



Bulletin No. 6

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## Diphtheria-Tetanus Immunization Program

**MENINGOCOCCAL MENINGITIS PROPHYLAXIS**

Two cases of meningococcal meningitis have occurred in the past month, one in Hooper Bay and one in Fairbanks. We thought we would review the current recommendations for chemoprophylaxis. Meningococcal meningitis germs are spread from person to person by direct contact of droplets and discharges from the nose and throat of infected persons. The incubation period is from 2 to 10 days. Up to 33% of secondary cases occur within four days after the hospitalization of the index case.

Chemoprophylaxis is recommended in all household members of a case of meningococcal disease (preferably within 24 hours). If other persons who have been in close intimate contact with a case for a substantial length of time can be identified, they should be treated. Schoolroom classmates and hospital contacts of cases are usually not considered close contacts and should not receive treatment. Prophylaxis should not be delayed while culture or sensitivity results are pending. The drug of choice is Rifampin and the recommended dosage is:

Adults	600 mg every 12 hours for 4 doses
Children	1 year to 12 years - 10 mg/Kg/dose every 12 hours for 4 doses
Children	Less than 1 year - 5 mg/Kg/dose every 12 hours for 4 doses

If a case is diagnosed, immediately contact the Medical Epidemiologist, Dr. John Middaugh, at 272-7534, Section of Communicable Disease Control, Anchorage. (Current recommendations from: Bacterial Diseases Division, Center for Disease Control, Atlanta)

**SIDE EFFECTS FROM DIPHTHERIA-TETANUS IMMUNIZATION PROGRAM**

The diphtheria-tetanus immunization campaign resulted in the administration of more than 200,000 doses of diphtheria-tetanus toxoid throughout the State of Alaska. A survey was conducted to determine the incidence of side effects to diphtheria-tetanus toxoid in adults.

Of those responding, 58% listed at least one reaction to the immunization. The most frequent side effects were sore arm (43%), swelling at the site of the injection (35%), and itching (24%). Serious side effects occurred less frequently; swelling of the arm past the elbow (1.0%), and abscess or infection (0.7%). Of those immunized, 0.5% saw a physician. There were no differences in reaction rates by age group, with the exception of sore arm, which occurred more frequently in the 20-29 year old age group. Immunization was administered by needle to 48% and by jet gun to 52%. The jet gun produces more reactions: arm swelling at the site of injection, hives, and itching ( $p$  less than 0.05). The incidences of the more serious reactions were not significantly different by sex. Only a few people who were immunized had not received a diphtheria or tetanus immunization in the past. Those who were unimmunized in the past had the same chance of having a reaction to diphtheria-tetanus toxoid as those who had been immunized in the past. No patients were hospitalized due to a direct effect of the immunization.

While the incidence of adverse reactions to the diphtheria-tetanus immunization was high, there was a low incidence of serious reactions. There is no reason which would preclude mass immunization of adults in epidemic situations.