

**I. PURPOSE:**

The purpose of this health services bulletin (HSB) is to provide instruction for implementing barriers to interrupt the transmission of *Neisseria meningitidis*.

*These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.*

**II. DEFINITIONS:**

- A. **Bacterial** refers to when bacteria are the microorganisms that are causing the infection in an individual.
- B. **Intimate contact** refers to a situation in which there is close person-to-person contact. This might include a cell mate; an inmate in a dorm situation, i.e., a close friend or inmate who is in an adjacent bunk; a staff member who is especially close to the infected staff person and/or any health services staff member who provided direct patient care which includes those who gave mouth-to-mouth resuscitation, did respiratory suctioning, or provided direct patient care during an emergency; is in contact with an individual's oral secretions.
- C. **Direct patient care** refers to health care that involves close contact, i.e., performing medical procedures that require the touching of an inmate.
- D. **Encephalitis** refers to an inflammation of the brain usually viral, but on rare occasions, may be bacterial e.g. meningococcal. It may be a complication of meningitis or may occur alone. When it occurs with meningitis it is referred to as meningo-encephalitis.
- E. **Meningitis** refers to an inflammation of the membrane covering the brain and the spinal cord.
- F. **Meningococcal Meningitis** refers to a meningitis which is caused by a special bacteria called *Neisseria meningitidis*.
- G. **Post exposure prophylaxis** refers to the procedure of giving antibiotics or other appropriate medicines to prevent infection after an exposure to a communicable disease.

**III. PROCEDURE:**

**SUBJECT: PREVENTION AND CONTROL OF MENINGITIS AND ENCEPHALITIS**

**EFFECTIVE: 06/06/14**

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**A. Meningococcal Meningitis/Encephalitis:**

1. When a case of meningococcal meningitis or encephalitis or meningoencephalitis is suspected, health services staff will place the inmate in an airborne infection isolation room (AIIR) on droplet isolation until twenty four hours after the inmate has completed antibiotic therapy, or transfer to an inpatient hospital for hospitalization if needed.
2. The Chief Health Officer/ Institutional Medical Director or designee will notify appropriate staff as directed in procedure "Prevention and Control of Communicable Disease," 401.001 when meningococcal meningitis is suspected.
3. Once the appropriate departmental staff is notified the Infection Control Nurse will notify the local county health department pursuant to Rule 64D-3.029, F.A.C. This notification must occur whether or not meningococcal meningitis has been confirmed.

**B. Managing Contacts:**

1. Once the diagnosis is confirmed the Nursing Supervisor or designee will identify all inmates with intimate contact to the source.
2. Post-exposure prophylaxis will be instituted. The licensed clinician will write orders for Rifampin 600 mg by mouth two (2) times a day for two (2) days to be given by direct observation therapy.
3. A licensed nurse will observe contacts daily for symptoms and document in each inmate's health record in the progress note ("Chronological Record of Health Care," DC4-701.)

**IV. RELEVANT FORMS AND DOCUMENTS**

- A. DC4-701, *Chronological Record of Health Care*
- B. 401.001, *Prevention and Control of Communicable Disease*

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Assistant Secretary of Health Services

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Date

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This Health Services Bulletin Supersedes:

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HSAM 96-3 dated 6/14/99,04/09/03  
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