



Public Health Department

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Health Alert

To: Healthcare Providers

From: Andy Miller, M.D. (signed original on file)

Date: June 12, 2019

Re: **SUSPECTED** Meningococcal Meningitis Case

Purpose

The purpose of this Health Alert is to 1) inform healthcare providers that Butte County Public Health Department (BCPHD) is investigating a fatal case of sepsis as a possible meningococcal meningitis/ meningococemia case and 2) review recommendations for meningococcal prophylaxis and vaccination.

Summary

On the evening of June 7, BCPHD received a report of a **suspected** case of meningococcal meningitis in a female junior student who attended Oroville High School. The BCPHD communicable disease staff have identified close contacts and recommended prophylaxis as appropriate based upon the suspicion of meningococcal disease. At the request of the BCPHD, Oroville High School notified all parent(s)/ guardian(s) and staff on June 10. Tragically, the patient died on June 11. Providers may receive calls from concerned patients and families seeking information, vaccination and/or prophylaxis. The information below is provided to assist you in addressing patient concerns.

Case Status

Initial PCR tests and cultures have been negative for meningococcal infection, however, no other diagnosis has been confirmed at this time and meningococcal meningitis remains on the differential diagnosis. BCPHD is working closely with California Department of Public Health subject matter experts to coordinate additional testing, in efforts to determine the cause. BCPHD will update providers via Health Alert as additional information becomes available.

Meningococcal Disease

Meningococcal disease is caused by bacterial infection with *Neisseria meningitidis*. Invasive infection with *N. meningitidis* can cause meningitis or meningococemia (meningococcal sepsis). CDC states that the **case-fatality ratio** of meningococcal disease is 10% - 15%, even with appropriate antibiotic therapy and the **case-fatality ratio** of meningococemia is up to 40%. Also, up to 20% of survivors have permanent sequelae, such as hearing loss, neurologic damage, or loss of a limb.

Symptoms can include fever/chills, headache, nausea/vomiting, stiff neck, altered mental status, cold hands and feet, diarrhea, photophobia, and a dark purplish rash (caused by bleeding under the skin).

The incubation period is usually 3-4 days with a range of 1-10 days. A person with meningococcal disease is considered infectious 7 days before onset of disease until 24 hours after the administration of appropriate antibiotic therapy.

Post Exposure Prophylaxis (PEP) Recommendations

BCPHD has been investigating to identify persons who had close contact with the case-patient between May 30 – June 7 for antibiotic prophylaxis. **Given the uncertainty in the diagnosis, providers are encouraged to discuss the need for prophylaxis with their patients and to call BCPHD at the number below with any questions or concerns.**

Close contacts are defined as household members, childcare or preschool contacts, and persons with exposure to the case-patient's respiratory secretions such as through kissing, or sharing of toothbrushes, eating utensils, food, drinks, water bottles, smoking materials, lip balm, or had other intimate contact where respiratory secretions may be shared. **Being in the same room and typical classroom activities are not considered close contact and prophylaxis is not indicated nor recommended.**

Close contacts may receive prophylaxis for up to 14 days after their last exposure to the case-patient. Only persons who have been in close contact with the case-patient should be considered for prophylaxis. For other persons without close contact, or those who had casual contact, the risk is extremely low and prophylaxis is not recommended. See the [CDPH Meningococcal Disease Quicksheet](#) for guidance on antibiotic prophylaxis.

Meningococcal Vaccination Recommendations

BCPHD advises healthcare providers to follow CDC recommendations for vaccinations to prevent meningococcal disease. Available vaccines include:

- 1) Men ACWY: routinely recommended for adolescents 11-18 years of age and provides protection against four strains (A, C, W, Y).
- 2) Men B protects against serogroup B and is routinely recommended for high risk persons between 10 and 25 years old. Healthy persons aged 16-23 years may also choose to be vaccinated to obtain short term protection against serogroup B meningococcal disease.

For more information about vaccines, please visit [CDC Meningococcal Vaccination](#). Additional resource can be found at the Immunization Action Coalition [Meningococcal: Questions and Answers](#).

Reporting

Suspected meningococcal cases must be reported IMMEDIATELY by telephone, 24/7, to Butte County Public Health Department (BCPHD) Communicable Diseases (CD) at **530-552-3929 during business hours**. To report suspect cases **after hours, call 530-332-2462**.

Under Title 17, California Code of Regulations (CCR), failure to report is a misdemeanor (Health and Safety Code § 120295) and is a citable offense under the Medical Board of California's Citation and Fine Program (Title 16, CCR, § 1364).

Categories of urgency levels:

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