

<b>To:</b>	General Practitioners, Hospital Specialists, Pharmacists, After-Hours Centres and Emergency Departments in the Wellington, Hutt Valley and Wairarapa districts
<b>From:</b>	Dr Annette Nesdale
<b>Date:</b>	25 July 2023
<b>Title:</b>	<b>Meningococcal disease awareness</b>

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

All public health alerts are available at [www.rph.org.nz](http://www.rph.org.nz) (health professionals – public health alerts)

## Meningococcal disease awareness

There have been five cases of meningococcal disease in the greater Wellington region this year, three have occurred in July. Sadly, one person died in May.

- The age range is from less than 9 months to 23 years
- Two are from Wellington city, three from the Hutt Valley; three are of European ethnicity and two of Māori ethnicity
- Three people had the group B strain of meningococcal disease
- There are no known links between the cases.

There is often a rise of meningococcal disease 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.

- The antibiotics recommended prior to transfer to hospital are:

Antibiotic	Children < 30kg	Children >30kg and Adults (max dose)
<b>Ceftriaxone<sup>a</sup></b> <b>(first line treatment)</b>	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)
<b>Benzylicillin<sup>b</sup></b> <b>(second choice)</b>	50 mg/kg IV (or IM)	2.4 g IV (or IM)

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

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- 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

- Pēpi/ babies - Bexsero (Meningococcal B vaccine) is offered at 3 months, 5 months and 12 months of age.
- Tamariki under 5 years old, who have not been immunised against Meningococcal B, can catch up for free until 31 August 2025.
- Rangatahi (aged 13-25 years)
  - who are **living in close living situations** (boarding schools, hostels, halls of residence, military barracks, and prisons) can get free Bexsero vaccines until 28 February 2024
  - who are **entering into, or in their first year** of certain close-living situations, can get a free meningococcal A, C, W, and Y (MenACWY) vaccine.
- Tamariki and adults at high risk – additional meningococcal vaccines and doses may be available and free for children and adults at high risk of disease due to medical conditions, or people who've been in close contact with someone with meningococcal disease.

Refer to the Immunisation Handbook for eligibility and funding details accessible at [www.health.govt.nz/our-work/immunisation-handbook-2020/13-meningococcal-disease](http://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](http://www.immune.org.nz/diseases/meningococcal-disease)
- Healthify He Puna Waiora (previously Health Navigator) [healthify.nz/medicines-a-z/m/meningococcal-vaccine/](http://healthify.nz/medicines-a-z/m/meningococcal-vaccine/)