



May 9, 2018

Dear State/Territorial Epidemiologist:

The Centers for Disease Control and Prevention (CDC) would like to inform you of a recent change to the standard operating procedures (SOP) for airplane contact investigations (CIs) in response to in-flight exposures of meningococcal disease identified and notified to CDC after travel. During 2016–2017, the Division of Global Migration and Quarantine worked with CDC’s meningococcal disease subject matter experts in the Division of Bacterial Diseases to revise the SOP.

There are no changes to the infectiousness criterion for an airplane CI (the infectious period for a person with meningococcal disease is defined as 7 days before onset until 24 hours after the start of appropriate antibiotics). For travelers with meningococcal disease who were not coughing or vomiting during the flight, the contact zone remains one seat on either side of the ill traveler (not crossing the aisle), and the 8-hour minimum “gate-to-gate” travel time remains in effect (see figure 1).

The 2017 changes to the meningococcal disease protocol only apply to cases in which the ill traveler was reported to have been coughing or vomiting during the flight. In these cases:

The contact zone is expanded to one seat in any direction from the ill traveler (not crossing the aisle; see contact zone diagram at the end of this document-figure 2).

The contact zone for vomiting is determined based on the location of the traveler when vomiting occurred (i.e., the default assumption is that vomiting occurred in the seat, but if vomiting occurred in the aisle, then a zone in the area where the vomiting occurred would be included and may cross the aisle; vomiting that occurred in the bathroom does not change the contact zone).

There is no minimum flight duration to trigger a CI.

In all cases where a meningococcal disease CI is warranted, additional exposure information obtained during the case investigation (e.g., the ill traveler changed seats during the flight) could justify modifying the contact zone. Airplane CIs will still be conducted up to 14 days after the flight exposure.

Neisseria meningitidis is transmitted through close contact with respiratory secretions. The changes to the CI guidance reflect the potential increased risk of exposure to the respiratory secretions of a traveler with meningococcal disease who experienced aerosol-generating symptoms during the flight.

We thank you for your attention to these changes, and for your continued collaboration in the airplane CI process. Your work makes it possible to notify travelers of potential exposures and provide prophylaxis and other public health prevention measures when applicable. Additionally, completing the outcome reporting forms allows us to evaluate the effectiveness of our CI procedures and the effectiveness of the CIs in detecting and preventing secondary cases.

Sincerely,

Aviation Activity, Division of Global Migration and Quarantine
National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention

Division of Bacterial Diseases
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

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Figure 1. Previous contact zones for airplane contact investigations for meningococcal disease, established 2005

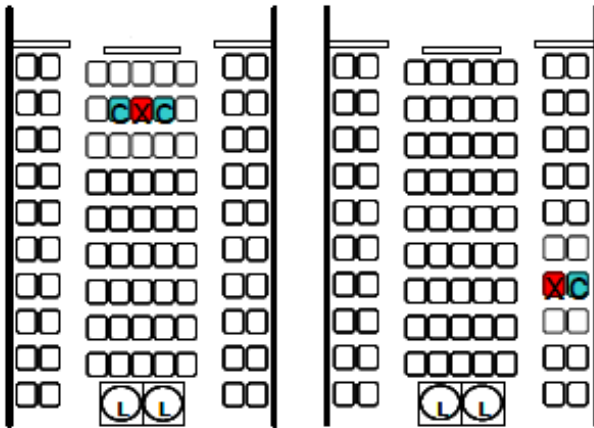


Figure 2. Contact zones for airplane contact investigations for meningococcal disease, effective March 2017

