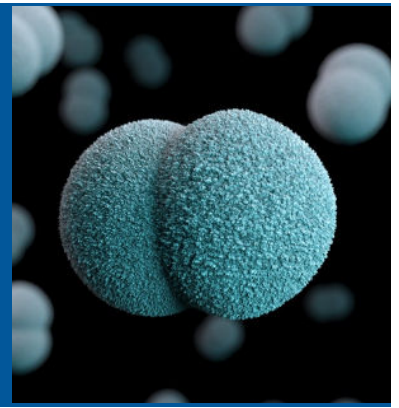


THINK MENINGOCOCCAL DISEASE



Pneumonia, petechial or purpuric rash, or unusual limb pain?

Early signs of **sepsis**? →

Stiff neck or headache with high fever?

History of **homelessness** or other risk factors?

- HIV
- Functional or anatomic asplenia, including sickle cell disease
- Taking a complement inhibitor or other immune modulator
- Cancer, cirrhosis, ESRD, or advanced heart disease

SEPSIS

- Temp > 38C (100.4F) or <36C (96.8F)
- WBC >12K or <4K, or >10% bands
- RR >20 or PaCO₂ <32mmHg
- HR >90
- Altered mental status
- SBP <100
- Lactic acidosis

NEXT STEPS

1. Ensure standard and droplet precautions
2. Draw blood cultures before starting antibiotics
3. Consider empiric meningococcal coverage:
e.g. ceftriaxone 2g IV q12h (adults)
4. Ask the lab for a preliminary gram stain report



Gram-negative diplococci or purpura fulminans are IMMEDIATELY reportable to CDPH

Do not wait for culture confirmation. Report to INEDSS, 312-743-9000 option 7, or 311 if after hours