



Marion County
OREGON
Health & Human Services

ALERT

**COPY AND DISTRIBUTE TO
CLINIC PROVIDERS**

To: Marion County Providers
Fax number:

From: Marion County Health & Human Services
Fax number: (503) 566-2920

Date: **3/11/22**

Regarding: Invasive meningococcal disease in
Marion County treatment recommendation

Phone number for follow-up: (503) 588-5621

View this message with clickable links at: bit.ly/MCHealthAlerts

Marion County Health & Human Services (MCHHS) is issuing this health alert to notify healthcare providers of three recent cases of invasive meningococcal disease in Marion County. Individuals reported onset of illness between February 8 to February 27, 2022. All case patients were hospitalized and are recovering. Cases within this cluster are epidemiologically linked; there is no evidence of community transmission at this time. Antibiotic susceptibility testing performed on an isolate from one individual detected resistance to ciprofloxacin, one of the first line agents used for post-exposure prophylaxis. Susceptibility testing on isolates from the other case patients is underway.

MCHHS no longer recommends use of ciprofloxacin for post-exposure chemoprophylaxis; rifampin and ceftriaxone remain effective first line agents.

In alignment with CDC's Advisory Committee on Immunization Practices (ACIP), MCHHS recommends routine meningococcal conjugate (MenACWY) vaccination of adolescents. All 11 to 12 year olds should receive a MenACWY vaccine and a booster dose at age 16. Individuals ages 16 to 23 may also receive a serogroup B meningococcal (MenB) vaccine.

Healthcare partners are encouraged to identify children and adults at increased risk for meningococcal disease and recommend MenACWY and MenB vaccination according to ACIP schedule:

- Functional or anatomic asplenia (including sickle cell disease)
- Persistent complement component deficiency (e.g., C3, C5-9, properdin, factor H, factor D)
- HIV infection
- Patients who receive complement inhibitors (e.g., eculizumab, ravulizumab)
- College students who live in residence halls
- Military recruits

- Traveling or residing in countries where serogroup A, C, W, or Y meningococcal disease is common

Background:

Meningococcal disease is a vaccine-preventable illness caused by *Neisseria meningitidis*. Clinical features include fever, chills, headache, stiff neck, sepsis, fatigue, nausea, vomiting, and rash. Invasive infection is associated with long-term morbidity (20%) and death (10-15%). Given the severity and rapid progression of disease, prompt recognition and initiation of effective empiric antibiotics, including extended-spectrum ceftriaxone or cefotaxime, is critical.

Transmission occurs when there is close and lengthy contact allowing the exchange of secretions from the nasopharynx of an infected person or asymptomatic carrier to another by sneeze, cough, or direct contact with saliva. The average incubation is 3 to 4 days (range 2-10 days) and people who become ill are contagious up to 1 week prior to onset of symptoms until 24h after starting antibiotics.

Serogroups B, C, and Y cause the majority of disease in the United States. Cases in Marion County were caused by serogroup C. Rates of meningococcal disease are highest in children younger than 1 year old, with a second peak in adolescence. Sporadic cases are more common than outbreaks which often occur on college campuses and other settings where many people live in close proximity.

Helpful links:

[Oregon Health Authority: Meningococcal Disease](#)

[CDC Meningococcal Disease: Clinical Information](#)

[CDC Meningococcal Vaccination: Information for Healthcare Providers](#)

