

Post Exposure Prophylaxis (PEP) for Invasive Meningococcal Disease

Standing Order: All registered nurses and licensed practical nurses employed or contracted by [name of local health department] may administer post-exposure prophylaxis as outlined below to contacts of patients diagnosed with invasive meningococcal disease.

Assessment:

1. Subjective Findings:

Suspected contact to diagnosed case of invasive meningococcal disease presenting to health department requesting evaluation for PEP.

2. Objective Findings: Provide PEP to the following contacts of persons diagnosed with invasive meningococcal disease:

- Household contacts
- Child care or preschool contacts at any time during the 7 days before onset of illness.
- Persons with direct exposure to the index patient's secretions (kissing, sharing toothbrushes or eating utensils, any close social contact) at any time during the 7 days prior to onset of illness.
- Persons who frequently slept in the same dwelling as the index patient at any time during the 7 days prior to onset of illness.
- Airline passengers seated directly next to the index patient during a flight lasting more than 8 hours.
- Healthcare workers with intimate exposure to respiratory secretions (unprotected mouth-to-mouth resuscitation, suctioning, or intubation before or less than 24 hours after antimicrobial therapy was initiated).

Plan of Care:

Note: Chemoprophylaxis ideally should be initiated within 24 hours after the index patient is identified; prophylaxis given more than 2 weeks after exposure has little value.

1. Implementation:

- If less than 1 month of age: administer rifampin 5mg/kg orally every 12 hours for 2 days
- If 1 month of age or greater: administer rifampin 10mg/kg (maximum 600 mg) orally every 12 hours for 2 days

2. Nursing Action:

- Teach contact the signs and symptoms of invasive meningococcal disease (sudden onset of fever, intense headache, nausea, vomiting and photophobia). Advise contact to notify physician should he/she experience sudden onset of any of these signs or symptoms.
- Ask if contact is pregnant as rifampin is not recommended for pregnant women.
- For those unable to swallow capsules, rifampin may be mixed with several teaspoons of applesauce immediately before administration. Rifampin in a suspension form is also available.
- Document any allergies to medications that the contact may have.
- Advise contact that this drug may cause a harmless reddish discoloration of urine, sweat, saliva or tears and that soft contact lenses may be permanently stained.
- Advise contact that this drug can interfere with efficacy of oral contraceptives and some seizure and anticoagulant medications.
- Advise contact to seek medical attention immediately if he/she experiences severe allergic reactions (rash, hives, itching, difficulty breathing, tightness in the chest, swelling of the mouth, face, lips or tongue).
- Notify the [name of county health department] Health Director and Public Information Officer (PIO) if a significant number of contacts are suspected.
- Document administration of PEP to identified contacts in the N.C. Electronic Disease Surveillance System (NC EDSS).

3. Criteria for Notifying Physician:

- Contact [name of local health department] medical director if there is any question about whether to carry out any treatment or other provision of this standing order.
- Contact [name of local health department] medical director if contact reports an allergy to the drug designated for prophylaxis.

4. Follow-up Requirements:

Follow-up with any contact who has contacted his/her physician to report signs or symptoms of invasive meningococcal disease.

Approved by: _____ Date Signed _____
Local Health Department Medical Director

Effective Date: _____

Expiration Date: _____

Legal Authority: Nurse Practice Act, G.S. 90-171.20(7)(f)&(8)(c)

References:

APHA Control of Communicable Diseases Manual, 19th ed., pp 414 - 421.

CDC MMWR: Prevention and Control of Meningococcal Disease, Recommendations of the ACIP. May 27, 2005; 54(RR07).

Red Book, 2009 Report of the Committee on Infectious Diseases, 28th ed., pp 455 – 463.

NC Division of Public Health Communicable Disease Manual
<http://www.epi.state.nc.us/epi/gcdc/manual/toc.html>