



**Public Health Department**

Aaron Quin, Interim Director  
Andy Miller, M.D., Health Officer

**Community Health & Sciences- Oroville**

202 Mira Loma Drive  
Oroville, California 95965

T: 530.552.3929  
F: 530.538.5387

[buttecounty.net/publichealth](http://buttecounty.net/publichealth)

## Health Alert

To: Healthcare Providers

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

Date: June 18, 2019

Re: **CONFIRMED** meningococcal case

---

### Purpose

This Health Alert is an update to the Health Alert issued on June 12<sup>th</sup> notifying providers of a suspect case of invasive meningococcal disease in a female Oroville High School student.

### Case Update

**Additional PCR testing** from the California Department of Public Health's Microbial Diseases Laboratory **confirmed *Neisseria meningitidis* serogroup B** as the causative agent in this fatal case. Oroville High School updated all parent(s)/guardians and staff on June 14<sup>th</sup> of this confirmation.

Invasive meningococcal disease occurs sporadically in the US; in fact, CDC states that only about 1 in 20 cases of invasive meningococcal disease are outbreak- related. **BCPHD will closely monitor the situation and advise providers of any updates or changes, including any updated vaccination recommendations.**

### Meningococcal Vaccination Recommendations

Because the occurrence of a single case of invasive meningococcal disease does not constitute an outbreak, BCPHD is ***not*** issuing additional recommendations for vaccination against meningococcal disease at this time. Providers are recommended to take this opportunity to review their patient's vaccination records, assess risk factors for vaccination, and ensure their patients are up to date on all recommended vaccines, including meningococcal vaccines.

Available meningococcal 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](http://www.cdc.gov/meningococcal). Additional resource can be found at the Immunization Action Coalition [Meningococcal: Questions and Answers](http://www.imz.org/immunization/faq).

## **Post Exposure Prophylaxis (PEP) Recommendations**

All persons identified as having close contact to the case-patient between May 30 and June 7 have received, or been recommended to receive, antibiotic prophylaxis. 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, sharing water bottles, smoking, etc. **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. Prophylaxis should be offered to close contacts regardless of vaccination history. For persons who had casual or remote contact, the risk is extremely low and prophylaxis is not recommended. See the [CDPH Meningococcal Disease Quicksheet](#) for guidance on antibiotic prophylaxis.

## **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