# Safety Information 001/16

## Increase in Cases of Invasive Meningococcal Disease

**February 2016**

**Distributed to:**

- Chief Executives
- Directors of Clinical Governance
- Directors of Medical Services
- Directors of Nursing and Midwifery
- Infectious Disease professionals
- Emergency Department clinicians
- Public Health Units staff

**Expert Reference Group**

Content reviewed by:

- Health Protection, NSW Ministry of Health
- Patient Safety, CEC
- Clinical Governance, CEC
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**Review date**

July 2018

### Purpose

- To advise health services and clinicians that there has been a spike of eight cases of invasive meningococcal disease (IMD) including two deaths reported in 2016. This is a substantial increase compared to notifications observed in the same period in 2015.
- To prompt clinicians to treat early, on suspicion of disease, as it decreases the chance of patient death and remind them that a history of immunisation does not cover all strains of IMD.
- To alert clinicians to the possibility of atypical IMD presentations due to the changing pattern in the causative strains of IMD.

### Issue

- Two IMD deaths reported in NSW in 2016 were due to serogroup W. Data from South America and the UK suggests that W infection results in an increased chance of death compared to other serogroups. Notifications of serogroup W increased in Victoria in 2015.

### Minimising the risk of delayed diagnosis and/or death

- Early treatment on suspicion of disease decreases the chance of patient death.
- The disease presents typically as meningitis, septicaemia or both. Symptoms of meningococcal disease are non-specific but may include sudden onset of fever, headache, neck stiffness, joint pain, a rash of red-purple spots or bruises, dislike of bright lights, nausea and vomiting. Symptoms in young children include irritability, difficulty waking, high pitched crying, and refusal to eat.
- The W serogroup may be associated with older age groups (over 50 years), an increase in atypical presentations (septic arthritis, pneumonia, epiglottitis) and a higher death rate than serogroup B.
- It is important for clinicians unsure of diagnosis to seek expert advice from senior staff and/or infectious disease practitioners as soon as possible.
- Always advise patients to return to a health care facility if symptoms worsen.
- The national immunisation schedule (NIP) includes vaccination against meningococcal C at 12 months. A vaccine for serogroup B, available in Australia, is recommended for young children and adolescents but is not part of the NIP.
- Combined vaccines against the A, C, Y and W serogroups are recommended for travellers to high risk areas and certain high risk conditions e.g. asplenia.

### Further Information

1. Meningococcal Disease Factsheet available at:
   http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Meningococcal_disease.aspx
2. Meningococcal Disease Control Guideline available at:
   http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/meningococcal-disease.aspx

### Suggested actions by Local Health Districts/Network

1. Forward information to appropriate clinicians and departments including ED, Infectious Diseases and Public Health, for action.
2. Ensure a system is in place to document actions taken.



Made Obsolete September 2023
Superseded by SI:013/22