

Meningococcal Disease Fact Sheet

Meningococcal disease is a severe and potentially life-threatening illness due to bacterial infection that causes:

- meningitis (infection of the tissue surrounding the brain and spinal cord),
- sepsis (infection of the blood), and/or
- pneumonia (infection of the lungs).

Some people (5-10%) carry the meningococcal bacteria in their nose or throat without becoming ill. For persons who develop meningococcal disease, the illness may occur suddenly and get worse rapidly.

Symptoms

Symptoms can include: fever, severe headache, stiff neck, irritability, sleepiness, sensitivity to light, rash, nausea, vomiting, rapid or labored breathing, and being disoriented or confused.

Incubation Period (time from exposure to having symptoms)

The incubation period varies from 1 – 10 days, most commonly 3 – 4 days.

Transmission (how disease is spread)

Spread is not common and occurs when close, face-to-face contact allows saliva from someone with meningococcal disease or someone carrying the meningococcal bacteria in their nose or throat to get in the nose or throat of another person. Persons who may have had contact with an infected person's saliva are at increased risk of getting meningococcal disease. Meningococcal disease is not spread by casual contact, such as in a normal school classroom, office or work setting. The meningococcal bacteria do not live for more than a few minutes outside the body, so infection is not spread as easily as the common cold or influenza.

Complications

Complications include severe tissue damage that may require limb amputation, deafness, brain damage, nervous system problems, and death. About 10-14% of people with meningococcal disease die from their infection.

PREVENTION OF MENINGOCOCCAL DISEASE

Antibiotics for Exposed Close Contacts

Antibiotics are recommended for persons having very close contact with someone who has meningococcal disease. Persons needing antibiotics are typically household members, childcare contacts (children and staff), and anyone having contact with the ill person's saliva (e.g. by kissing, sharing eating utensils, sharing beverages, or mouth-to-mouth resuscitation). Antibiotics are recommended if the close contact occurred during the 7 days before the onset of illness in the person with meningococcal disease.

Vaccine

There are two vaccines available to prevent meningococcal disease, Menactra (MCV4) and Menomune (MPSV4). Both vaccines prevent meningococcal disease caused by most but not all strains of the meningococcal bacteria. Current data suggest vaccination wanes in many adolescents within 5 years. Initial vaccination is routinely recommended for all adolescents at 11-12 years of age with a booster dose recommended at age 16 years. For adolescents who receive the first dose at age 13-15 years, a booster dose should be administered, preferable at age 16-18 years, before the peak in increased risk. Persons who receive their first dose of meningococcal conjugate vaccine at or after 16 years do not need a booster dose.