

## **MENINGOCOCCAL MENINGITIS FACT SHEET**

**WHAT IS MENINGOCOCCAL MENINGITIS?** Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord). It is a relatively rare disease and usually occurs as a single isolated event. Clusters of cases or outbreaks are rare in the United States.

**HOW IS THE GERM MENINGOCOCCUS SPREAD?** Meningococcal disease is transmitted through the air via droplets of respiratory secretions and direct contact with an infected person. Direct contact, for these purposes, is defined as oral contact with shared items such as cigarettes or drinking glasses or through intimate contact such as kissing. Although anyone can come in contact with the bacteria that causes meningococcal disease, data also indicates certain social behaviors, such as exposure to passive and active smoking, bar patronage, and excessive alcohol consumption, may put students at increased risk for the disease. Patients with respiratory infections, compromised immunity, those in close contact to a known case, and travelers to endemic areas of the world are also at increased risk.

**WHAT ARE THE SYMPTOMS?** The early symptoms usually associated with meningococcal disease include fever, severe headache, stiff neck, rash, nausea, vomiting, and lethargy, and may resemble the flu. Because the disease progresses rapidly, often in as little as 12 hours, students are urged to seek medical care immediately if they experience two or more of these symptoms concurrently. The disease is occasionally fatal.

**HOW SOON DO THE SYMPTOMS APPEAR?** The symptoms may appear two to 10 days after exposure, but usually within five days.

**WHAT IS THE TREATMENT FOR MENINGOCOCCAL DISEASE?** Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

**SHOULD PEOPLE WHO HAVE BEEN IN CONTACT WITH A DIAGNOSED CASE OF MENINGOCOCCAL MENINGITIS BE TREATED?** Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either rifampin, ciprofloxacin or ceftriaxone) from their physician. Casual contact as might occur in a regular classroom, office or factory setting is not usually significant enough to cause concern.

**IS THERE A VACCINE TO PREVENT MENINGOCOCCAL MENINGITIS?** Presently, there is a vaccine that will protect against some of the strains of meningococcus. It is recommended in outbreak situations, and for those traveling to areas of the world where high rates of the disease are known to occur. For some college students, such as freshman living in dormitories, there is a modestly increased risk of meningococcal disease; students and parents should be educated about meningococcal disease and the availability of a safe and effective vaccine.

**HOW EFFECTIVE IS THE VACCINE?** The meningococcal vaccine has been shown to provide protection against the most common strains of the disease, including serogroups A, C, Y and W-135. The vaccine has shown to be 85 to 100 percent effective in serogroups A and C in older children and adults.

**IS THE VACCINE SAFE? ARE THERE ADVERSE SIDE EFFECTS TO THE VACCINE?** The vaccine is very safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the site of injection lasting up to two days.

**WHAT IS THE DURATION OF PROTECTION?** The duration of the meningococcal vaccine's efficacy is approximately three to five years.