



Issue date

19 December 2022

Distributed to:

Chief Executives
Directors of Clinical Governance
Director, Regulation and Compliance Unit

Action required by:

Chief Executives
Directors of Clinical Governance

We recommend you also inform:

Directors, Managers and Staff of:

- Medical services
- Infectious disease professionals
- Emergency Departments

Expert Reference Group

Content reviewed by:

Health Protection, NSW Ministry of Health
Patient Safety, CEC
Medication Safety, CEC
Chief Paediatrician, MoH

Clinical Excellence Commission

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Intranet Website: <http://internal.health.nsw.gov.au/quality/sabs/>

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Increased incidence of invasive meningococcal disease

Situation

Invasive meningococcal disease (IMD), a form of sepsis, is a life-threatening and time critical disease that requires early identification and rapid treatment to save lives. Currently case numbers are above average and may increase further during the festive season. This year, three people have died from IMD in NSW, two were aged between 15 to 25 years. The recent fatal cases predominantly had rapid onset with fever, nausea, and vomiting.

Background

IMD is a rare but serious disease with up to 10% of cases being fatal even with appropriate antibiotic treatment. Survivors may be left with long-term sequelae including physical, cognitive and psychological changes. Children aged 0 to 4 years and people aged 15 to 25 years are at highest risk of IMD.

IMD is caused by several serogroups of *Neisseria meningitidis*. Of the 32 cases in 2022, 29 (90%) were due to B serogroup. This includes an increase in cases in the Illawarra Shoalhaven area, including two deaths.

Assessment

IMD may occur in people who have been vaccinated. Symptoms may include sudden onset of fever, severe headache, neck stiffness, unexplained joint, limb or abdominal pain, a non-blanching rash of red-purple spots or bruises, photophobia, nausea, and vomiting. The rash **does not** always appear and often occurs late in the illness. In young children symptoms include irritability, difficulty waking, high-pitched crying, and refusal to eat.

Meningococcal disease onset is often sudden and progresses rapidly. Like sepsis, early symptoms can be non-specific and mimic other common illnesses such as respiratory or gastrointestinal viruses. Remember, always ask:

'Could it be sepsis?.....Could it be invasive meningococcal disease?'

Clinical Recommendations

- Increase clinical suspicion of sepsis and consider meningitis
- If sepsis/meningitis suspected treat as a medical emergency, escalate to a senior clinician and confirm the management plan
- Administer an immediate dose of ceftriaxone or ciprofloxacin (if patient has severe hypersensitivity to penicillins) - refer to the [Therapeutic Guidelines](#) or local Sepsis Protocol if available
- Take blood or CSF for culture and PCR as indicated by site of infection (synovial fluid may also be tested in cases of suspected septic arthritis)
- Take two sets of blood or CSF cultures in adults

NOTE: serum antibody testing has limited value in assessing acute meningococcal disease infection

- Advise patients with mild symptoms not considered to be meningitis to seek urgent medical attention if symptoms rapidly progress or worsen.

Urgently notify your Public Health Unit on 1300 066 055 of any suspected case to facilitate management of close contacts and prevent further cases or an outbreak.



Further information

- CEC Sepsis Pathway available at:
www.cec.health.nsw.gov.au/keep-patients-safe/sepsis/sepsis-tools
- Meningococcal Disease Factsheet available at:
www.health.nsw.gov.au/Infectious/factsheets/Pages/Meningococcal_disease.aspx
- Meningococcal Disease Control Guideline available at:
www.health.nsw.gov.au/Infectious/controlguideline/Pages/meningococcal-disease.aspx

Required actions for the Local Health Districts/Networks

1. Forward information to appropriate clinicians and departments
1. Include this Safety Information in relevant handovers and safety huddles
2. Notify your Public Health unit of any suspected cases to facilitate management and prevent further outbreak