

Meningococcal Disease

Bacterial Meningitis and Bacteremia



What is meningococcal disease?

Meningococcal disease is a sudden illness caused by a bacterium called *Neisseria meningitidis*. This bacterium infects the bloodstream (meningococcemia) or the meninges, a thin lining covering the brain and spinal cord (meningococcal meningitis).

Where does it come from?

N. meningitidis is carried in the nose and throat of many healthy adults and children. Though these individuals may not exhibit symptoms or illness, they can spread the infection to others.

How is it spread?

This organism is spread by direct contact with nasal or throat secretions of a carrier or ill person. Transmission can occur by sharing saliva via eating utensils, glassware, cigarettes, toothbrushes or kisses, and when people sleep near each other or share a household.

What are the symptoms?

Although most people exposed to the meningococcal bacteria do not become ill, others can develop fever, cough, runny nose, intense headache, stiff neck, and unusual skin lesions. There may be a fine spotty pink rash that progresses to dark patches. Some people develop infections of the blood or brain, which can be fatal. Even with treatment, about 10 percent of severe cases are fatal. Up to 25 percent of patients who recover have chronic damage to the nervous system.

How soon do symptoms appear?

Symptoms appear two to ten days after exposure.

How long is an infected person contagious?

A person can transmit the disease from the time they are first infected until bacteria are no longer present in discharges from the nose and throat. The contagious period varies according to treatment. A person can be contagious even without any symptoms.

Who is at risk for illness?

Anyone can get meningococcal disease, but it is more common in children under two years of age. College freshmen and military recruits living in congregate settings also have a higher risk of getting meningococcal disease.

What is the treatment?

Meningococcal disease is treated with injected or intravenous antibiotics. Oral antibiotics like rifampin are given to reduce the number of meningococcal bacteria in the nose and throat. These antibiotics are also given to close contacts of persons with meningococcal disease.

Who should be treated?

People who may have had close contact with an infected person should contact their primary healthcare provider about treatment with antibiotics. Close contacts can include household members, intimate contacts, healthcare personnel performing mouth-to-mouth resuscitation, and childcare center playmates. Casual contacts such as classmates or co-workers usually do not require treatment unless they shared beverage containers, cigarettes, kisses, or objects entering the mouth.

Is there a vaccine available?

There are several vaccines that protect against the types of *N. meningitidis* most common in the United States. Menactra, Menomune (to be discontinued in 2017), and Menveo provide protection against types A, C, W and Y. MenHibrix provides protection against types C and Y. There are two new vaccines, Bexsero and Trumenba, that have been recently approved for type B. Vaccination is recommended for children and adolescents 11 - 18 years of age, college freshmen and military recruits living in congregate settings, those traveling to parts of Africa where meningococcal disease is common, and those who do not have a spleen or who have complement deficiencies, such as systemic lupus erythematosus (SLE).

How common is meningococcal disease in Washington?

During the past decade, 10 to 43 cases have been reported in Washington each year.

What should I do if I suspect someone in my family has meningococcal disease?

If you or anyone in your family exhibits severe symptoms of meningococcal disease, contact your primary healthcare provider immediately.

For more information:

Spokane Regional Health District
Disease Prevention and Response
(509) 324.1442 | TDD (509) 324.1464