

EXPOSURE TO MENINGOCOCCAL INFECTION

Information for Managers

- **Summary for Immediate action:**
 - **Begin the process for droplet isolation procedures and the use of a mask to enter the patient room**
 - **Notify your Infection Control Practitioner (ICP) if you have a patient who is newly diagnosed with Meningococcal infection**
 - **Compile a list of names, social security numbers, and phone numbers of faculty/staff who had direct face to face contact with this patient without using a mask. The ICP will provide coordination and consultation to guide the identification process.**
 - **Exposed Faculty/Staff will be evaluated by the Occupational Health Clinic for appropriate preventive treatment.**
 - **After hours, (24/7) contact the OHC on call Nurse Practitioner at 936-0955. The on call nurse can arrange for appropriate therapy.**
 - **Self-dispensing of antibiotics after an exposure is not permitted**
 - **Faculty/Staff who are on the exposure list may continue to work as usual.**

Frequently Asked Questions

- **What is meningococcal infection and how is it spread?**

Meningococcal infection is a bacterial infection caused by Neisseria meningitidis. It usually causes only a nose and throat infection but may also cause meningitis and sepsis that may be fatal. Asymptomatic colonization of the upper respiratory tract (a "carrier") is frequent and provides the focus from which the organism is spread. Transmission is from person to person through droplets and discharge from the nose and throat of the infected persons, more often from carriers than cases. Meningococcal cases occur most often in children younger than 5 years of age; adults more often are carriers. The period of time from exposure to the time when symptoms might occur ranges from one to ten days. Most commonly symptoms develop in less than four days. (Note: Viral meningitis is different and does not require treatment of exposed individuals)

- **What is considered to be an exposure to meningococcal infection?**

Transmission of meningococcal bacteria is quite difficult and requires very close contact with an ill patient. A person is considered to be exposed if there is direct contact with droplets and discharge from the nose and throat of an infected person, especially oral secretions at a time when a mask is not worn. Exposure prone procedures include but are not limited to intubating, suctioning or performing mouth to mouth resuscitation on an infected individual.

- **What should I do if I a staff member is exposed?**

If a staff member is exposed to someone with meningococcal infection, he/she should be evaluated to see if he/she needs antibiotics to prevent him/her from becoming a carrier and spreading the germ to others.

- **What are these antibiotics and who needs them?**

Antibiotics are recommended for household contacts and for other persons who have had intimate or close exposure (i.e., kissing, sharing food or beverages, mouth-to-mouth resuscitation, intubation, or suctioning). There are several options for adults with meningococcal exposures: antibiotics will be chosen based on the exposed person's

medical history and the current CDC guidelines. If needed, antibiotics should be given as soon as possible after exposure, preferably within 24 hours.

- **What if the exposure occurs at work?**

In the event of an exposure within the Medical Center, Infection Control will notify the VOHC (Vanderbilt Occupational Health Clinic, Room 640 Medical Arts Building, phone 936-0955) of the faculty/staff members who have been exposed. The Infection Control Practitioner will assist the manager to develop a list of the full names, social security numbers, and, in some instances, phone numbers of all exposed personnel; you (the manager) may be asked to provide or confirm this information for the ICP.

The VOHC will then contact the faculty/staff members to discuss antibiotics. You (the manager) will need to complete a Tennessee First Report of Work Injury and forward this to the Office of Risk Management (Room 610 Oxford House, phone 936-0660).

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