

Meningococcal Invasive Disease Information Sheet for Clinicians

Disease Risk for Contacts of Individuals with Meningococcal Disease

High risk: Chemoprophylaxis recommended (close contacts) if exposure occurred during the 7 days before symptom onset through 24 hours after the case has begun effective antimicrobial therapy.

- Household contacts: especially children younger than 2 years of age
- Child care or pre-school school contact
- Direct exposure to index patient's secretions through kissing, sharing toothbrushes, or eating utensils, which are markers of close social contact
- Mouth-to-mouth resuscitation or unprotected contact during endotracheal intubation
- Frequently slept in same dwelling as index patient (household-like contact)
- Passengers seated directly next to the index case during airline flights lasting more than 8 hours

Low risk: Chemoprophylaxis not recommended

- Casual contact: No history of direct exposure to index patient's oral secretions (e.g., school or work mate)
- Indirect contact: Only contact is with a high-risk contact, no direct contact with the index patient
- Medical personnel without direct exposure to patient's oral secretions

In outbreak or cluster

- Chemoprophylaxis for people other than those at high-risk should be administered only after consultation with the Acute Disease Service epidemiologist at (405) 271-4060.

Source: American Academy of Pediatrics. Meningococcal Disease. In: Pickering LK, Baker CJ, Kimberlin DW, Long SS, eds. *Red Book 2009: Report of the Committee on Infectious Diseases*. 28th Ed. Elk Grove Village, IL: American Academy of Pediatrics, 2009: 459.



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