**ALERT for WA REGIONAL and REMOTE CLINICIANS**

***Serogroup W Meningococcal infections in Western Australia***

**20 December 2017**

* In WA Meningococcal disease has increased since 2015 due to emergence of new strains, predominately serogroup W and Y.
* In 2017 YTD there have been 20 cases of serogroup W and 8 cases of serogroup Y.
* Since 2015 in WA serogroup W cases occurred in Aboriginal and TSI individuals (ATSI) in 40% of cases and in Non ATSI individuals in 60% cases.
* Meningococcal infections occur primarily in babies and young children and in older teenagers and young adults, but can occur at any age.
* A state-wide vaccination programme against meningococcal ACWY was introduced in 2017 for adolescents 15-19 years.
* There has been a recent outbreak of Meningococcal W in Central Australia, and this strain has reduced sensitivity to Penicillin. It has been associated with WA cases predominately affecting the Goldfields.
* In response to this outbreak, Men W vaccinations have been given to children aged 2 months until 19 years of age in towns and communities the Kimberley, Pilbara, Goldfield’s and the Midwest that have close cultural links with Central Australia.

Information on the Regional Targeted Men W Program can be found at <http://ww2.health.wa.gov.au/Articles/N_R/Remote-WA-free-meningococcal-vaccine>

* **Clinicians are asked to remain vigilant for new cases of meningococcal disease** particularly in children and young adults seriously ill with a fever.
* Typical symptoms for meningococcal infection include septicemia or meningitis: fever, meningeal signs (e.g. headache, neck stiffness and photophobia), altered mental status and a petechial or non-blanching rash. Leg pain, cold extremities, and abnormal skin colour (pallor or mottling) are also common presentations.
* **Meningococcal infection with serogroup W can present with atypical** symptoms e.g. epiglottitis, septic arthritis, conjunctivitis, earache, gastro-intestinal symptoms, and pneumonia.
* Cases of suspected meningococcal infection should have blood taken for culture and whole blood EDTA for meningococcal PCR, and prompt treatment with ceftriaxone, according to Therapeutic Guidelines: ceftriaxone 2 g (child 1 month or older: 50 mg/kg up to 2 g) IM/IV.

**Notification on clinical suspicion is to the Public Health Team at Population Health in <<<Town here>>> during office hours on XXXX XXXX and out of hours to the state-wide on call public health service on 9328 0553.**

If you receive queries from concerned parents and members of the general public; a factsheet is attached. Please feel free to direct enquiries or concerns to the local Public Health Team.

**Public Health Team - WACHS <<REGION>> Population Health**

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