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MINISTRY OF HEALTH
MANATŪ HAUORA

Date:	27 November 2018	Pages :	1 of 2
To:	Primary Care Teams, Health Professionals		
From:	Jane Chambers, Acting Manager Immunisation		
Subject:	**Meningococcal cases, Changes to antibiotic treatment for meningococcal**		

Meningococcal cases

There has been an increase in meningococcal W disease (MenW) cases in New Zealand. This particular strain of MenW (ST11) can present with the classical signs of meningococcal disease but also atypically with gastro-intestinal symptoms, as well as pneumonia, septic arthritis, endocarditis or epi/supraglottitis. It is also associated with a high case fatality.

Updated information on meningococcal disease surveillance is available on the ESR webpage: https://surv.esr.cri.nz/surveillance/Meningococcal_disease.php.

The Ministry of Health has been working with PHARMAC and Northland DHB to develop plans for a targeted vaccination programme in that region – for more details see www.health.govt.nz/news-media/news-items/targeted-vaccination-programme-meningococcal-disease and www.northlanddhb.org.nz/home/meningococcal/.

The Immunisation Advisory Centre will be hosting a webinar on meningococcal disease and vaccines on November 28 at 5pm – see here to register: https://bit.ly/2KdnHSd

Update on antibiotic treatment of meningococcal disease cases presenting at primary care practices

The Ministry of Health is informing you of changes to the recommended antibiotic treatment for suspected meningococcal infection (meningitis or sepsis) in primary care. This advice, and any updates, will also be published on the Ministry website.

The recommended treatment options are now as follows:

	children	Adults
Ceftriaxone	100mg/kg IV or IM up to 2g as a single dose	2g IV (or IM)
Benzyl-penicillin	50mg/kg IV or IM to maximum of 2g	2.4g IV (or IM)

Early treatment of meningococcal infection with either of these antibiotics is of benefit, especially when there will be a delay for the patient to reach the Emergency Department.

Ceftriaxone is the preferred first-line treatment for all individuals if it is available without delay. Ceftriaxone can only be given to patients allergic to penicillin who do not have a documented history of anaphylaxis to penicillin.

There is no routine community treatment recommendation for patients with a **documented history of anaphylaxis to penicillin**. These patients must be transferred immediately by ambulance to the closest hospital. This hospital should be made aware of the patient transfer. If you are in a remote location or at a significant distance from secondary care, or if there is any delay, you should seek urgent advice from an Infectious Disease Physician regarding treatment options prior to transfer to hospital.

IV administration is preferred to IM (where available and not leading to delays).

Please note that ceftriaxone is currently funded for meningococcal disease treatment in Northland in response to the current meningococcal disease outbreak. PHARMAC is currently considering access to ceftriaxone for national use in this setting and will update the Sector soon.

If you have any queries about anything in this update, please email immunisation@moh.govt.nz