

What is meningococcal disease?

Meningococcal disease is a sudden illness caused by bacteria called *Neisseria meningitidis*. When the bacteria cause an infection in the lining of the brain, it is called meningococcal meningitis. When the blood is infected, the disease is called meningococemia. Both are very serious illnesses requiring immediate medical attention.

Where do the bacteria come from?

N. meningitidis is carried in the nose and throat of many healthy adults and children. Between 5-10% of the population carry *N. meningitidis* in their nose and throat, but are not ill. Though these individuals may not experience symptoms of illness themselves, they can spread the infection to others.

How is it spread?

The bacteria are spread by direct contact with nasal or throat secretions of a carrier or ill person. Persons at highest risk for infection are those living in the same household, attending the same daycare, sleeping near each other or having contact with an ill person's saliva (e.g. kissing, sharing eating utensils, beverages, or cigarettes.)

What are symptoms of meningococcal disease?

Symptoms usually begin suddenly with a high fever, severe headache, neck stiffness, nausea and often vomiting, discomfort looking into bright lights and possibly a skin rash. The rash may be a fine spotty pink rash that progresses to dark patches.

How soon do symptoms appear?

Symptoms appear from 1-10 days after exposure, most commonly 3 - 4 days.

How long is an infected person contagious?

An infected person is contagious until the bacteria are no longer present in nasal droplets and saliva, about 24 hours after antibiotic treatment begins.

How is this disease diagnosed?

Diagnosis is made by a medical examination and by growing the bacteria from samples of spinal fluid or blood.

How is meningococcal disease treated?

Meningococcal disease is treated with injected or intravenous antibiotics. Prompt antibiotic medication is the key to successful treatment. Before antibiotics were in use, over 1/2 of those persons who developed meningococcal disease died. Even with today's treatment, about 8 - 15% of cases are fatal, and another 10 - 20% of infected people suffer long-term effects, such as brain damage, loss of hearing and loss of use of arms or legs.

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What should I do if I have been exposed to meningococcal disease?

Preventive antibiotic medication is recommended for household contacts and all other individuals who were likely to have been in contact with the ill person's nasal droplets and saliva. Preventive medication should be started as soon as possible, after the diagnosis is confirmed. Preventive antibiotic treatment for medical personnel is not routinely recommended, except for those who have had intimate exposure, such as mouth-to-mouth resuscitation, intubation, or suctioning.

Is there a vaccine available?

There is a vaccine that will protect against some strains of *N. meningitidis*, but it is not routinely necessary. The effectiveness and length of protection is limited in younger children, and in general, most people at risk may need to be revaccinated after 5 years. The vaccine is only recommended in the following situations, which may also vary by area:

- Outbreaks
- Military recruits
- Travel to areas of the world with high rates of the disease
- College freshmen living in dormitories
- Adolescents, the first dose at 11-12 years old, then a booster dose at 16 years old

Meningococcal disease is a Washington State reportable disease and must be reported to your local health department. In Snohomish County, contact Communicable Disease Surveillance and Response at 425.339.5278, Monday-Friday, 8:00 AM - 5:00 PM.

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