MENINGOCOCCAL DISEASE
Report this disease immediately

This disease most often affects children and young adults. Meningococcal disease is a medical emergency that requires prompt treatment. Vaccination may help prevent some cases of this illness.

CAUSE
Neisseria meningitidis, bacteria

SYMPTOMS
Bacteremia - sudden onset of fever, chills, and tiredness; sometimes a rash.
Meningitis - fever, vomiting, headache, stiff neck, extreme sleepiness, confusion, irritability, and lack of appetite; sometimes a rash or seizures.

SPREAD
Through direct contact with secretions of the nose and throat of an infected person; more common among people with close personal contact or in households, child care settings, or schools where there is close prolonged physical contact (e.g., through kissing, sharing food, beverages, toothbrushes, or cigarettes). Exposures rarely results in serious illness.

INCUBATION (time from exposure to onset of symptoms)
1 to 10 days, usually less than 4 days

CONTAGIOUS PERIOD
Until 24 hours after antibiotic treatment begins.

EXCLUSION
Child care and School: Until the child has been on appropriate antibiotics for at least 24 hours and is well enough to participate in routine activities. The child care provider or school may choose to exclude exposed staff and attendees until preventive treatment has been started, if there is concern that they will not follow through with recommended preventive treatment otherwise.

DIAGNOSIS
Laboratory tests can be done to detect N. meningitidis.

TREATMENT
Meningococcal disease is caused by bacteria and can be treated with antibiotics. Exposed persons should contact a healthcare provider at the first signs of meningococcal disease.

PREVENTION/CONTROL
- Public health will make recommendations to the child care, school, and other contacts. Antibiotics and/or vaccine may be recommended.
- Antibiotics to prevent meningitis are recommended for:
  - Household contacts of the case
  - Overnight visitors to the household of the case
  - Persons who had contact with the secretions from the mouth or throat of case through examples such as:
    - Kissing
    - sharing food (eating from the same utensils, plate, etc.)
The following activities ARE NOT considered direct contact with the person with meningitis: sharing a book or pencil, walking down the hall, riding the bus, or sitting or standing next to them.

Persons who have been exposed should remain under medical observation because preventive antibiotics are not always completely effective. If an exposed person develops a fever, call a healthcare provider right away.

DO NOT share drink containers and cups or silverware. Wash and sanitize all dishes and silverware after each use.

Clean and sanitize mouthed toys, objects, and surfaces. Clean and disinfect other items or surfaces that come in contact with secretions from the nose or mouth.

**There are two vaccines to prevent Neisseria meningitidis:** Meningococcal polysaccharide vaccine and meningococcal conjugate vaccine. The vaccines are highly effective at preventing four of the strains of bacteria that cause meningococcal meningitis. However, the vaccine may not be considered a substitute for antibiotics following a high risk exposure.

- All 11-12 years olds should be vaccinated with meningococcal conjugate vaccine. A booster dose should be given at age 16 years. For adolescents who receive the first dose at age 13 through 15 years, a one-time booster dose should be administered, preferably at age 16 through 18 years, before the peak in increased risk. Adolescents who receive their first dose of meningococcal vaccine at or after age 16 years do not need a booster dose. Meningococcal vaccination is required to attend many colleges.

For additional information contact Contra Costa Public Health at (925) 313-6740 or check our website at [http://cchealth.org/meningitis/](http://cchealth.org/meningitis/) or [http://www.cdc.gov/meningococcal/](http://www.cdc.gov/meningococcal/)