PUBLIC HEALTH INFORMATION

Government of South Australia
SA Health

COMMUNICABLE DISEASE CONTROL BRANCH (CDCB)

- Please bring to the attention of all doctors -

Date: 19 May 2023 Contact telephone number: **1300 232 272 (24 hours/7 days)**

2023 Meningococcal Season Reminder

Invasive meningococcal disease (IMD) should be considered in the differential diagnosis of any systemic febrile illness in any age group. A rash is not always present. Early recognition, immediate empirical treatment with parenteral benzylpenicillin or ceftriaxone, and urgent transfer to hospital can be lifesaving. All GPs should have benzylpenicillin in their surgeries and emergency bags.

There have been 8 IMD cases notified in SA year to date, 2023 (7 serogroup B, 1 W). In 2022 & 2021, there were 14 (12 B, 1 Y, 1 non serogroupable) and 12 (6 B, 6 W) notifications of IMD, respectively.

Notifications of IMD usually increase in winter and spring. Studies suggest that circulation of influenza virus may influence the timing and magnitude of IMD winter peaks. Peak incidence rates are in children <5 years and young adults 15-24 years.

Clinical features

- Meningitis: fever, headache, photophobia, neck stiffness or altered mental state
- Septicaemia: fever, sweating and chills, joint pains, petechial or purpuric rash, nausea and vomiting and early signs of peripheral vascular shutdown (leg pain, abnormal skin colour & cold hands and feet)
- Young children may have irritability, drowsiness, altered mental state, or pallor
- Serogroup W cases can present atypically (e.g. septic arthritis, pneumonia & epiglottitis).

If a patient with a non-specific febrile illness does not require hospital referral, the carer should be informed about IMD, told to watch the patient and seek urgent help if the patient deteriorates in any way, especially if a rash develops. A medical review may be urgently required at any time, even within hours of the initial consultation, as IMD can be associated with rapid clinical deterioration.

Management

- **Be alert** for IMD. Early recognition & treatment of IMD can be lifesaving.
- **Take** blood for culture & PCR, prior to antibiotics, if possible, and send with the case to hospital. Do not delay commencement of antibiotics.
- **Immediately treat patients with suspected IMD** with
    - benzylpenicillin 2.4 g (child: 60 mg/kg up to 2.4 g) **IV** or IM or
    - ceftriaxone 2 g (child 1 month or older: 50mg/kg up to 2 g) **IV** or IM.
- **Transfer** the patient urgently to hospital by ambulance.
- **Notify** suspected cases to CDCB **urgently** by phoning **1300 232 272** (24 hrs/7 days). **Do not wait for laboratory confirmation**. This enables rapid contact tracing & provision of clearance antibiotics to close contacts as soon as possible after diagnosis.
- IMD can have serious health consequences or be fatal. Doctors are urged to provide or refer people for qualified counselling.

Vaccination

- State funded meningococcal B vaccine is available in SA for children aged 6 weeks, 4 months and 12 months, and school students in Year 10 (who are SA residents with a Medicare card).
- National Immunisation Program (NIP) meningococcal ACWY vaccine is available for children aged 12 months of age, school students in Year 10, and through GPs for adolescents 15-19 years.
- NIP meningococcal ACWY & B vaccine is also available for people with specific medical conditions: see the Australian Immunisation Handbook for more details.

Further information

- About IMD see www.sahealth.sa.gov.au/InfectiousDiseaseControl
- On antibiotics see Therapeutic Guidelines: Antibiotic https://tgldcdp.tg.org.au/etgAccess
- On vaccination see www.sahealth.sa.gov.au/immunisation

For all enquires please contact the CDCB on 1300 232 272 (24 hours/7 days)
Dr Kate Murton – Acting Director, Disease Prevention and Control
Public – I4-A1