



# Health Alert Network

## Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

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John M. Douglas, Jr., M.D. Executive Director

**The pages that follow contain information critical to protecting the health of your patients and the citizens of Colorado.**

Number of pages including cover: 4

**Subject: Advisory - Meningococcal Disease Case at the University of Colorado-Boulder**

Message ID: 11/5/2018 4:45:00 PM

Recipients: HAN Community Members.

From: TRI-COUNTY HEALTH DEPARTMENT

Adams, Arapahoe and Douglas County, Colorado

Recipient Instructions: Tri-County Health Department is forwarding you the attached HAN from CDPHE. You may have already received this broadcast if you are on the state distribution list, however, we wanted to ensure you did not miss this important information

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= You have received this message based upon the information contained within our Health Alert Network Notification System. If you have a different or additional e-mail or fax address that you would like us to use, or if you have additional questions, call 720-200-1477.

### Categories of Health Alert Network Messages:

**Health Alert:** Conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** Provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** Provides updated information regarding an incident or situation; unlikely to require immediate action.

**Info Service/Public Health Brief:** Provides general information that is not necessarily considered to be of an emergent nature.

**You may download a copy of this HAN from the TCHD website at  
<http://www.tchd.org/259/Health-Alert-Network>**



**COLORADO**

**Department of Public  
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Dedicated to protecting and improving the health and environment of the people of Colorado

HEALTH ALERT NETWORK BROADCAST

MESSAGE ID: 11052018 15:30

FROM: CO-CDPHE

SUBJECT: HAN Advisory - Meningococcal Disease Case at the University of Colorado-Boulder

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians

RECIPIENT INSTRUCTIONS: Local Public Health Agencies - Please forward to healthcare providers

## HEALTH ADVISORY | Meningococcal Disease Case at the University of Colorado-Boulder |

November 5, 2018

Health care providers: Please distribute widely in your office

### Key points

- A confirmed case of meningococcal disease has been diagnosed in a student at the University of Colorado in Boulder (CU-Boulder) on November 4, 2018.
- Meningococcal disease is a serious and sometimes fatal infection caused by the bacteria, *Neisseria meningitidis*.
- CU-Boulder and Boulder County Public Health are identifying and notifying close contacts of the case, and assessing which close contacts need antibiotic post-exposure prophylaxis. The timeframe when the case could have exposed contacts is October 27 through November 4. Guidance for determining close contacts and post-exposure prophylaxis recommendations are outlined below.
- For most persons for whom post-exposure prophylaxis is recommended, a single dose of 500mg of Ciprofloxacin should be given orally.
- Health care providers should be aware that the increased attention on meningococcal disease may lead to a greater demand for meningococcal vaccine.

### Background information

On November 4, 2018, a confirmed case of meningococcal disease was diagnosed in a student at CU-Boulder. The student is hospitalized and stable; serogroup has not yet been determined.

CU-Boulder is working with Boulder County Public Health to identify and notify people who may have been in close contact with the case and need antibiotic post-exposure prophylaxis. The wider campus community that does not need antibiotic post-exposure prophylaxis is also being notified.

Meningococcal disease is rare in Colorado. An average of 5-6 cases are reported each year in Colorado since 2013. The last case of meningococcal disease in Boulder County was in 2011.

## General information about meningococcal disease

The incubation period for meningococcal disease varies from 1-10 days, most commonly 3-4 days. Symptoms can develop rapidly and may include:

- High fever
- Severe headache
- Stiff neck
- Chills
- Nausea
- Vomiting
- Photophobia
- Confusion/Disorientation
- Sleepiness
- Rash (bruise-like rash)

Meningococcal disease can present as several clinical syndromes, including meningitis, sepsis, or pneumonia. The bacteria that causes meningococcal disease, *Neisseria meningitidis*, is spread person-to-person through contact with oral or respiratory secretions (saliva or spit). Cases are likely infectious for up to 7 days before their illness onset, and remain infectious as long as the bacteria is present in oral secretions or until 24 hours after initiation of effective antibiotic treatment.

Antimicrobial prophylaxis is recommended for all persons who had close contact with the case during the 7-day period prior to the case's illness onset regardless of immunization status. Close contacts include:

- Household contacts (anyone who slept overnight in the case's house/living quarters during the 7 days prior to the case's illness onset)
- Anyone who may have contact with the case's oral secretions (such as through sharing food, beverages, eating utensils, toothbrushes, cigarettes including vaping devices; or kissing).

Antimicrobial prophylaxis should be administered as soon as possible, ideally within 24 hours after the case is identified, because the risk of secondary disease for close contacts is highest during the first few days after onset of disease in the index case.

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## Recommendations / guidance

Guidance for clinicians:

- CU-Boulder and Boulder County Public Health are assessing contacts to determine who needs antimicrobial prophylaxis. **The timeframe when the case could have exposed contacts is October 27 through November 4.** If a patient presents requesting prophylaxis, please inform Boulder County Public Health at 303-413-7523.
- Meningococcal disease prophylaxis recommendations:

### Meningococcal Prophylaxis

DRUG	AGE GROUP	DOSAGE	DURATION
Rifampin* <sup>‡</sup>	Children <1 Month	5mg/kg orally every 12 hours	2 days
	Children ≥ 1 Month	10mg/kg (maximum, 600 mg) orally every 12 hours	2 days
	Adults	600mg orally every 12 hours	2 days
Ciprofloxacin* <sup>‡</sup>	Adults (≥ 18 years)	500mg orally	Single dose
Ceftriaxone	< 15 Years of Age	125 mg IM	Single dose
	≥15 Years of Age	250 mg IM	Single dose
Azithromycin	Not routinely recommended. Can be used on limited basis where ciprofloxacin resistance has been detected.		

\* Not recommended for use in pregnant women.

<sup>‡</sup> Rifampin therapy can interfere with efficacy of oral contraceptives and some other medications.

<sup>‡</sup> Can be used in children when no acceptable alternative therapy is available, and risks and benefits are explained.

- The increased attention on meningococcal disease may lead to a greater demand for meningococcal vaccines. For the current meningococcal vaccine recommendations, please visit: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html>
- Disease reporting: People with suspected or confirmed meningococcal disease (detection of *N. meningitidis* or gram negative diplococci from a normally sterile site such as blood or CSF) should be reported to your local public health agency or CDPHE at 303-692-2700 (after-hours 303-370-9395) immediately.

Guidance for laboratories:

- Report findings of gram negative diplococci from normally sterile sites (such as blood or CSF), *N. meningitidis* positive cultures from sterile sites, or any suspected case of meningococcal disease, to your local public health agency or CDPHE at 303-692-2700 (after-hours 303-370-9395) immediately.

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**For more information**

For more information on meningococcal disease, visit: <https://www.cdc.gov/meningococcal/index.html>

Updates about meningococcal disease at CU-Boulder will be posted at: [www.colorado.edu/healthcenter/meningitis](http://www.colorado.edu/healthcenter/meningitis)

To report a patient requesting prophylaxis, contact Boulder County Public Health: 303-413-7523

**CDPHE Disease Reporting Line:** 303-692-2700 or 303-370-9395 (after hours)

