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:
CDC MMWR: Prevention and Control of Meningococcal Disease, Recommendations of the ACIP. May 27, 2005; 54(RR07).
NC Division of Public Health Communicable Disease Manual
http://www.epi.state.nc.us/epi/gcdc/manual/toc.html