)
- [DSHS Lab - Serotyping \*Neisseria meningitidis\*](#)
- [Infection Control in Healthcare Personnel - Meningococcal Disease](#)
- [Meningococcal Disease - Outbreaks and Public Health Response](#)