

HICMR INFORMATION SHEET 1-09: FEBRUARY 2009 MENINGOCOCCAL DISEASE

1. What Is Meningococcal Disease?

- Meningococcal disease is caused by bacteria called meningococci, also known as *Neisseria meningitidis*
- Although the disease is uncommon, it is a very serious disease that can develop quickly and cause serious illness or death.
- Children under five and young adults aged 15-24 are the most at risk.
- Early diagnosis and treatment with antibiotics is vital. If the infection is diagnosed and treated early most people make a complete recovery.
- Meningococcal bacteria commonly cause meningitis or septicemia.
- Meningococcal disease can occur all year round, but it is more common during winter and early spring.
- Meningococci bacteria live naturally in the back of the nose and throat in about 10% of people, without causing illness.
- In a small number of people, the bacteria gets through the lining of the throat, enters the blood stream and causes invasive disease before immunity develops.

2. How do you contract / diagnose Meningococcal Disease?

- Meningococcal bacteria are not easily spread from person to person and it does not survive well outside the body.
- Bacteria is passed between people via secretions from the back of the nose and throat - this generally requires close and prolonged contact, eg. kissing, household contacts.
- Diagnosis is usually based on patient's history and examination. Blood samples, CSF or skin samples may assist in diagnosis.

3. What are the Signs and Symptoms of Meningococcal?

- ❖ Symptoms of Meningococcal disease may include sudden onset of fever, headache, neck stiffness, joint pain, a rash of red-purple spots or bruises, dislike of light, nausea and vomiting. Not all of the symptoms may be present at once.
- ❖ Young children may have less specific symptoms- may include irritability, difficulty waking, high pitched crying, and refusal to eat.
- ❖ The typical meningococcal rash does not disappear with gentle pressure on the skin. Not all people with the disease get a rash, or it may occur late in the disease.
- ❖ A person with symptoms of meningococcal disease should see a doctor urgently, especially if they present with any of the following:
 - Persistent fever
 - Irritability, drowsiness or lethargy
 - The person is in close contact with someone who was recently diagnosed as having meningococcal disease, even if the current patient received chemoprophylaxis.

4. How Is Meningococcal Treated/Prevented?

- ✓ Patients with meningococcal disease need urgent treatment with antibiotics, and treatment is usually started before the diagnosis is confirmed by tests.
- ✓ Two types of vaccines are available:
 - Meningococcal C conjugate vaccine protects against meningococcal C disease. It is recommended for all children at one year of age and for people who have had meningococcal disease.
 - Meningococcal polysaccharide vaccine protects against groups A, C Y and W135. It is recommended for travellers to countries where there are epidemics of meningococcal disease.
- ✓ Because vaccines do not protect against the more common meningococcal group B disease, vaccinated people should still be alert for signs and symptoms.
- ✓ Very close contacts of an infected person may be offered a short course of 'clearance antibiotics' – this will be managed by the relevant State Health Department. Only HCWs who have performed mouth-mouth resuscitation/intubation prior to antibiotic therapy being commenced may be offered 'clearance antibiotics - Refer to individual State Health Department guidelines.
- ✓ Respiratory precautions should be employed for suspected/known cases until 24 hours after appropriate therapy has commenced.

5. Further Information

1. NSW Health Department. Meningococcal Disease Fact Sheet, January 2008.
2. Victorian Health Department, Blue Book. Meningococcal Disease, 2009.
3. CDNA. Guidelines for the early clinical and public health management of meningococcal disease in Australia, 2007.
4. Australian Government. The Australian Immunisation Handbook. 9th Edition. 2008.
5. HICMR Infection Control Policy: Additional Precautions.