

Note: Sample letter to be adapted on Local or state health department letterhead and to be used when case is reported within 14 days after case's last day in child care.

PARENT AND EMPLOYEE ADVISORY LETTER
Meningococcal Disease in a Child Care Center

Dear Parents of (name of child):

Your child has been in contact with a child who has been diagnosed as having [(meningococcal meningitis) or (a serious meningococcal infection) - use applicable description]. The disease is caused by bacteria that can cause an infection or meningitis in people of any age. Persons who have had close, personal contact to a person with a meningococcal infection have a slight risk of developing a serious infection. **Because your child was in the same classroom with the child with the meningococcal infection the week before illness, the Iowa Department of Public Health and the _____ Health Department recommend that your child take an antibiotic, called rifampin.** Rifampin eliminates the bacteria from the nose and throat of persons carrying it, which may help protect contacts from developing a serious meningococcal infection. Please contact your private physician to obtain this medication for your child. Persons who are known to be allergic to rifampin and women who are pregnant or who might be pregnant should not take rifampin, however other antibiotics may be used in these circumstances. Persons wearing soft contact lenses should remove the lenses for the two day period as rifampin may discolor them. Rifampin will turn the urine a reddish-orange color. Rifampin may also decrease the effectiveness of birth control pills.

Watch for the following signs of infection in your child: fever, severe headache, stiff neck, nausea, vomiting or rash. If your child develops any of these symptoms in the next few weeks, you should contact his/her health care provider, explain the symptoms and tell the health care provider that your child was in contact with a child who had [(meningococcal meningitis) or (a serious meningococcal infection)].

Please feel free to contact the _____ Health Department at (telephone number) or the Iowa Department of Public Health, Center for Acute Disease Epidemiology (CADE) at (800)362-2736 if you have questions regarding this subject.

Note for child care employees: Employees having greater than 8 hours household-like and or direct saliva contact with the child with meningococcal disease in the week before illness should also receive an antibiotic. Meningococcal disease can affect persons of all ages.

Sincerely,

(Name)

(Local Health Department)

NOTE FOR YOUR DOCTOR: Rifampin for prevention of meningococcal disease is 10 mg/kg twice daily for 2 days (maximum dose 600 mg/dose or 1200 mg/day); for infants <1 month of age, 5 mg/kg twice daily for 2 days. Ciprofloxacin 500 mg orally once for nonpregnant persons 18 or older or Ceftriaxone 125 mg IM once for persons up to age 15, for those ≥ 15 years of age 250 mg IM once.

This letter should only be issued under the direction of a local public health department or the Center for Acute Disease Epidemiology (CADE) which is part of the Iowa Department of Public Health. Individual healthcare providers, school officials, and childcare providers are not authorized to independently issue this letter.

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