Meningococcal Disease
Clinical Presentation

- Peak incidence in children 6 mo-1 yr and adolescents/young adults
- 5-10% of adults are transient, asx carriers
- Viral URIs often precede invasive disease
- Rapid onset of fever, joint pain, myalgias, HA, neck stiffness, and non-blanching rash
- >60% meningitis
- 5-20% meningococcal sepsis (fever, hypotension, purpura fulminans)
- 5-15% PNA
Diagnosis:

- Clinical diagnosis of fever, rash, meningitis or hypotension
- CSF pleocytosis, gram stain, PCR
- Blood cultures, DIC panel

DDx:

- Henoch-Schonlein Purpura (abd pain?)
- Rickettsial infections (flea/tick bites?)
- Dissem. GC (monarthritis?)
- Bacterial endocarditis (predisposing cond?)
- Typhoid fever (diarrhea? bradycardia?)
Therapy

- Ceftriaxone or cefotaxime 50 mg/kg q 6h
- Fluid resuscitation (NS 20-40 ml/kg/1st h)
- Central venous access, intubation if ↓MS/ARDS
- Dobutamine 5-10 g/kg/min, then add epinephrine 0.01-1 g/kg/min
- If meningitis, give dexamethasone 0.4 mg/kg q 12h x 4 doses (?)
- Maintain Hb >9, fibrinogen >100, plt >30k
- Activated Protein C for severe sepsis
Purpura Fulminans
Prophylaxis and Reporting

- Rifampin 600 mg (or 10 mg/kg) po bid x 2d for all contact persons
  - > 95% reduction in nasopharyngeal carriage
- Report to County Health System