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

Re: Update to Communicable Disease Control Manual,
Chapter 1 – Meningococcal Disease

Revised meningococcal disease guidelines are being issued to replace the guidelines dated 2009.

The guideline was approved by the Communicable Disease Policy Advisory Committee.

The following are the key changes or updates to the meningococcal disease guidelines:

- Primary meningococcal conjunctivitis and primary meningococcal pneumonia have been removed from the case definitions, in keeping with previous year’s recommendations approved by the Communicable Disease Policy Advisory Committee which were made to the Ministry of Health for purpose of updating the CD Regulations under the Public Health Act. While the regulatory amendment to remove noninvasive primary meningococcal conjunctivitis and primary meningococcal pneumonia is pending with the ministry, there is no public health follow-up required for these two entities in the absence of evidence of invasive disease. All references to these two entities have been removed.
- Under 6.2 Chemoprophylactic Agents for Close Contact Prophylaxis, for contacts on antiretroviral medications in need of chemoprophylaxis, instead of listing of specific drugs and advice, the guideline recommends that advice on drug interaction be obtained from the BC Centre for Excellence in HIV/AIDS.
- Under 6.3 Immunoprophylaxis of Close Contacts, the following changes were made:
  - Revaccination criteria for those previously vaccinated against meningococcal disease added.
  - Information for contacts of serogroup C updated to include NeisVac-C® as the preferred product for children 12 months of age and younger.
  - Information for contacts of serogroup A, Y, W-135 updated to include Menveo® for children 2 months to 23 months of age. Menveo®, Nimenrix® or Menactra® may be used for those 2 years of age and older.
  - Recommendations for immunoprophylaxis of contacts of serogroup B added.
  - References to the use of meningococcal quadrivalent polysaccharide vaccine or meningococcal bivalent polysaccharide vaccine have been removed as these products are no longer available.
• The Invasive Meningococcal Disease case report form has been removed from the body of the guideline but is available via a hyperlink within the guideline. All case report forms should be obtained from the Surveillance Forms web page on the BCCDC website to ensure that the most up-to-date form is being used.
• Section 3.0 Epidemiology has been updated and a hyperlink to the Annual Summaries of Reportable Diseases on the BCCDC website has been included.
• Footnotes have been inserted where appropriate indicating that the BCCDC Laboratory is now reporting serogroup W135 and 29E simply as serogroup W and 29, respectively. The Harrison et al. 2013 reference has been inserted for this change, and a future issue of Laboratory Trends will be issued by the BCCDC Laboratory to communicate this change. Vaccine labelling has not been changed at this time by the vaccine manufacturers, however, so quadrivalent vaccines will continue to be labelled W135.
• Names of the BCCDC/ laboratory groups/ information systems have been updated in keeping with current organizational structure, along with phone and fax numbers.
• References have been updated.

Please remove and recycle any hardcopy of the 2009 guidelines you may have printed and replace with the 2017 guideline.

If you have any questions or concerns, please contact Christine Halpert, Senior Practice Leader, BCCDC (telephone: 604-707-2555 / email: christine.halpert@bccdc.ca) or Stephanie Meier, Public Health Resource Nurse, BCCDC (telephone: 604-707-2577 / email: stephanie.meier@bccdc.ca.)

Sincerely,

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