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CHELAN-DOUGLAS PUBLIC HEALTH

Current Conditions of Interest

TO REPORT A NOTIFIABLE CONDITION:

Phone (509) 886-6400

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(509) 886-6499

“Always Working for a Safer and Healthier Community”

Meningococcal Disease

In February, a single case of *Neisseria meningitides* was reported to the Chelan-Douglas Health District. Cases are required to be reported immediately to the local health jurisdictions (WAC 246-101).

Transmission occurs through respiratory droplets or by direct contact with nasopharyngeal secretions from a colonized person – symptomatic or otherwise. Close contacts of a case (e.g., household members or child care contacts) are at increased risk of becoming colonized/infected and developing illness. Risk of disease in close contacts is highest during the 10-day period following exposure. The incubation period is usually 3 to 4 days, but may range from 2 to 10 days.

Chemoprophylaxis should be recommended for all household members and other persons deemed to have been exposed, regardless of their immunization status. Since contacts are at highest risk of becoming ill immediately after the onset of the case, prophylaxis should be initiated as soon as possible, ideally less than 24 hours after identification of the index patient. Chemoprophylaxis is not recommended for persons who have had only brief or casual contact with the case. If such persons are anxious about their exposure, they should be advised that their risk of disease is extremely low.

Rifampin, ciprofloxacin, and ceftriaxone are all appropriate drugs for chemoprophylaxis. They are 90–95% effective in reducing nasopharyngeal carriage of *N. meningitidis*. *Rifampin and Ciprofloxacin are not recommended for pregnant women.* Ceftriaxone can be used for children and adults (including pregnant women).

Drug	Age group	Dosage	Duration and route of administration*
Rifampin [†]	Children aged <1 mo	5 mg/kg body weight every 12 hrs	2 days
	Children aged ≥1 mo	10 mg/kg body weight every 12 hrs (max 600 mg/dose)	2 days
	Adults	600 mg every 12 hrs	2 days
Ciprofloxacin [§]	Adults (>18 yrs old)	500 mg	Single dose
Ceftriaxone	Children aged <15 yrs	125 mg	Single IM dose
	Adults	250 mg	Single IM dose

Carbapenem Resistant Enterobacteriaceae (CRE)

A new strain of bacteria is emerging that are resistant to carbapenem antibiotics. Carbapenems are a class of beta-lactam antibiotics that includes ertapenem, doripenem, imipenem, and meropenem. Carbapenems historically have been antibiotics of last resort to treat many infections due to carbapenem-sensitive, but otherwise multidrug-resistant Gram negative bacilli.

In their usual forms, germs from the Enterobacteriaceae family (e.g. E. coli) are a normal part of the human digestive system. However, some of these germs have developed defenses to fight off all or almost all antibiotics we have today. When these germs get into the blood, bladder or other areas where germs don't belong, patients suffer from infections that are difficult, and sometimes impossible, to treat.

While CDC has warned about CRE for more than a decade, new information shows that these germs are now becoming more common. One type of CRE has been detected in medical facilities in 42 states.

For additional information: CDC Vital Signs Report <http://www.cdc.gov/vitalsigns/HAI/CRE/index.html>