Letters

AUTHORS' REPLY: MENINGOCOCCAL DISEASE IN AN AMBULANCE WORKER

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To the Editor: Fusco *et al.* raise some very interesting points regarding the spread of respiratory secretions in the form of aerosols caused by oxygen therapy [1]. We believe this does indeed warrant further investigation, and a review of the guidelines regarding the chemoprophylaxis of staff involved in airway management. However, the current guidelines only recommend chemoprophylaxis in instances where facial contact with droplets or secretions is clearly noted. They further suggest that this is unlikely to occur unless using suction during airway management, inserting an airway, intubating, or the patient coughing in one's face.

The question remains as to whether all staff involved in handling the airway in patients with suspected meningococcal disease should wear face masks. This includes ambulance staff, emergency staff and anaesthetists who are commonly involved in intubating such patients. These high risk groups are currently not actively advised to wear face masks.

This case has certainly raised awareness of this issue. Further discussion and research around this topic is necessary.

References

1. FM Fusco, V Puro. Meningococcal disease in an ambulance worker. *Euro Surveill.* 2008;13(10). Available from: http://www.eurosurveillance.org/edition/v13n09/080306_5.asp

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