Post Exposure Prophylaxis (PEP) for Invasive Meningococcal Disease

Standing Order: All registered nurses and licensed practical nurses employed or contracted by [name of local health department] may administer post-exposure prophylaxis as outlined below to contacts of patients diagnosed with invasive meningococcal disease.

Assessment:
1. **Subjective Findings:**
   Suspected contact to diagnosed case of invasive meningococcal disease presenting to health department requesting evaluation for PEP.

2. **Objective Findings:** Provide PEP to the following contacts of persons diagnosed with invasive meningococcal disease:
   - Household contacts
   - Child care or preschool contacts at any time during the 7 days before onset of illness.
   - Persons with direct exposure to the index patient’s secretions (kissing, sharing toothbrushes or eating utensils, any close social contact) at any time during the 7 days prior to onset of illness.
   - Persons who frequently slept in the same dwelling as the index patient at any time during the 7 days prior to onset of illness.
   - Airline passengers seated directly next to the index patient during a flight lasting more than 8 hours.
   - Healthcare workers with intimate exposure to respiratory secretions (unprotected intubation, suctioning, mouth-to-mouth resuscitation).

Plan of Care:
Note: Chemoprophylaxis ideally should be initiated within 24 hours after the index patient is identified; prophylaxis given more than 2 weeks after exposure has little value.

1. **Implementation:**
   - If less than 15 years of age: administer ceftriaxone 125 mg IM in a single dose
   - If 15 years of age or older, administer ceftriaxone 250 mg IM in a single dose

2. **Nursing Action:**
   - Teach contact the signs and symptoms of invasive meningococcal disease (sudden onset of fever, intense headache, nausea, vomiting and photophobia). Advise contact to notify physician should he/she experience sudden onset of any of these signs or symptoms.
   - Document any allergies to medications that the contact may have.
   - Please note that ceftriaxone is safe for use during pregnancy.
   - Advise contact receiving this drug that he/she may experience pain, warmth and/or minor swelling at the injection site. To decrease pain at injection site, dilute with 1% lidocaine.
   - Advise contact taking this drug to seek medical attention immediately if he/she experiences severe allergic reactions (rash, hives, itching, difficulty breathing, tightness in the chest, swelling of the mouth, face, lips or tongue).
   - Notify the [name of county health department] Health Director and Public Information Officer (PIO) if a significant number of contacts are suspected.
   - Document administration of PEP to identified contacts in the N.C. Electronic Disease Surveillance System (NC EDSS).

3. **Criteria for Notifying Physician:**
   - Contact [name of local health department] medical director if there is any question about whether to carry out any treatment or other provision of this standing order.
   - Contact [name of local health department] medical director if contact reports an allergy to the drug designated for prophylaxis.
4. **Follow-up Requirements:**
Follow-up with any contact who has contacted his/her physician to report signs or symptoms of invasive meningococcal disease.

Approved by: ___________________________ Date Signed _____________
Local Health Department Medical Director

Effective Date: ______________
Expiration Date: _____________

Legal Authority: Nurse Practice Act, G.S. 90-171.20(7)(f)&(8)(c)

References:

CDC MMWR: Prevention and Control of Meningococcal Disease, Recommendations of the ACIP. May 27, 2005; 54(RR07).


NC Division of Public Health Communicable Disease Manual
http://www.epi.state.nc.us/epi/gcdc/manual/toc.html