Hillsborough County Fire Rescue STANDING ORDERS AND PROTOCOL

Section: Medical Exposure Control Plan – Information Fact Sheets Page 1 of 2

Subject: MENINGOCOCCAL MENINGITIS

Section #: 383.08

Issue Date: March 21, 2011

Revision Date:

Approved By:

Michael Lozano, Jr., M.D., HCFR Medical Director

1. Identification

a. Meningococcal meningitis is an acute bacterial disease characterized by sudden onset of fever, intense headache, nausea and vomiting, stiff neck and frequently a petechial rash. Delirium and coma are often present. Occasionally, fulminating cases exhibit sudden prostration, ecchymosis, and precipitous onset of shock.

2. Infectious Agents

 a. The causative agent is <u>Neisseria meningitidis</u> and its isolation or suspicion in meningitis or bacteremia is immediately reportable to local health authorities.

3. Susceptibility

a. Cases generally occur singly or in clusters among close contacts. The peak incidence occurs in late winter and early spring. Attack rates are highest in infants less than 1 year of age and lower after 20 years of age. The overall case fatality is 19%.

4. Mode of Transmission

a. The meningococcus is believed to be spread by droplets from respiratory secretions.

5. Incubation Period

a. Varies from 2 to 10 days.

6. Period of Communicability

a. Communicability lasts until the meningococcus is no longer present in nasal and oral secretions. The drug of choice for treatment is penicillin and communicability is significantly reduced by 24 hours after the start of effective therapy.

7. Isolation

a. Hospitalized patients are placed on "**Droplet Precautions**" for 24 hours after appropriate antibiotic therapy.

8. Exposure Management

a. Close home/family members and intimate contacts should be considered for prophylaxis. Health care personnel who have had close contact with oral and nasal secretions (such as when giving mouth to mouth resuscitation) should also be considered for prophylaxis. Rifampin is often used for prophylaxis.

Vaccination

a. Routine vaccination is not recommended for civilians in the USA including health care workers. The overall incidence of the disease is low and no vaccine is available for serogroup B, the major cause of the disease. Much of the disease occurs in children too young to benefit from immunization.

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10. References

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