

This is an official **DHEC Health Advisory**

Distributed via Health Alert Network January 9, 2017; 11:30 AM 10390-DHA-01-06-2017-MMC

Correction: Possible Meningococcal Meningitis Case

(Correction: The person's onset of symptoms has been corrected to January 5, 2017, from the previously distributed 2016.)

The South Carolina Department of Health and Environmental Control (DHEC) is investigating a reported case of possible meningococcal meningitis in an individual affiliated with Forest Brooke Middle School in Horry County. The person's onset of symptoms was January 5, 2017 and DHEC is working to identify close contacts to the possible case in the school setting in the seven days prior to the onset of symptoms for whom chemoprophylaxis may be recommended.

The purpose of this Advisory is to provide information about recommendations for chemoprophylaxis and vaccination to assist healthcare providers in evaluating and managing their patients and to make them aware of the specifics of this investigation should you get questions about meningococcal disease. DHEC will refer close contacts to the possible case identified in the investigation to their health care provider for chemoprophylaxis.

Health care providers are also advised to have heightened awareness and suspect meningococcal disease in anyone affiliated with Forest Brooke Middle School who presents with fever and headache or rash; empiric treatment should be considered; blood or cerebrospinal fluid (CSF) cultures should be collected; and suspected cases should be reported to the local county health department.

Meningococcal disease is spread from person to person through respiratory and throat secretions during close or lengthy contact, especially if living in the same household. The risk of transmission in the community in general is low. Timely chemoprophylaxis is important to prevent secondary cases. DHEC will recommend chemoprophylaxis for close contacts to the possible case defined by contact with the oral secretions (e.g., through kissing, or sharing drinks or eating utensils,) or other close prolonged contact in the 7 days before symptom onset.

Because the rate of secondary disease for close contacts is highest immediately after onset of disease in the index patient, antimicrobial chemoprophylaxis should be administered as soon as possible (ideally <24 hours after identification of the index patient). Chemoprophylaxis administered >14 days after exposure to the index patient is probably of limited or no value. Rifampin, ciprofloxacin, ceftriaxone, and azithromycin are all acceptable antimicrobial agents for chemoprophylaxis.

Health care providers are also encouraged to assure that their patients are up to date on meningococcal vaccination as recommended. All 11 to 12 year olds should be vaccinated with a meningococcal

conjugate vaccine. A booster dose is recommended at age 16 years. Teens and young adults (16 through 23 year olds) also may be vaccinated with a serogroup B meningococcal vaccine.

DHEC contact information for reportable diseases and reporting requirements

Reporting of meningococcal cases is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2017 List of Reportable Conditions available at: http://www.scdhec.gov/Library/CR-009025.pdf

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

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For information on reportable conditions, see http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverse Events/ReportableConditionsInSC/		DHEC Bureau of Disease Control Division of Acute Disease Epidemiology 2100 Bull St · Columbia, SC 29201 Phone: (803) 898-0861 · Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902	

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