

To:	General Practitioners, Hospital Specialists, Pharmacists, After-Hours Centres and Emergency Departments in the Wellington, Hutt Valley and Wairarapa districts
From:	Dr Craig Thornley
Date:	22 May 2023
Title:	Meningococcal disease case in Wellington

Please distribute the following information to relevant staff in your organisation.

All public health alerts are available at www.rph.org.nz (health professionals – public health alerts)

Meningococcal disease

Case of meningococcal disease in Wellington

A case of meningococcal disease has been reported in Wellington; this is the first reported case in the region since 2022.

Meningococcal disease is a serious invasive disease with an acute onset. Meningococcal disease can look like influenza or other winter illnesses in the early stage but deterioration can occur rapidly.

Cases in adults and older children typically experience acute fever, malaise, nausea, myalgia, arthralgia and prostration. A rash occurs in about two-thirds of cases. This may range from ill-defined and macular, to petechial or purpuric. Approximately 75 percent of cases with septicaemia have meningitis (typically causing headache, photophobia and neck stiffness). Infants present with less specific features.

Pre-hospital antibiotics

Because of the fulminant nature of meningococcal sepsis, administer antibiotics on suspicion of diagnosis before transferring the patient to hospital.

- GPs do not need to be concerned that administering antibiotics will obscure the diagnosis for hospital clinicians due to the availability of PCR testing
- The antibiotics recommended prior to transfer to hospital are:

Antibiotic	Children < 30kg	Children >30kg and Adults (max dose)
Ceftriaxone^a (first line treatment)	50 mg/kg when given by GP/primary care 100 mg/kg IV (or IM) up to 2g when given in ED	2 g IV (or IM)
Benzylpenicillin^b (second choice)	50 mg/kg IV (or IM)	2.4 g IV (or IM)

- a. Patients allergic to penicillin who do not have a documented history of anaphylaxis to penicillin can be given ceftriaxone.

PUBLIC HEALTH ALERT

22 May 2023 - Page 2 of 2

- b. patients with a documented history of anaphylaxis to penicillin and who are suspected of suffering from meningococcal disease should be sent immediately to hospital without pre-admission antibiotics.
- Antibiotics given prior to transfer should be clearly noted on the clinical information that accompanies the patient to hospital.

If you are not sure if it is meningococcal disease:

- Advise parents/caregivers, to check the sick person frequently. The sick person should not remain on their own
- Make sure the sick person or their carer seeks immediate medical attention if they deteriorate
- Reassess the sick person within 6 hours.

Meningococcal disease vaccinations

With the current New Zealand epidemiology, neither MenACWY nor 4CMenB vaccines give protection across all prevailing meningococcal groups and BOTH types of vaccine are recommended for high-risk groups. Refer to the Immunisation Handbook for eligibility and funding details accessible at www.health.govt.nz/our-work/immunisation-handbook-2020/13-meningococcal-disease

Notification

Meningococcal disease is a notifiable condition: please notify patients with suspected meningococcal disease to Public Health on 04 570 9002 (this number is monitored 24/7).

For further information on meningococcal disease vaccines:

- IMAC New Zealand www.immune.org.nz/diseases/meningococcal-disease
- Health Navigator www.healthnavigator.org.nz/medicines/m/meningococcal-vaccine/