3/21/2013

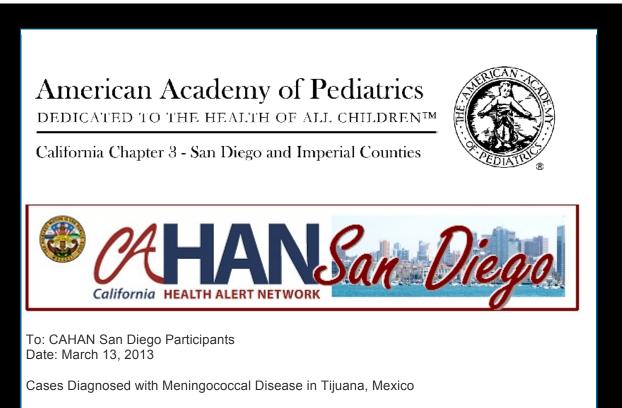
New Information From Your CPMG Medical Directors... ... always interesting to us – hopefully useful to you!

We at CPMG wanted to send this out in case you do not get this emailing from AAP, or if you do get it but may not have seen it.

Best wishes,

Tanya Dansky, MD, FAAP Medical Director and CEO, CPMG

Marshall J. Littman, MD, FAAP Associate Medical Director, CPMG



Since January 1, 2013, there has been an unexpected rise in the number of cases of meningococcal disease in the municipality of Tijuana, Mexico. There have been 25 possible cases reported to public health authorities in Mexico, which include 16 confirmed or probable cases and 9 cases that were suspect or determined not to be a case. Thirteen of these have been laboratory identified as Neisseria meningitidis by culture (confirmed cases) and three have

been identified by latex agglutination (probable cases). Of these confirmed and probable cases, 15 were serogroup C and one was serogroup B. The average number of confirmed cases of meningococcal disease in Tijuana in the previous seven years is five (range 2 to 9, peak season 2007-2008).

The median age of the 13 confirmed cases is 13 years (range 1 to 27 years). Five deaths have been reported, including the last confirmed case, an 18-year-old who became symptomatic on March 9, 2013 and died later that day. Clinical symptoms for the confirmed cases included fever, headache, nausea, vomiting, petechial rash, mental status changes, stiff neck and irritability, shock, and hemorrhagic syndrome.

The 16 confirmed and probable cases reported in Mexico had no known travel to the United States. One of the suspected cases reportedly traveled through San Diego en route to Las Vegas, Nevada in February. The County of San Diego Health and Human Services Agency (HHSA) is working with Mexican and U.S. Federal, State, and local agencies to monitor meningococcal disease in the region and to identify and notify individuals who may have been in close contact with cases during their infectious periods.

In San Diego, there have been two confirmed cases of meningococcal disease reported in 2013. The first is a 12-month-old patient who was admitted on February 19, to a local hospital, with a three-day illness of fever, neck stiffness, and rash. N. meningitidis serogroup C was identified in a blood culture. Although this patient had no travel outside of San Diego, several close contacts did report recent travel to Tijuana. The second case was a 39-year-old San Diego resident who presented on March 11, to a local hospital, with a one-day history of fever, altered mental status, and rash. He expired the same day. A blood culture grew gram negative diplococci and further characterization is pending. He had no reported travel to Tijuana, however possible links to other recent cases are under investigation.

HHSA has identified and contacted known close contacts of both confirmed San Diego cases to assess exposure risk. Those at risk were provided prophylaxis or advised to obtain prophylactic antibiotics from their healthcare providers. There is no apparent association between either the cases in San Diego or those in Tijuana to the meningococcal disease outbreak in New York City among MSM. More information on New York City outbreak may be found here: http://www.nyc.gov/html/doh/html/diseases/cdmen.shtml.

Recommendations to Providers

- Maintain awareness of the increased number of meningococcal cases in Tijuana. Obtain travel histories on patients and their families when evaluating individuals with symptoms suggestive of meningococcal disease. Symptoms include: fever, intense headache, lethargy, stiff neck, and/or rash that does not blanch under pressure. The incubation period for meningococcal infections is 2-10 days. Additional information about meningococcal disease may be found at <u>http://www.cdc.gov/meningococcal/</u>.
- 2. Promptly report any suspected case of meningococcal disease to HHSA by telephone so that appropriate investigation and contact follow-up can be initiated. Providers should not wait for culture results, but should immediately report any suspected clinical case. A travel history should be obtained on any suspected case. Laboratories should report both culture-positive Neisseria meningitidis from a normally sterile site (e.g., blood, CSF) as well as sterile-site specimens positive for gram-negative diplococci. Reports should be made to the Epidemiology Program at 619-692-8499 during normal business hours (Monday-Friday 8 AM-5 PM) or 858-565-5255 after hours and weekends.

2/21/13 Cases Diagnosed with Meningococcal Disease in Tijuana, Mexico

3. Encourage routine vaccination to prevent meningococcal disease. Two types of vaccine, MCV4 and MPSV4, are available in the United States. These vaccines protect against most, but not all, serogroups of Neisseria meningitidis, including serogroup C. MCV4 vaccination is routinely recommended for children and adolescents 11 to 18 years of age, with an initial dose recommended at age 11-12 and a booster at age 16. Vaccination is also recommended for other populations at risk. The MCV4 coverage rate for 13-17 year olds in San Diego was only 52% in 2010 (latest local data available.) This is lower than the latest respective national and California rates of 71% and 75% reported in 2011. For more information about meningococcal vaccination, please visit http://www.cdc.gov/meningococcal/vaccine-info.html.

4. No changes in recommendations on travel to Tijuana or Mexico. Individuals traveling to Tijuana should be aware of the recent reports of meningococcal disease and should promptly seek care for suggestive symptoms. Routine hygiene recommendations should be followed noting that bacteria can be spread through the exchange of respiratory and throat secretions. Sharing food or beverages, eating utensils, toothbrushes, cigarettes, pipes, lipstick and lip balm should be avoided. Information on travel recommendations to Mexico may be found at http://wwwnc.cdc.gov/travel/destinations/mexico.htm

Recommendations on the prevention and control of meningococcal disease can be found at <u>http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm</u>. Providers may also contact the Epidemiology Program at the contact information below for more information.

Thank you for your continued participation.

CAHAN San Diego County of San Diego, Health & Human Services Agency Epidemiology and Immunization Services Branch Phone: (619) 692-8499, Fax: (858) 715-6458 Urgent Phone for pm/weekends/holidays: (858) 565-5255 E-mail: cahan@sdcounty.ca.gov Secure Website: http://cahan.ca.gov Public-Access Website: http://www.cahansandiego.com

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