

# Newcastle Hospitals NHS Trust

## Control Of Meningococcal Disease

The guidelines below are intended for the **infection control** management of patients with suspected meningococcal meningitis or septicaemia in the Newcastle hospitals. Please see the treatment algorithms on the intranet for clinical management.

### ► Emergency treatment

Take blood for culture from suspected cases and give 2g IV cefotaxime or ceftriaxone immediately. If there is a history of anaphylaxis to beta-lactams then contact Infectious Diseases or microbiology for advice.

### ► Confirming the diagnosis

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<b>Blood cultures</b>	Always take blood cultures on admission
<b>CSF</b>	Microscopy and/or culture may be positive despite prior antibiotics. Additional tests (latex agglutination or PCR testing) may be indicated
<b>EDTA or citrated blood</b>	Collect at admission (2.5 ml minimum); for PCR if cultures negative or the diagnosis remains uncertain
<b>Clotted blood</b>	Collect at admission; for storage, as acute specimen for serology. Send convalescent blood after 14-21 days if diagnosis still unclear
<b>Throat swab</b>	Sweep of posterior pharyngeal wall and tonsils (preferably), or pernasal swab. Label as " <i>throat swab ?meningitis</i> "
<b>Rash aspirate</b>	A haemorrhagic skin rash can be sampled for microscopy and culture
<b>Viral cultures</b>	Send throat swab/faeces for viral culture if viral infection included in the differential diagnosis

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### ► Management of index case

- i) Decide on treatment for the index case. Contact Infectious Diseases on call in cases of suspected meningitis. **Important:** the patient's clinical condition may warrant requesting urgent review by senior physician/anaesthetist.
- ii) Admit patient to a single room, preferably with an airlock if possible. Institute standard isolation with respiratory precautions. (See Isolation Policy in the infection control folder.)
- iii) Ensure that eradication therapy is given to the index case prior to hospital discharge. (This is usually rifampicin)

### ► Communication

- i) Inform the Consultant in Communicable Disease Control (CCDC) by telephone as soon as possible after a **suspected** case is admitted. For Newcastle, Northumberland, and North Tyneside patients, the direct line during normal working hours is 273 3584. Out of hours contact the person on-call for Public Health via the NGH switchboard. For other patients contact a microbiologist, who will advise you who to notify.
- ii) Inform the on-call microbiologist.
- iii) Complete the statutory Notification of Infectious Disease certificate for all confirmed cases (available from Microbiology Dept.). This is the responsibility of the admitting clinician, **not** the microbiology laboratory.

### ► Management of close contacts

The CCDC may ask you to arrange prophylaxis for close family contacts whilst they are visiting the index case in hospital. Unless contraindicated, rifampicin is drug of choice and the following dose should be given:

Age	Oral dose given b.d. for 2 days
> 12 years	600 mg
1-12 years	10 mg/kg
< 12 months	5 mg/kg

Note 1: rifampicin is contra-indicated in pregnant women and patients with severe hepatic impairment. Warn the patient of possible unwanted effects, including red coloration of urine, permanent staining of contact lenses, and possible failure of oral contraception. Check the BNF for possible interactions with other drugs the patient is taking.

Note 2: health care staff do **not** require prophylaxis after contact with a case except in rare circumstances; contact a microbiologist if in doubt.

Control of Infection Committee, January 2006.

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