



DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**

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



Tuesday, August 20, 2019

**Bacterial Meningitis Case – Neisseria meningitidis**

Hyacinth Guillermo Hinojosa  
ACTING DIRECTOR

Dear Colleagues:

Matthew Willis, MD, MPH  
PUBLIC HEALTH OFFICER

**Situation**

Lisa M. Santora, MD, MPH  
DEPUTY PUBLIC HEALTH OFFICER

This is to alert you that there has been a confirmed case of meningococcal meningitis (*Neisseria meningitidis*) in Marin County. The interval of potential exposure to Marin County residents was Thursday, August 8, 2019 through Sunday, August 18, 2019. There have been no reports of additional cases.

3240 Kerner Boulevard  
San Rafael, CA 94901  
415 473 4163 T  
415 473 2326 F  
415 473 3232 TTY  
www.marincounty.org/hhs

A contact investigation has identified those who may have been exposed. Close contacts are being notified and advised to contact their health care providers for post-exposure prophylaxis (PEP). The risk of transmission for most contacts is very low. Out of an abundance of caution we have recommended PEP for occupational contacts.

**Actions Requested of Clinicians**

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

For additional information see California Department of Public Health's (CDPH) Meningococcal Disease Quicksheet (Updated August 2019):

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/IMM-MeningQuicksheet.pdf>

**Recommended chemoprophylaxis regimens\***

Age	Dose	Duration	Efficacy	Cautions
<b>Rifampin<sup>a</sup></b>				
<1 month	5 mg/kg, every 12 h, po	2 days		Discussion with an expert for infants <1 month of age.
≥1 month	15-20 mg/kg (maximum 600 mg), every 12 h, po	2 days	90-95%	Can interfere with efficacy of oral contraceptives and some seizure and anticoagulant medications; can stain soft contact lenses.
<b>Ceftriaxone</b>				
<15 years	125 mg, intramuscularly	Single dose	90-95%	To decrease pain at injection site, dilute with 1% lidocaine.
≥15 years	250 mg, intramuscularly	Single dose	90-95%	To decrease pain at injection site, dilute with 1% lidocaine.
<b>Ciprofloxacin<sup>a,b</sup></b>				
≥1 month	20 mg/kg (maximum 500 mg), po	Single dose	90-95%	Per the 2015 AAP Red Book recommendations, ciprofloxacin is recommended as chemoprophylaxis for nonpregnant persons ≥1 month of age. Reports of adverse events in children have been rare after widespread ciprofloxacin use in children.
<b>Azithromycin</b>	10 mg/kg (maximum 500 mg), po	Single dose	90%	Not recommended routinely; equivalent to rifampin for eradication of <i>N. meningitidis</i> from nasopharynx in one study of young adults.

\*Penicillin is often appropriate as treatment, but is not appropriate for prophylaxis.

<sup>a</sup> Not recommended for use in pregnant women.

<sup>b</sup> Use only if fluoroquinolone-resistant strains of *N meningitidis* have not been identified in the community. See: [CDC. Emergence of fluoroquinolone-resistant \*Neisseria meningitidis\*—Minnesota and North Dakota, 2007–2008. \*MMWR\*. 2008;57\(7\):173–175 at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5707a2.htm>.](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5707a2.htm)