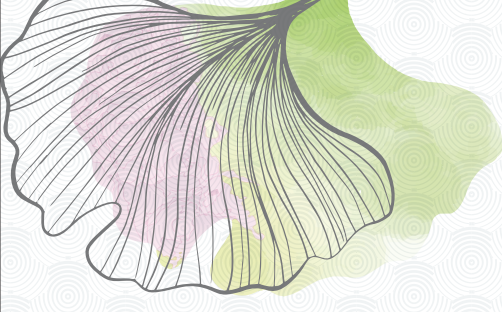




OCTOBER 2026 HIPC NEWSLETTER

In This Issue

MENINGOCOCCEMIA

- > INTRODUCTION
- > DEFINITION
- > MODE OF TRANSMISSION
- > CLASSIFICATION
- > DIAGNOSIS
- > TREATMENT
- > SUPPORTIVE CARE
- > INFECTION CONTROL MEASURES

- HAI DATA-
SEPTEMBER 2026
- HAND HYGIENE
COMPLIANCE AUDIT DATA

Important Dates

- > World Hand Hygiene
Day- May 5th
- > Global Hand washing day
-October 15th
- > AMR Awareness
Week-18-24 November
- > International Infection
Prevention Week -Every
3rd Week Of October

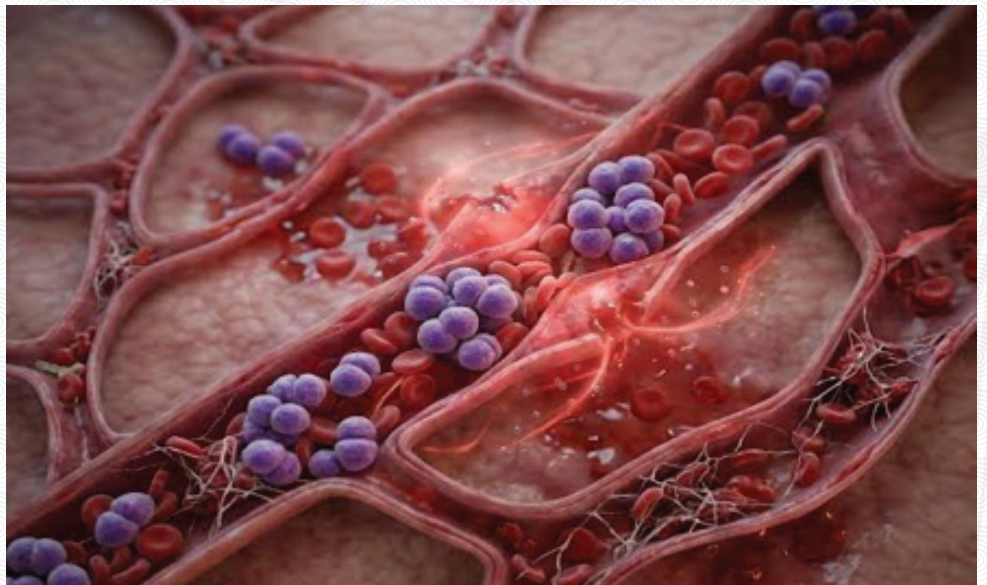
Guideline Updates Quick Links

• https://www.google.com/search?q=classification+of+meningococemia+and+who+guidelines&sca_esv=13875f3d696e9de6&rlz=1C1GCEU_enIN974IN974&biw=1440&bih=712&sxsrf=APpeQnvcml3nRiJxa9XreFtW1Yuuu2LISg%3A1791261577680&ei=iXvEavi9KOyVhvcPu9_wkAo&oq=CLASSIFICATION+OF+MENINGOCOCCEMIA+A&gs_lp=Egxnd3Mtd2l6LXNlcAkJENMQVNTU0IGSUNBVEIPTiBPRiBNRU5JTkdPQ09DQ0VNSUEgQSo

MENINGOCOCCEMIA

INTRODUCTION

According to World Health Organization (WHO) and public health frameworks, invasive meningococcal disease manifests as meningitis, septicemia (meningococemia), or both. Meningococemia specifically occurs when the bacteria multiply in the bloodstream, triggering a severe systemic inflammatory response (sepsis) and vascular damage

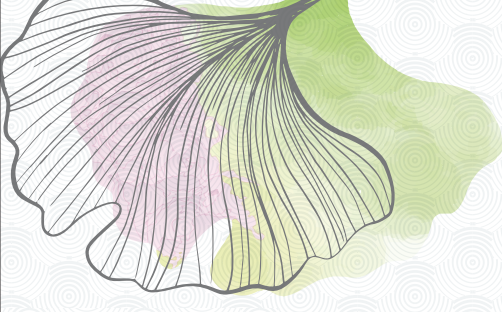


DEFINITION

Meningococemia is a severe bloodstream infection (septicemia) caused by the bacterium *Neisseria meningitidis*

MODE OF TRANSMISSION

- **Respiratory Droplets:** The bacteria are expelled into the air via coughing or sneezing.
- **Direct Contact:** Transmission happens through contact with the oral or nasopharyngeal secretions (saliva or spit) of an infected individual.
- **Asymptomatic Carriers:** A major source of transmission comes from healthy, asymptomatic individuals who carry the bacteria in their nose and throat without getting sick themselves



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·[## CLASSIFICATION](https://www.google.com/search?q=infection+control+measures+of+meningococcal+septicemia+according+to+cdc+guidelines&sca_esv=b1234865c858a64b&rlz=1C1GCEU_enIN9741N974&biw=1440&bih=712&sxsrf=A-PpeQntq84DLIFrRw_ZNYp6XgpwXeMYq3g%3AI791344642072&ei=AsDFavPhA6CghvcP-N_g4Aw&ved=2ahUKEwjz6r3o_qaXAxUgkOEIHfgvGMwQ4dUDegQIBhAM&uact=5&oq=infection+control+measures+of+meningococcal+septicemia+according+to+cdc+guidelines&gs_l=Egxn3Mt d2l6LXNlcnAiUmluZmVjdGlvbiBjb250cm9sIGl1YXN1cmVzIG9mIGl1bmIuZ29jb2NjYWwgc2VwdCljZW1pYSBhY2NvcnRpbmcmcGdG8gY2RjIGdlaWRlbgGluZXNlrd0BUlwFWJfRAXABeAGQAQCYAaABoAHbT6oBBDAuODawAQC4AQPIAQD4AQCYAi2gAqQxwgiKEAAYRjxjWBBiwA8ICCBAAAGIAEGKIEwgIIEAAYiQUYogTCAGUQA BjbVbclCBhAAGAcYHsICCBAAAGY BxgewgIIEAAYgAQYigUYhgPCAgO</p></div><div data-bbox=)

Neisseria meningitidis infections are classified as clinically:

1. Clinical Classification (Syndromic Spectrum)

- **Mild Systemic Meningococcemia:** Mild bacteremic phase with flu-like symptoms, fever, and a petechial or purpuric rash, without shock or meningitis.
- **Meningococcemia with Septic Shock (Fulminant):** Severe intravascular infection leading to profound vascular collapse, disseminated intravascular coagulation (DIC), and multi-organ failure (sometimes complicated by Waterhouse-Friderichsen syndrome).
- **Overlapping Manifestations:** Patients can present with isolated meningococcemia (bloodstream infection), isolated meningitis (infection of the meninges), or both conditions concurrently.

DIAGNOSIS AND LABORATORY INVESTIGATION

- **Gold Standards:** CSF/blood culture and antimicrobial testing should be done and by PCR-based molecular testing is also available
- **Cerebrospinal Fluid (CSF) Analysis:** If meningitis signs are present, perform a lumbar puncture early (unless clinical contraindications like hemodynamic instability or signs of raised intracranial pressure exist).
- **Early Action:** Blood cultures and diagnostic workups must be initiated immediately without delaying the administration of antibiotics

TREATMENT

Prompt Antibiotic Therapy:

Parenteral third-generation cephalosporins (such as ceftriaxone or cefotaxime) should be administered emergently upon suspicion of invasive meningococcal disease.

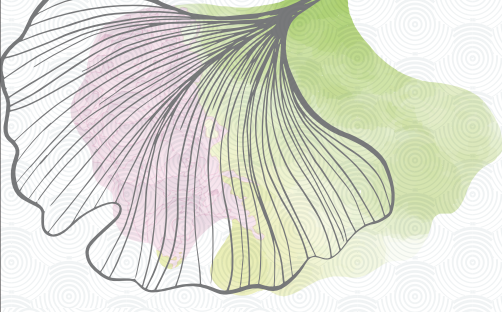
Supportive Care:

Aggressive fluid resuscitation, intensive care unit (ICU) management for septic shock, and management of coagulation abnormalities are critical for survival in severe meningococcemia.

INFECTION CONTROL MEASURES.

1. Patient Isolation & Transmission-Based Precautions.

Droplet Precautions: Must be initiated immediately for any patient with known or suspected invasive meningococcal disease (including sepsis and meningitis)



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Patient Placement: Place the patient in a single-patient room when available. If a private room is not available, cohorting with a patient infected with the same pathogen is acceptable. Keep the patient door closed if possible.

2. Personal Protective Equipment (PPE)

Surgical Mask: Healthcare personnel must don a mask immediately upon entering the patient's room or when coming within 3 to 6 feet of the patient.

Face Protection / Eyewear: Wear a face shield or goggles during procedures that generate splashes or sprays of respiratory secretions (e.g., endotracheal intubation or airway management).

Standard PPE: Utilize gloves and gowns according to standard precautions if there is potential contact with blood, body fluids, or non-intact skin.

3. Healthcare Personnel Restrictions

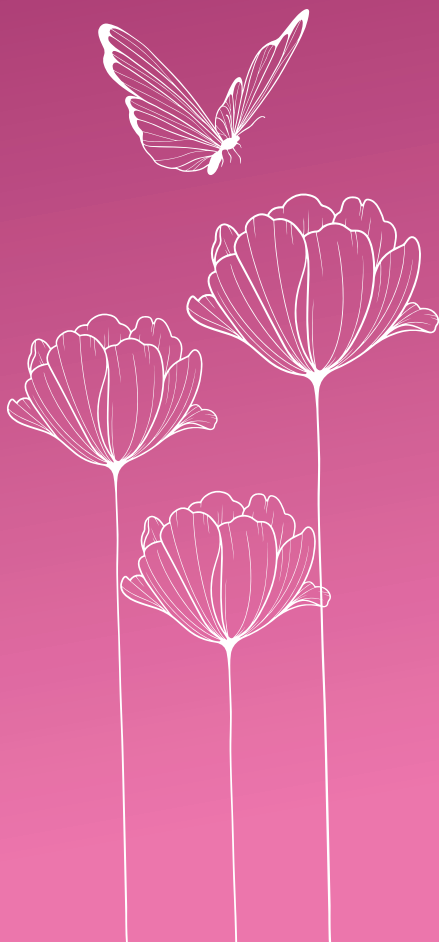
Healthcare personnel diagnosed with invasive *N. meningitidis* must be excluded from work until **24 hours after starting effective antibiotic therapy**.

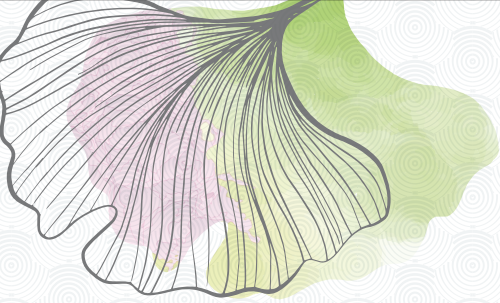
Asymptomatic Carriage: Routine work restrictions are not necessary for healthcare personnel who only have nasopharyngeal carriage of the bacteria.

4. Post-Exposure Management (Chemoprophylaxis)

Indications for Prophylaxis: Antimicrobial chemoprophylaxis is required for close contacts regardless of their vaccination status. In healthcare settings, this applies to personnel who had unprotected, direct exposure to the patient's oral or respiratory secretions (e.g., during mouth-to-mouth resuscitation, endotracheal intubation, or handling an endotracheal tube).

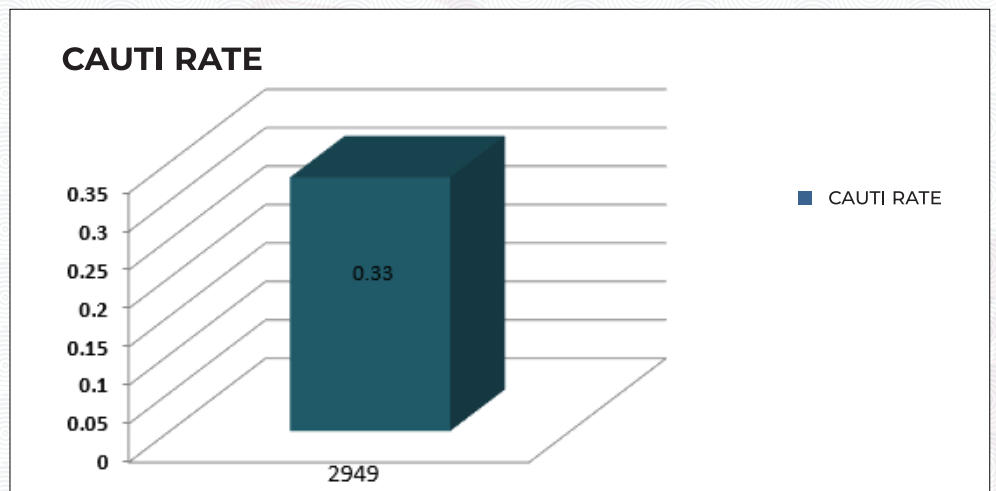
Timing: Prophylaxis should be administered as soon as possible, ideally within 24 hours of identifying the index patient. It has little to no clinical value if given more than 14 days after the exposure.



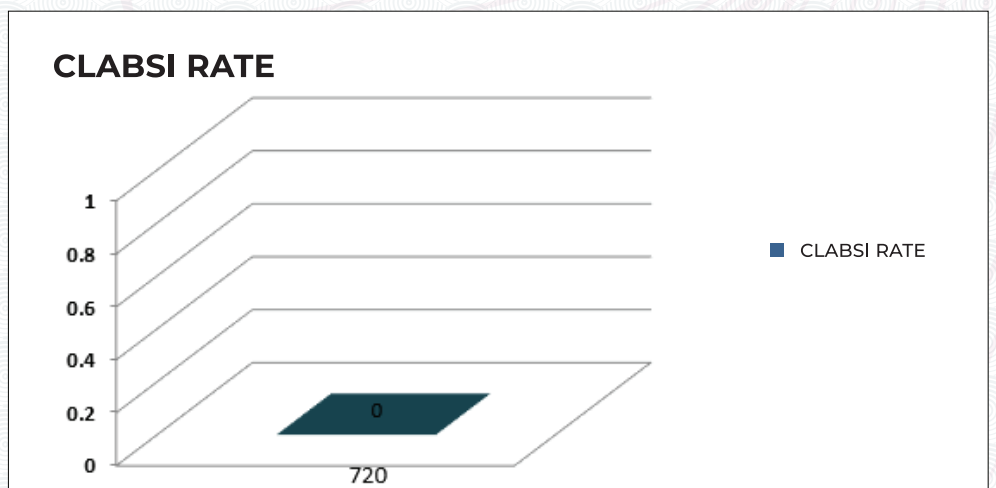


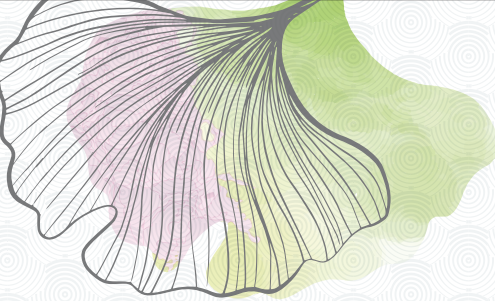
HAI DATA - SEPTEMBER 2026

CAUTI RATE - SEPTEMBER 2026

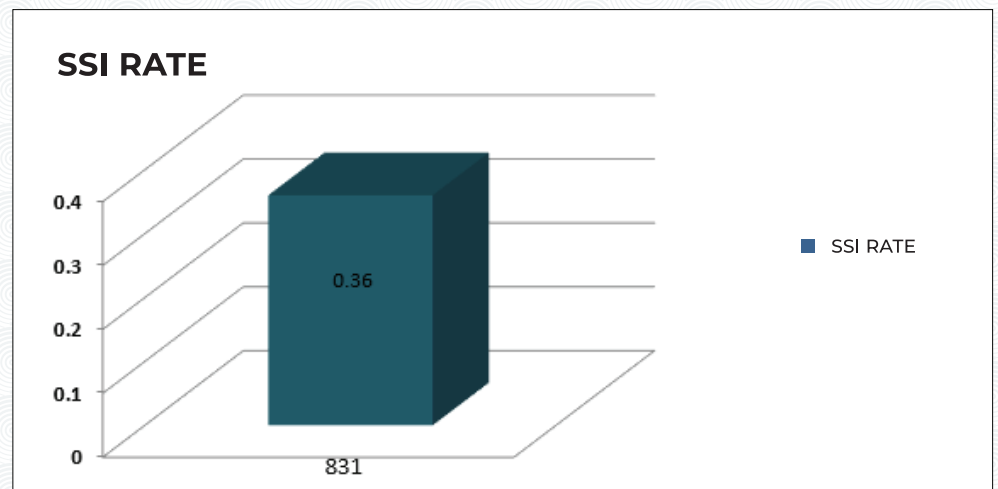


CLABSI RATE - SEPTEMBER 2026

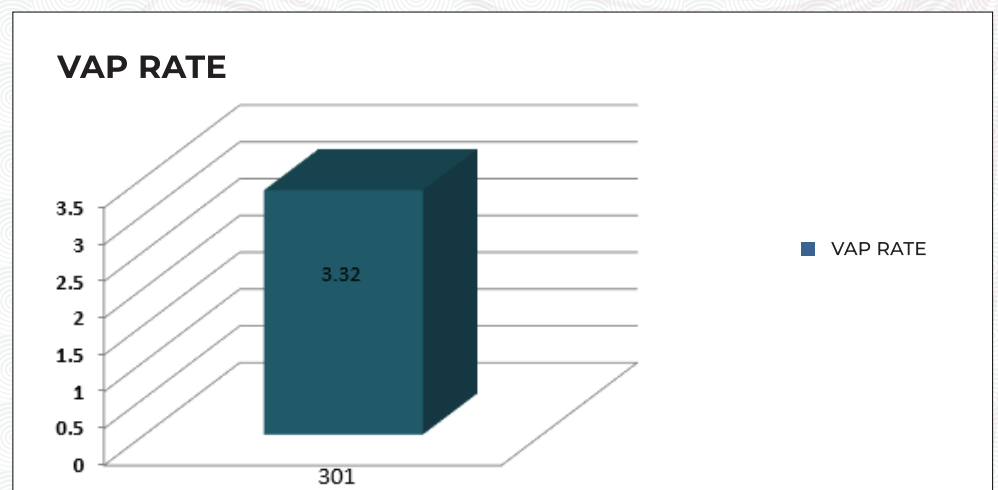




SSI RATE - SEPTEMBER 2026



VAP RATE - SEPTEMBER 2026



PERCENTAGE OF COMPLIANCE TO HAND HYGIENE- SEPTEMBER 2026

