



To: CAHAN San Diego Participants

Date: March 27, 2013

UPDATE: Meningococcal Disease in the California/Baja California Border Region

Invasive meningococcal disease (IMD) has been confirmed in 18 individuals in Tijuana, Mexico in 2013. Six deaths have been reported, including the most recently confirmed case, a 37-year-old man who died on March 16. All but one of the confirmed cases had infections due to *Neisseria meningitidis* serogroup C. No confirmed case had any known travel to the United States. In addition to these cases, the death of a 24-year-old man on March 24 is under investigation as possible meningococemia. He had no known travel to the United States.

Although the IMD cases in Tijuana are more than expected based on historical reports, cases in San Diego are at an expected level. Three confirmed IMD cases have been reported in San Diego in 2013. The latest case presented on March 18 with primary meningococcal arthritis, a rare form of IMD defined as acute septic arthritis without meningitis or the classical syndrome of meningococemia. Two cases have been confirmed as serogroup C. None of the three cases reported recent travel to Mexico, but two had at least one close contact who had recently visited Tijuana. The County Health and Human Services Agency (HHS) has identified and contacted all known close contacts of the San Diego cases to assess exposure risk. Those at risk were provided prophylaxis or advised to obtain prophylactic antibiotics from their healthcare providers.

HHS continues to work with Mexican and U.S. federal, state, and local agencies to monitor IMD in the region. Possible epidemiologic links among other serogroup C cases in California since late 2012 are being actively investigated. Isolates from four California cases, two of whom have known Tijuana epidemiologic links, have been molecularly characterized by pulsed-field gel electrophoresis (PFGE) subtyping at the Centers for Disease Control and Prevention (CDC). These four cases all had the same PFGE pattern. The pattern has not been previously identified and it is not related to the pattern detected in men who have sex with men (MSM) in New York City. Efforts are underway to submit isolates from Tijuana cases and from the most recent San Diego case for PFGE subtyping at CDC.

On March 22, 2013, CDC published a comprehensive update to recommendations on the prevention and control of meningococcal disease <http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf>. The current recommendations to local providers include:

- 1. Immediately report suspect meningococcal disease to HHS by telephone.** Providers should not wait for culture results, but should immediately report suspected clinical cases, including invasive disease (meningitis, meningococemia, arthritis, pericarditis) and non-invasive disease (pneumonia, conjunctivitis). Laboratories should report culture-positive *Neisseria meningitidis* from a normally sterile site (blood, CSF, pericardial fluid, synovial fluid) as well as sterile-site specimens positive for gram-negative diplococci. Reports should be made to the Epidemiology Program at 619-692-8499 during normal business hours (Monday-Friday 8 AM-5 PM) or 858-565-5255 after hours and weekends. PCR testing can be more sensitive in detecting *Neisseria meningitidis* than routine cultures. PCR testing for clinically compatible suspect cases can be arranged by the Epidemiology Program at the CDPH Microbial Diseases Laboratory.
- 2. Maintain awareness of the increased number of meningococcal disease cases in Tijuana.** Obtain 10-day travel histories on patients and their families when evaluating individuals with symptoms suggestive of meningococcal disease. Symptoms include: fever, intense headache, lethargy, stiff neck, and/or rash that does not blanch under pressure. Atypical presentation may include pneumonia, septic arthritis, or orbital cellulitis. More information about meningococcal disease is available at <http://www.cdc.gov/meningococcal/>.
- 3. Encourage routine vaccination to prevent meningococcal disease.** Two types of vaccine, MCV4 and MPSV4, are available in the United States. These vaccines protect against most, but not all, serogroups of *Neisseria meningitidis*, including serogroup C. MCV4 vaccination is routinely recommended for children and adolescents 11-18 years of age, with an initial dose recommended at age 11-12 and a booster at age 16. Vaccination is also recommended for other populations at risk. The MCV4 coverage rate for 13-17 year olds in San Diego was only 52% in 2010 (latest local data available). Information about meningococcal vaccination may be found at <http://www.cdc.gov/meningococcal/vaccine-info.html>.

4. **No changes in recommendations on travel to Tijuana or Mexico.** Travelers to Tijuana should be aware of recent reports of meningococcal disease and should promptly seek care for suggestive symptoms. Routine hygiene recommendations should be followed, noting that bacteria can be spread through the exchange of respiratory and throat secretions. Sharing food or beverages, eating utensils, toothbrushes, cigarettes, pipes, lipstick and lip balm should be avoided. Information on travel recommendations to Mexico may be found at <http://wwwnc.cdc.gov/travel/destinations/mexico.htm>

Details on the ongoing outbreak of meningococcal disease in New York City may be found here: <http://www.nyc.gov/html/doh/downloads/pdf/cd/2013/13md05.pdf>

County news releases on the 2013 San Diego County meningococcal disease cases may be found at <http://www.countynewscenter.com/news/meningococcal-disease-case-reported-porter-elementary> and <http://www.countynewscenter.com/news/meningococcal-disease-death-reported-san-diego>

Thank you for your continued participation.

CAHAN San Diego

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