

**Communicable Disease Epidemiology  
and Immunization Section**

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**Health Advisory: Two Cases of Serogroup B Meningococcal Disease Among Persons Who Spent Time at Two Seattle Shelters for Homeless Persons, King County, WA – 3 APR 2020**

**Action requested:**

- Be aware of two confirmed cases of serogroup B meningococcal disease in persons who spent time at one of two shelters in downtown Seattle during their exposure periods. The cases have closely matching whole genome sequencing (WGS) results according to Centers for Disease Control and Prevention (CDC).
- Public Health is providing meningococcal serogroup B vaccination (MenB) at the two shelter locations.
- Healthcare providers (HCP) should consider offering MenB vaccine at all clinical encounters to persons recently or currently experiencing homelessness now through June, 2020.
  - HCP who are interested in joining the WA State Adult Vaccine Program can enroll by contacting DOH at [WAAdultVaccines@doh.wa.gov](mailto:WAAdultVaccines@doh.wa.gov)
- The most common types of meningococcal disease are meningococcal meningitis and meningococcal septicemia (meningococemia).
- Consider meningococcal disease in patients with compatible symptoms of meningitis or septicemia including:
  - Meningitis: Fatigue, headache, stiff neck, and in some cases, nausea, vomiting, photophobia and altered mental status
  - Septicemia: Fever, chills, fatigue, vomiting, cold hands and feet, severe pain/aches in muscles, joints, chest or belly, rapid breathing, diarrhea and a dark purple rash that may occur later in course of illness.
- Collect specimens for laboratory testing for meningococcal disease septicemia and/or meningitis:
  - Blood cultures and lumbar puncture to collect CSF (if s/s meningitis); meningococcal disease is caused by *Neisseria meningitidis* bacteria (Gram-negative diplococcus)
  - Conduct testing to rule out other causes of meningitis and/or blood infection.
- Ask patients with suspected meningococcal disease about risk factors, including age, certain medical conditions (e.g., complement component deficiencies, functional or anatomic asplenia, HIV infection) and medications (e.g., eculizumab and ravulizumab), group gathering and congregate living settings (first year college students living in residence halls, shelter), travel history, contact with other ill persons, and obtain information about potentially exposed household members and other close contacts.
- Patients with suspected or confirmed meningococcal disease are considered infectious from the time they are exposed until 24 hours after initiation of treatment or chemoprophylaxis with appropriate antibiotics and should be in droplet precautions during this time.
- Meningococcal disease postexposure prophylaxis (PEP) is recommended for close contacts including people in the same household, roommates, and anyone who had direct contact with the patient's saliva. Public Health is available for consultation on when PEP is indicated.
- Report confirmed and suspected meningococcal cases to Public Health at (206) 296-4774.

**Background:**

On March 19, 2020, Public Health received a report from CDC that genetic sequencing at CDC determined both confirmed cases of meningococcal disease have a closely-matching result. Both cases were reported to Public Health in late February, 2020, and both had spent time in shelters in Seattle during their exposure period, although with no known direct link identified between cases. The first case was reported February 25th in a volunteer who spent time at a shelter on February 20<sup>th</sup> and developed illness on February 24. The second case was in an adult male who had been staying at a different shelter during his exposure period and developed severe illness on February 27. Both cases were hospitalized and have been discharged and are recovering.

In the 5-year period January 2015 through December 2019, 3 cases of serogroup B meningococcal disease were reported in King County residents, and none of the three were in persons experiencing or accessing services for persons experiencing homelessness. For the three cases reported 2015-2019, one was reported in 2016, one in 2018 and one in 2019 (reported Jan. 2019).

Outbreaks of meningococcal disease are rare in the United States with only 1 in 20 cases related to an outbreak. In certain outbreaks, CDC recommends vaccination against meningococcal disease to help stop the spread of disease. Meningococcal disease can spread in congregate communities including among persons experiencing homelessness and crowded settings where handwashing facilities are limited and sanitation is poor. Healthcare providers should be vigilant for potential meningococcal disease among persons who are at increased risk, including persons living homeless/in congregate housing.

**Resources:**

- Public Health – Seattle & King County information on meningococcal disease:  
<https://www.kingcounty.gov/depts/health/communicable-diseases/disease-control/meningococcal-disease.aspx>
- CDC meningococcal disease information and vaccine recommendations:  
<https://www.cdc.gov/meningococcal/index.html>