

Date: 9th September 2011

Your Ref:

Our Ref: **HK/lb**

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Dear Colleague

Re: Updated Guidance for Public Health Management of Meningococcal Disease

I am writing to advise you of the updated guidance that is available on the public health management of meningococcal disease in the UK.

http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947389261

The main changes to the 2006 guidance are as follows:

- Pre-admission management (consistent with 2008 SIGN guidelines):
 - Children and young people with suspected bacterial meningitis without non-blanching rash should be transferred directly to secondary care without giving parenteral antibiotics. If urgent transfer to hospital is not possible (for example, in remote locations or adverse weather conditions), antibiotics should be administered.
 - For suspected meningococcal disease (meningitis with non-blanching rash or meningococcal septicaemia) parenteral antibiotics (intramuscular or intravenous benzylpenicillin) should be given at the earliest opportunity, either in primary or secondary care, but urgent transfer to hospital should not be delayed in order to give the parenteral antibiotics.
- Chemoprophylaxis (consistent with 2008 SIGN guidelines):
 - Ciprofloxacin is recommended for use in all age groups and in pregnancy.
 - Rifampicin has been the drug of choice for meningococcal chemoprophylaxis because it is licensed for chemoprophylaxis. However, rifampicin has several disadvantages.
 - The advantages of ciprofloxacin over rifampicin are that it is given as a single dose, does not interact with oral contraceptives, and is more readily available in community pharmacies.
 - Ciprofloxacin is contraindicated in cases of known ciprofloxacin hypersensitivity.
 - Ciprofloxacin is usually not recommended in children due to induced arthropathy in juvenile animals. However in studies, the risk of arthropathy due to ciprofloxacin was very low, arthralgia was transient and most were

coincidental. Therefore although ciprofloxacin is unlicensed for this indication, there is professional consensus of its use in this situation.

- Vaccination:
 - extra MenC for close contacts of any age if most recent dose >12 months ago
 - MenACYW135 conjugate vaccine for close contacts of probable cases with nasopharyngeal swab of these serotypes
 - cases in high risk groups (asplenia and complement deficiency) to receive MenACYW135 conjugate
 - conjugate MenACY135 vaccine to be offered to those indicated for antibiotics in clusters of A, W135 or Y disease.

Section M (1) of the Control of Infection Manual has been updated to reflect the changes and is available on First Port:

[http://firstport/sites/hai/Control%20of%20Infection%20Manual/Sect%20M%20\(1\).pdf](http://firstport/sites/hai/Control%20of%20Infection%20Manual/Sect%20M%20(1).pdf)

Information leaflets for prescribers and patients on Ciprofloxacin have also been attached for your information and are available on First Port:

Should you have any queries that are not answered by the information contained in the letter, please contact the Health Protection Team by email on healthprotection@lanarkshire.scot.nhs.uk or by phone on **01698 858232 / 01698 858228**.

Yours sincerely

A handwritten signature in black ink, appearing to read 'H. Kohli'.

Dr Harpreet S Kohli
Director of Public Health
and Health Policy