



Technical Bulletin

Division of Public and Behavioral Health



Date: February 10, 2016
Topic: Meningococcal B Prevention
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To: Health Care Providers, Medical Facilities; Universities and Community Colleges

Current Situation:

- Cases of serogroup B meningococcal disease (MenB) have been reported at Santa Clara University in neighboring California.
- Although rare in Nevada (i.e. three cases of meningococcal disease for all serogroups in 2014), this technical bulletin is a reminder for clinicians to be on the lookout for patients who present with symptoms related to this illness.

Symptoms: These may appear quickly, or over several days. Symptoms usually begin within three to seven days after exposure, and include:

- Sudden onset of fever, headache, and a stiff neck (initial symptoms may resemble those of influenza.)
 - Can progress to additional symptoms: nausea, vomiting, sensitivity to light, rash, and confusion.
- Within newborns and infants, the telltale symptoms of fever, headache, and stiffness in the neck may be missing, or difficult to discern. An infant may appear to be slow, irritable/restless, vomiting, or feeding poorly.
- Within small children, their reflexes may be off.

Transmission:

- Person-to-person by close contact via aerosolized droplets from the respiratory tract and throat secretions of infected persons (e.g., coughing or kissing).
- Passes easily within household settings, dormitory settings, and school settings.

Diagnosis:

- Early diagnosis and antibiotic treatment are critical. If MenB is suspected, samples of blood and cerebrospinal fluid need to be collected and sent to the public health lab ASAP.
- Laboratory-cultured positive tests will help identify specific serogroup of bacteria, and determine which antibiotics are most effective.

Treatment:

- Early treatment of MenB is very important. The earlier treatment begins, the better (especially in infants).
- Mortality Rate: Even with antibiotic treatment, approximately 10% to 15% of people infected will die.
- Morbidity Rate: Approximately 11% to 19% of survivors will have long-term disabilities (e.g., loss of limb, deafness, nervous system morbidities, or brain damage).
- Clinicians should strongly consider treating prior to test results if clinical history is strongly suggestive or patient is at risk for severe or complicated disease (especially infants).

Prevention:

- Vaccines are available to protect against all three serogroups of Meningococcal disease (B, C and Y) that circulate in the U.S.
- Young adults aged 16-23 years may be vaccinated with MenB vaccine brand on the market to provide short-term protection against most strains.

For More Information:

- Nevada Division of Public and Behavioral Health: (775) 684-5911
- For info. on MenB vaccines (e.g. Bexsero®, Trumenba®, etc.), contact the Nevada Immunization Program: (775) 684-5900
- U.S. Centers for Disease Control & Prevention (CDC): <http://www.cdc.gov/meningococcal/index.html>

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