

To:	General Practitioners, Hospital Specialists, Pharmacists, After-Hours Centres and Emergency Departments in the Wellington, Hutt Valley and Wairarapa districts
From:	Dr Annette Nesdale
Date:	16 August 2022
Title:	Meningococcal disease awareness

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 awareness

Increase in meningococcal disease

There have been five cases of meningococcal disease in the greater Wellington region this year, three have occurred in the last two weeks.

- The age range is from 2 months of age to 27 years
- Two of the ill people are from Wellington city, two from Wairarapa and one in Hutt Valley
- Three people had the group B strain of meningococcal disease and the typing is pending for the two most recent cases
- The ethnicity of the ill people is Māori (2) European (2) Pacific Peoples (1)
- There are no known links between the cases.

There is often a rise of meningococcal disease in early spring, especially following a lot of respiratory illness in the community. Meningococcal disease can look like influenza or other winter illnesses in the early stage but rapid deterioration can occur quickly.

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)

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

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/