



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Infection Prevention and Control Department		
Document:	Multidisciplinary Policy and Procedure (MPP)		
Title:	Management of Meningococcal Infection		
Applies To:	Nurses and Technician		
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1. PURPOSE:

- 1.1 To promptly identify cases and their close contacts so that public health action can be taken to prevent spread of disease.

2. DEFINITIONS:

- 2.1 Meningitis is an infection of the layers of tissue which cover the brain and spinal cord. Many different micro organisms can cause meningitis. The disease is generally a very serious illness which can result in blindness, deafness, amputations, permanent brain damage, or even death. *Neisseria Meningitidis* cause meningococcal meningitis or septicaemia or both. The disease can affect any age group, but the young are more vulnerable.

3. POLICY:

- 3.1 The infection is spread by droplets from upper respiratory tract, or by direct contact with the patient, as in coughing, sneezing, kissing.
- 3.2 If a patient with suspected meningococcal meningitis and/or septicaemia is seen in the Emergency Department, the Notification form must be completed & submitted to Public Health.
- 3.3 Appropriate microbiological investigation shall be carried out as soon as possible preferably before starting antibiotic therapy in order to reach a positive diagnosis.
- 3.4 Patient should receive chemoprophylaxis (e.g. rifampicin) before discharge from hospital.
- 3.5 Young children with meningitis need to be referred for audiological testing as outpatient.
- 3.6 Relatives should be provided with information about the disease and clinical management
- 3.7 Close (intimate) contacts should be given chemoprophylaxis and immunized later as appropriate

4. PROCEDURE:

4.1 CHEMOPROPHYLAXIS

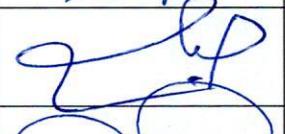
- 4.1.1 The aim of chemoprophylaxis is primarily to reduce the incidence of secondary disease and to stop outbreaks. Close (intimate) contacts should be told the symptoms and signs of meningococcal disease and advised to contact their doctor urgently. Chemoprophylaxis should be administered as soon as possible, preferably within the first 24 hours after the index case.
 - 4.1.1.1 Prophylaxis is recommended for household contacts, sharing food and beverages.
 - 4.1.1.2 Performed mouth-to-mouth resuscitation on the case.

4.2 Prophylaxis is not Indicated for:

- 4.2.1 Medical or Nursing staff unless they are included in one of the categories above.
- 4.2.2 Casual contacts of the case.
- 4.2.3 Work contacts do not need chemoprophylaxis unless they have had close (intimate) contact with the index case as defined above.

4.3 Drug to be used for Chemoprophylaxis Rifampicin

9. APPROVALS:

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4.3.1	Children	<12 Months	150M	12 Hourly for two days.
		1-9 Years	300m	
	Adults and Children over 10 years.		600mg	

4.4 Contraindications

- 4.4.1 Pregnancy and for women who are breast-feeding.
- 4.4.2 Jaundice/severe liver damage .
- 4.4.3 Previous Rifampicin hypersensitivity.

4.5 Drug Interaction mainly due to liver enzyme induction.

- 4.5.1 Oral contraceptive pill, reduced effect of contraceptive pills. Advise women to use additional contraceptive measures while taking Rifampicin and for the remainder of the month. Warfarin, Digoxin, oral hypoglycemia's, etc.

4.6 ALTERNATIVE DRUGS:

- 4.6.1 Ciprofloxacin 500mg as a single oral dose when Rifampicin is contraindicated. Manufacturers do not recommend the use of ciprofloxacin in prepubertal children or pregnancy.
- 4.6.2 Ceftriaxone 250mg as a single intramuscular dose may be given in pregnancy.

5. MATERIALS AND EQUIPMENT:

5.1 Forms and Records:

- 5.1.1 N/A

5.2 Materials and Equipment

- 5.2.1 N/A

6. RESPONSIBILITIES:

6.1 Role of Hospital Clinician: Prompt recognition and treatment of affected patients.

- 6.1.1 Collection of appropriate specimens for microbiological combination of diagnosis.

- 6.1.1.1 Blood Culture.

- 6.1.1.2 Throat Swab.

- 6.1.1.3 CSF, but should not delay treatment.

- 6.1.2 Before discharge from hospital, index case should receive chemoprophylaxis unless the patient was already treated with ceftriaxone.

6.2 Role Of Consultant Microbiologist

- 6.2.1 Ensures appropriate microbiological investigations of specimens from suspected cases.

- 6.2.2 Advices clinicians as to the identity and antibiotic sensitivities where appropriate, and on organism isolated.

- 6.2.3 Liaises with the Clinicians and or staff physician so that appropriate action will be taken in relation to chemoprophylaxis of close contacts.

7. APPENDICES:

- 7.1 N/A

8. REFERENCES:

- 8.1 Meningococcal Disease - Ministry of Health. Last reviewed: July 2011 www.cdc.gov/disease_conditions