

# MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM

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*Maine Department of Health and Human Services  
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**\*\*ADVISORY – Important Information\*\***

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**2010PHADV028**

**TO:** All Epidemiologists, Infection Control Practitioners - District 2, Local Public Health Liaisons - District 2, FQHCs - District 2, Physician Practices - District 2, Hospital Contacts - District 2, County EMA Directors, Public Health Required, Public Health Nursing, EMS, RRCs

**FROM:** Dora Anne Mills, M.D., M.P.H., Public Health Director  
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**SUBJECT:** **Bacterial Blood Infection in Cumberland County**

**DATE:** Friday, December 10, 2010

**TIME:** 8:15pm

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**PRIORITY:** High

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Maine Center for Disease Control and Prevention (Maine CDC)  
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## Bacterial Blood Infection in Cumberland County

The Maine Center for Disease Control and Prevention (Maine CDC) is investigating a case of bacterial blood infection in a two year-old female from Cumberland County. A blood culture is pending however the clinical presentation was highly suspicious for meningococcal disease. The child attended a small daycare and participated in a number of overnight visits with family and friends. All known close contacts have been contacted directly by the Maine CDC for recommendations on antimicrobial chemoprophylaxis.

The following provides information on *Neisseria meningitidis*, including recognition and diagnosis of bacterial meningitis, and on how to refer self identified contacts to the Maine CDC for follow-up to determine the need for post-exposure prophylaxis (PEP). In Maine an average of 8 cases of meningococcal disease occur each year. Four cases of meningococcal disease were reported in 2009, and to date, four cases have been reported in 2010. In general, more cases are seen in the winter months.

While this type of bacteria can be spread from one person to another through *very close contact with oral secretions (saliva)*, it is not spread through the air, on surfaces, or in the stool or urine. It is *highly unusual* to see more than one case of illness from this infection at one time, and teachers or children who share the same classroom or ride the same school bus are not at high risk of becoming ill. Also, people who are contacts of people close to the infectious person are not at risk of becoming ill. Vaccine or medications are not recommended for other children simply because they are in the same classroom, attend the same school, or are friends of friends.

Health care providers should consider bacterial meningitis in persons with recent onset of symptoms, including, high fever, headache, stiff neck, vomiting, and rash. Symptoms usually appear within 4 days after exposure to the bacteria (can range from 1-10 days). Meningococcal disease is usually diagnosed by growing *Neisseria meningitidis* bacteria from a sample of blood or spinal fluid. Area health care providers are encouraged to inform concerned parents to seek medical attention should their child experience sudden onset of high fever with a headache and/or a rash.

The recommended antimicrobial chemoprophylaxis for close contacts exposed to *N. meningitidis* as identified by Maine CDC is as follows:

TABLE 7. Schedule for administering chemoprophylaxis against meningococcal disease

Drug	Age group	Dosage	Duration and route of administration*
Rifampin <sup>†</sup>	Children aged <1 mo	5 mg/kg body weight every 12 hrs	2 days
	Children aged ≥1 mo	10 mg/kg body weight every 12 hrs	2 days
	Adults	600 mg every 12 hrs	2 days
Ciprofloxacin <sup>§</sup>	Adults	500 mg	Single dose
Ceftriaxone	Children aged <15 yrs	125 mg	Single IM <sup>¶</sup> dose
Ceftriaxone	Adults	250 mg	Single IM dose

\* Oral administration unless indicated otherwise.

<sup>†</sup> Not recommended for pregnant women because it is teratogenic in laboratory animals. Because the reliability of oral contraceptives might be affected by rifampin therapy, consideration should be given to using alternative contraceptive measures while rifampin is being administered.

<sup>§</sup> Not usually recommended for persons aged <18 years or for pregnant and lactating women because it causes cartilage damage in immature laboratory animals. Can be used for chemoprophylaxis of children when no acceptable alternative therapy is available. Recent literature review identified no reports of irreversible cartilage toxicity or age-associated adverse events among children and adolescents (Source: Burstein GR, Berman SM, Blumer JL, Moran JS. Ciprofloxacin for the treatment of uncomplicated gonorrhea infection in adolescents: does the benefit outweigh the risk? Clin Infect Dis 2002;35:S191-9).

<sup>¶</sup> Intramuscular.

\*\*Retrieved from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm#tab7>

Providers are encouraged to contact the Maine CDC with any specific questions or concerns about a patient's exposure to *N. meningitidis*. Report all suspect and known cases of *N. meningitidis* to the Maine CDC Disease Reporting and Consultation Line: 1-800-821-5821.

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