WRHA MENINGOCOCCAL INVASIVE DISEASE OPERATIONAL GUIDELINES

This document should be used as an adjunct to the Manitoba Health *Invasive Meningococcal Disease (IMD) Protocol.*
Invasive Meningococcal Disease (Neisseria meningitidis) (gov.mb.ca)

PRELIMINARY PREPARATION:

1. With Confirmation of Meningococcal Meningitis Case

   - The CD Coordinator (CDC) will contact the Community Area Office to alert the Intake Public Health Nurse (PHN) and the Team Manager. After hours the on-call Medical Officer of Health (MoH) will contact the on-call Team Manager to arrange staffing. The on-call MOH phone number is 204-788-8666.
   - The CDC may call the Hospital Infection Control Practitioner (ICP) to discuss the case. The ICP may not work on weekends so the PHN may need to communicate primarily with the hospital unit staff.

2. Staffing Recommendations

   - Two PHNs should be assigned to a case of Invasive Meningococcal Disease with one taking the lead.
   - Depending on the magnitude of the investigation, more staff may be assigned by the Community Area Team Manager or the Team Manager "on-call". The Team Manager may alert the Community Area Director of the situation.
   - PHN(s) need to review the protocol and online resources.

CASE FOLLOW-UP

Initial Interview

- The family interview should occur as soon as possible on the reporting day.
  - Contact hospital to determine if case is in hospital and is able to be interviewed or if family are on the unit.
  - Explain the role of public health and the need for an immediate interview.
  - Notify the MOH immediately if any issues arise that require problem solving.
- Lead PHN to call back the on-call MOH telephone # if no timely response.

- The medical chart may need to be accessed. If needed, obtain information so that duplication can be avoided during the interview. Interview space should be private if possible to uphold PHIA.

1. Complete a medical/health history and document individual and potential group contacts within the communicability period. VACCINE PREVENTABLE DISEASE INVESTIGATION FORM (gov.mb.ca)
   Note: The **period of communicability** is **seven days** before symptom onset, **until 24 hours** after onset of effective therapy.

   - Complete Appendix A- Case History and Contact List for individual and group exposures to document clinical history and groups/contacts exposed during the communicability period
   - Complete Appendix B– Chemoprophylaxis Contact List to record individual contacts. This form can be used to determine who qualifies for chemoprophylaxis.

2. Potential Group Exposures (**Appendix A**)

   Potential Group exposures should be recorded on the Group Contact Exposure Form. Some potential group exposures may include:
   - Workplace and school activities (consider potential sharing of food, drinks)
   - Cigarette smoker or illicit drug use (consider possibility of sharing)
   - Individuals who may have been coughed on by case
   - Sexual Partner
   - Babysitter
   - Affiliation with clubs/ organizations ie: Girl Guides/ Scouts/ Kinsmen
   - Sports activities (possibility of shared water bottle or close contact sports)
   - Social activities (church, music lessons, dances, festivals)

3. Contact List (**Appendix B**)

   Individual contacts exposed during the period of communicability should be recorded on the contact list.
   - Following review by CDC and MoH (After hours it is only the MoH on-call), this form is to be faxed to **Taché Pharmacy**.
     This includes:
     - Household contacts
     - recent sexual partners and-
     - anyone who may have shared sleeping arrangements or-

- had direct contamination of their nose or mouth with the oral/ nasal secretions of a case or-
- nursery/ child care facility contacts

*Advise the client/ family that if there is any new information to contact Lead PHN at any time.
*Additional contacts to obtain additional details may be required.
*Allow an opportunity for the client/ family to ask questions and PHN to provide written resources.

4. **Document in PHIMS all contacts, cases and/or groups exposed during the case's infectious period. Use the MB Health Vaccine Preventable surveillance form to guide documentation.** VACCINE PREVENTABLE DISEASE INVESTIGATION FORM (gov.mb.ca)

CONTACT MANAGEMENT

The Public Health Investigation should identify contacts that:

- Qualify for chemoprophylaxis (time sensitive)
- Have been exposed and require education
- Require vaccination if the serotype is vaccine preventable

CONTACT EDUCATION

- The **incubation period** is usually 3-4 days, but ranges from 2-10 days.
- All close contacts should be alerted to the signs and symptoms of meningococcal disease and be advised to seek medical attention immediately should they develop febrile illness or any other clinical presentation consistent with IMD.
    - Symptoms include sudden onset of fever, headache, and stiff neck and is often accompanied by nausea, vomiting, photophobia and altered mental status.

CHEMOPROPHYLAXIS PROCESS

1. Lead PHN will discuss contact list with CDC (regular business hours, weekdays) who will in turn, discuss with MOH for chemoprophylaxis approval. After hours, Lead PHN will discuss contact list with MoH on-call for approval.

- Contacts should receive prophylaxis within 24 hours of diagnosis of case. Chemoprophylaxis is unlikely to be of benefit to a contact if given more than 10 days after their last exposure to a case during the cases the infectious period.
- Refer to Table 1 in the MB Health Invasive Meningococcal Disease Protocol. Invasive Meningococcal Disease (Neisseria meningitidis) (gov.mb.ca)

The table lists chemoprophylaxis options, recommended dosages and contraindications. MB Health provides chemoprophylaxis at no charge to close contacts.
    - It is important to inquire of the contact's age, weight (children), allergies and if they are pregnant or lactating to select the appropriate treatment.
    - PHN to weigh children or coordinate having them weighed.

2. PHN will notify contacts if chemoprophylaxis is recommended and will discuss the process for accessing treatment.

3. Lead PHN will contact **Taché Pharmacy** to report expected number of contacts and to only fax the chemoprophylaxis line list once finalized, determine anticipated timing of prescription completion, and confirm arrangements of when and where contacts are to pick up their medication. **Taché Pharmacy** is the depot for the WRHA it is located at 400 Taché across from St. Boniface Hospital.
   Regular Hours: 204-233-3469, Fax: 204-231-1739.
   After hour's private cell phone: 204-955-6837
- In the event a contact does not access their medication, the PHN should contact this person as soon as possible. **Taché Pharmacy** has a delivery service.

4. MOH to call the pharmacist (at their discretion), to confirm chemoprophylaxis order. MoH will add their signature details to Appendix B-Contact List to indicate its approval *prior* to Lead PHN faxing onto **Taché Pharmacy**.

Low Risk: Chemoprophylaxis <u>not</u> recommended for

- Casual Contact: No history of direct exposure to case's oral secretions ie: school or work mate.
- Indirect Contact
- Health care personnel without direct exposure to patient's oral secretions

School and Daycare

- All contacts within nursery and child care facilities are considered to be close contacts and are a priority for follow-up.
- Casual school contacts should be assessed on a case-by-case basis.
    - School contacts can provide additional information to identify students who may have had close contact to the case.
    - Ask about possible exposures such as shared foods, shared drinking devices or the possibility of shared cigarettes.

- Consult with the MOH and CDC to determine if additional measures are indicated. This may include an information letter signed by the MOH, school presentations or vaccine clinic.

MENINGOCOCCAL VACCINATION OF CONTACTS

As the serotype may not be known at the time of chemoprophylaxis, the contacts should be informed that immunization may be offered at a later date. The MOH will decide if vaccination of contacts is recommended if the serogroup is vaccine preventable.

- Vaccination is not generally indicated for contacts of cases of disease in which the serogroup has not been determined.
- MB Health will provide the vaccine free of charge to those who will have close ongoing contact to the case.
- Immunoprophylaxis should be carried out as soon as possible after the exposure. There is no end date for offering the vaccine. The vaccine could be offered during the next business day.
- Refer to Table 2: Recommended vaccination of close contacts for post-exposure management and for outbreak control Meningococcal vaccine: Canadian Immunization Guide - Canada.ca

Other Contacts

- Ambulance, fire or other transport personnel are Public Health's responsibility to contact and determine type of contact with the case. Information about the responders will be on medical record or call City of Winnipeg Occupational Health at 204 – 986 - 7819 during regular business hours.
- Health Facility Staff: The risk to staff, if infection control practices are followed is minimal, unless there is documented evidence of splashing or other exposure to secretions. Occupational Health will interview and provide prophylaxis to their staff. IP&C Notification- Contact IP&C - WRHA Professionals

DEBRIEFING MEETINGS

Are to occur after investigation is completed (on an as-needed basis) and are to include:

- Public Health Nurses
- Community Area Team Managers
- Program Managers
- CD Coordinators
- Medical Officer(s) of Health.
- Epi Team Members