



DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



PUBLIC HEALTH ADVISORY

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Bacterial Meningitis Case – Gram-negative diplococci

Dear Colleagues:

Situation

This is to alert you that there has been a case of bacterial meningitis in Marin County, suspected to be meningococcal meningitis. The interval of potential exposure to Marin residents was December 31, 2016 to January 7, 2017. There have been no reports of additional cases.

A contact investigation has identified those who may have been exposed, and they are in the process of being notified and advised to contact their providers for prophylaxis. The majority of exposures occurred during a series of exercise classes in Larkspur last week. The risk of transmission in this setting is very low. However, out of an abundance of caution, those individuals have also been notified to seek prophylaxis.

Actions Requested of Clinicians

- 1) Offer prophylaxis to close contacts. A single dose of Ciprofloxacin 500mg orally offers effective protection. The complete list of prophylactic options is on the following page.
- 2) For individuals with potential exposure and compatible symptoms consider evaluation for bacterial meningitis.
- 3) Report any confirmed or suspect cases to the Marin County Communicable Disease Prevention and Control program at (415) 473-4163. After business hours, on the weekends and holidays, call (415) 499-7238 and ask to speak with the Public Health Officer.

For additional information see CDPH Meningococcal Disease Quicksheet:

<http://www.cdph.ca.gov/programs/immunize/Documents/Meningquicksheet.pdf>

Sincerely,

Matt Willis, MD, MPH

Marin County Public Health Officer

**Prophylaxis
Recommended chemoprophylaxis regimens***

Age	Dose	Duration	Efficacy	Cautions
Rifampin^a				
<1 month	5 mg/kg, orally, every 12 h	2 days		
≥1 month	10 mg/kg (maximum 600 mg), orally, every 12 h	2 days	90–95%	Can interfere with efficacy of oral contraceptives and some seizure and anticoagulant medications; can stain soft contact lenses.
Ceftriaxone				
<15 year	125 mg, intramuscularly	Single dose	90–95%	To decrease pain at injection site, dilute with 1% lidocaine.
≥15 year	250 mg, intramuscularly	Single dose	90–95%	To decrease pain at injection site, dilute with 1% lidocaine.
Ciprofloxacin^{a b}				
≥1 month	20 mg/kg (maximum 500 mg), orally	Single dose	90–95%	Per the 2015 AAP Red Book recommendations, ciprofloxacin is recommended as chemoprophylaxis for non-pregnant persons ≥1 month of age. Reports of adverse events in children have been rare after widespread ciprofloxacin use in children.
Azithromycin	10 mg/kg (maximum 500 mg)	Single dose	90%	Not recommended routinely; equivalent to rifampin for eradication of <i>Neisseria meningitidis</i> from nasopharynx in one study.
<p>*Penicillin is often appropriate as treatment, but is not appropriate for prophylaxis. ^a Not recommended for use in pregnant women. ^b Use only if fluoroquinolone-resistant strains of <i>N meningitidis</i> have not been identified in the community.</p>				