February 17, 2009

ATTN: Medical Health Officers and Branch Offices
     Public Health Nursing Administrators and Assistant Administrators
     Holders of Communicable Disease Control Manuals

Re: Revisions to Communicable Disease Control Manual:
    Chapter I – Communicable Disease Control Chapter

Please note the following changes to the Communicable Disease Control Manual, Chapter 1 – Communicable Disease Control Chapter, Meningococcal Disease.

Page 1, Section 2.0 “Clinical Description:”
• Format changed for easier readability.
• Signs and symptoms of meningitis included.
• Signs of purpura fulminans included for clarity.
• Mode of transmission of meningococcal bacteria added.
• More detail regarding rate of asymptomatic carriers included.

Page 2, Section 3.0 “Epidemiology:”
• Information changed to reflect 2007 data as provided by the 2007 BC Annual Summary of Reportable Diseases published by BCCDC.

Administrative Circular# 2009:04
Page 3, Section 4.0 “Definitions:”
- Deleted definition for primary pneumonia case as there is no longer an expectation that public health follow up contacts of a case of primary meningococcal pneumonia. This decision was made by the CD Policy Committee in March 2008 for the following reasons:
  - transmission data is available only for hospitalized patients and not in a community setting; also the majority of data is on serotype C
  - The use of public health resources to follow up contacts is not warranted
- In the list of close contacts, deleted “sexual contacts of cases of primary meningococcal urethritis.” Treatment of meningococcal urethritis will be outlined by STI treatment guidelines. This is more appropriate as meningococcal urethritis is not invasive and does not entail the same degree of public health follow-up as does invasive meningococcal disease.

Page 4, Section 4.0 “Definitions:”
- “Primary case” added to definition of sporadic case.
- Definition of co-primary cases changed for clarity.

Page 5, Subsection 5.2 “Management of Cases:”
- Deleted a case of primary meningococcal urethritis as an indication for chemoprophylaxis with one of the agents recommended for chemoprophylaxis of invasive meningococcal disease.

Page 5, Subsection 6.1 “Chemoprophylaxis of Close Contacts:”
- Order of wording changed for clarity.
- Primary meningococcal pneumonia deleted as it is no longer an indication for chemoprophylaxis of close contacts.
- Deleted “all sexual contacts of cases of meningococcal urethritis” as being recommended to receive chemoprophylaxis with one of the agents recommended for chemoprophylaxis of invasive meningococcal disease.

Page 6, Subsection 6.1 “Chemoprophylaxis of Close Contacts:”
- Wording changed to clarify that chemoprophylaxis is indicated for close contacts who may still be in the incubation period following their last contact with the case, provided that contact occurred before the case had received 24 hours of appropriate antibiotic therapy.
Page 8, Table 1 “Chemoprophylactic Agents for Close Contacts of Meningococcal Infection:”
- Wording changed for clarity. No changes to recommendations.

Page 9, Table 1: “Chemoprophylactic Agents for Close Contacts of Meningococcal Infection (cont’d):”
- In “Contraindications” column for Ceftriaxone, added hypersensitivity to local anesthetics (especially lidocaine).

Page 10, Subsection 6.3 “Immunoprophylaxis of Close Contacts:”
- Information added regarding assessment of previous meningococcal immunization.
- Added reference to Section 15.0 “Worksheet: Chemoprophylaxis / Immunoprophylaxis of Contacts of Invasive Meningococcal Disease.”

Page 10, Subsection 6.3.1 “Immunoprophylaxis of contacts of serogroup C disease:”
- Added recommendation that individuals who received their last dose of meningococcal C conjugate vaccine before 12 months of age require one dose at ≥ 12 months of age.
- Deleted recommendation that a meningococcal C – containing polysaccharide vaccine may be used instead of a meningococcal C conjugate. This is consistent with indications in BC Communicable Disease Control Manual, Chapter 2, Biological Products. A meningococcal C conjugate vaccine provides longer duration of protection and induction of immunologic memory.

Page 11, Subsection 6.3.2 “Immunoprophylaxis of contacts (≥3-23 months of age) of serogroup A disease:”
- Moved from 6.3.1.
- Additional information added to support the recommendation for polysaccharide meningococcal vaccine to infants starting at 3 months of age who are contacts of serogroup A disease.

Page 11, Subsection 6.3.3 “Immunoprophylaxis of contacts (≥ 2 years of age) of Groups A, Y, or W-135:”
- Reformatted for easier reading.

Page 12, Subsection 6.4 “Cadavers and Infectious Risk:”
- Reformatted for easier reading.
Page 12, Section 8.0 “Reporting:”
- Deleted primary meningococcal pneumonia.

Page 13, Section 9.0 “Invasive Meningococcal Disease in Travellers:”
- Wording changed for clarity. No change to recommendations.

Page 14, Subsection 10.2 “Outbreak Identification:”
- Updated name of laboratories at BCCDC.

Page 15, Subsection 10.3 “Outbreak Management:”
- Wording changed. “Suspect cases” replaced with “individuals with signs and symptoms of meningococcal disease.”

Page 18, Section 13.0 “Meningococcal Case Report Form:”
- Under “Clinical Information”, Primary Pneumonia deleted from “Clinical Presentation” section and throat and sputum deleted from “Source of Laboratory Specimen” section.

Page 19, Section 14.0 “PROVISION OF CHEMOPROPHYLAXIS TO CLOSE CONTACTS OF INVASIVE MENINGOCOCCAL DISEASE:”
- In “Contraindications” column for Ceftriaxone, added hypersensitivity to local anesthetics (especially lidocaine).

Please remove and destroy the following pages from the Communicable Disease Control Manual, Chapter I – Communicable Disease Control Chapter, Meningococcal Disease:

Table of Contents                      Dated May 2007
Pages 1 – 22                             Dated May 2007
Please insert the following replacement pages in the Communicable Disease Control Manual, Chapter I – Communicable Disease Control Chapter, Meningococcal Disease:

Table of Contents
Pages 1 – 23

Dated February 2009

If you have any questions or concerns, please contact Karen Pielak, Nurse Epidemiologist or Cheryl McIntyre, Associate Nurse Epidemiologist at telephone (604)660-6061, fax (604)660-0197 or by email at karen.pielak@bccdc.ca or cheryl.mcintyre@bccdc.ca

Sincerely,

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B C Centre for Disease Control

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