

# NWT Clinical Practice Information Notice

UPON RECEIPT: (1) PLEASE FOLLOW THE DIRECTIONS BELOW  
 (2) FILE THIS NOTICE IN SECTION C, CLINICAL PRACTICE INFORMATION BINDER FOR FUTURE REFERENCE

The following clinical practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

Hospitals     
  Community Health Centers     
  Public Health Units     
  Doctors' Offices     
  Social Services Offices     
  Other:

The information contained in this document is a Departmental:

Policy     
  Standard     
  Protocol     
  Procedure     
  Guidelines

**Title: Meningococcal Immuno-Prophylaxis**

**Effective Date: January 24, 2003**

**Statement of approved clinical practice:** The NWT Advisory Committee on Immunizations recommends that all close contacts of a diagnosed case of Meningococcal Meningitis be vaccinated with MenACYW-Ps in addition to Rifampin Chemoprophylaxis (see Communicable Disease Manual).

Immunization of close contacts may further reduce the risk of secondary cases beyond the benefit of chemoprophylaxis and is recommended by National Advisory Committee on Immunization (Statement on Recommended Use of Meningococcal Vaccine, .CCDR, Vol 27, October/2001).


Close contacts are defined as unimmunized household and intimate social contacts (e.g., kissing, sharing toothbrush) and healthcare workers exposed to respiratory secretions from individuals suffering from meningococcal infection around the time of admission. Significant exposure has been defined as intensive, unprotected contact (without wearing a mask) with infected patients (e.g., intubating, resuscitating, or closely examining the oropharynx of patients)

MenACYW-Ps should be used for contacts of meningococcal meningitis known to be caused by serogroups A, Y or W-135 disease.

MenC-conjugate is preferred for contacts of serogroup C disease. It provides longer duration of protection and induction of immunologic memory. MenACYW-Ps will provide useful protection in older children and adults for the 1 year period of increased risk. Polysaccharide vaccines are ineffective against serogroup C disease in children less than 2 years of age and MenC-conjugate should be used in this situation where possible.

**Place a copy of this notice in the Meningitis Section of the CDC Manual.**

**Reference:** CCDR, Volumn 27, October 15, 2001

This clinical practice is approved.  \_\_\_\_\_  
 (signature)

Assistant Deputy Minister      
 Chief Medical Officer of Health      
 Director, Child & Family Services      
 Director, Adoptions