SARPY/CASS
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FACT SHEET

Meningococcal Meningitis Disease

Meningococcal meningitis is a severe infection of the fluid of a person's spinal cord and the fluid surrounding the brain. Both viruses and bacteria can cause this infection. Viral meningitis is less severe and usually settles without specific treatment. Bacterial meningitis is quite severe and is usually caused by one of three bacterium: *Neisseria meningitidis, streptococcus pneumonia*, and *Haemophilus influenza.* Identifying the type of bacteria responsible is important for the correct antibiotics treatment. The development of Haemophilus influenza type b (Hib) vaccine has greatly reduced its occurrence while *Streptococcus pneumoniae* and *Neisseria meningitides* remain the other major causes of the illness. http://www.cdc.gov/meningococcal/index.html

Cause: The bacteria, *Neisseria meningitides is most serious*. Meningococcal meningitis usually occurs as a single, isolated event. Clusters or outbreaks are rare in the United States. Viruses such as coxsackieviruses and enteroviruses are relatively common and rarely cause severe illnesses.

Symptoms: The symptoms include sudden onset of fever, intense headache, stiff neck, and a rash. These symptoms can develop from in several hours to 1 to 2 days after exposure. Other symptoms may be nausea, vomiting, discomfort when looking at bright lights, confusion and fatigue. Newborns and small infants may appear slow or inactive, irritable, vomit or not be nursing/feeding well. Seizures may develop for any age.

Spread: This bacteria is spread by direct contact with nose or throat discharges of an infected person by coughing, sneezing or kissing. They cannot be spread by casual contact or by breathing into the air where an infected person has been. Many people carry these particular bacteria in their nose and throat and not have signs of illness, while others may develop serious symptoms.

Incubation: The symptoms may appear 2-10 days after exposure, but usually appear within 3-4 days.

Contagious Period: From the time a person is first infected until the bacteria are no longer present in nose and throat discharges, he/she remains contagious. The duration varies according to the treatment used. Patients should be excluded from school, daycare, or work until 24 hours after therapy has begun and the illness has subsided.

Precautions: Droplet for 24 hours after antibiotic has been started.

Reportable: Immediately by the provider or laboratory to the local or state health department to ensure follow up of close contacts and identify outbreaks.

Diagnosis and Treatment: *Early diagnosis and treatment are very important*. If symptoms occur, the patient should see a doctor immediately. The diagnosis is usually made by growing bacteria from a sample of spinal fluid.

Certain antibiotics are very effective in eliminating the bacteria from the nose and throat. Penicillin is the drug of choice. If a third generation cephalosporin or ciprofloxacin was not given as treatment, the patient should receive rifampin (see dosage below) prior to discharge from the hospital to ensure elimination of the organism.

Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth to mouth resuscitation, day care center playmates) need to be considered for preventive treatment. Such people are advised to obtain a prescription, usually for rifampin, from their physician. Casual contact, like that which might occur in a regular classroom, office, or factory setting is usually not significant enough to cause concern. Those who have been in close contact with someone diagnosed with meningococcal meningitis should watch for early signs of illness -- especially fever -- and seek treatment promptly.

Prevention: Presently, there are four vaccines available in the United States to help prevent the disease in high risk groups.

These vaccines can prevent 4 types of meningococcal disease, including the most common in the United States: serogroup A, C, Y and W-135. The vaccines cannot prevent all types of the disease but offer protection to those who might have otherwise gotten the disease. http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html

Information obtained from: 1. Centers for Disease Control and Prevention Control of Communicable Diseases Manual 20th edition. Updated 11/15