

What is meningococcal disease?

Meningococcal disease is a disease caused by the bacteria *Neisseria meningitidis*. This bacteria can infect the blood, causing septicemia. It can also infect the covering of the brain and spinal cord, causing meningitis. There were an average of 18 cases of meningococcal disease each year in Oklahoma between 2003 and 2007.

How is this disease spread?

Meningococcal disease spreads by direct contact with the saliva or with respiratory droplets from the nose and throat of an infected person.

Who is at risk of getting this disease?

Anyone can get meningococcal disease. For some adolescents, such as first year college students living in dormitories, there is an increased risk of meningococcal disease. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, people without a spleen, and people traveling to parts of the world where meningococcal disease is more common. These persons should talk to their healthcare provider about the meningococcal vaccine.

What are the symptoms?

People can carry the bacteria in their nose and throat without becoming ill. People ill with septicemia may have fever, nausea, vomiting, and a rash. People that are ill with meningitis will have fever, intense headache, nausea, vomiting, and a stiff neck. It is important to seek care from a healthcare provider as soon as possible if these symptoms appear. Meningococcal disease has a high risk of death if it is not treated promptly.

How soon do the symptoms appear?

The symptoms may appear two to ten days after infection, but usually within three to four days.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin or ceftriaxone are used to treat meningococcal disease.

Should people who have been around a person infected with meningococcal disease 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. A public health nurse will work with the family of the patient to identify all family, friends, and contacts that need antibiotics. Casual contacts including classmates, co-workers, or those in a factory setting are not at increased risk of disease and do not need treatment with the antibiotic.

Is there a vaccine to prevent meningococcal disease?

Two types of meningococcal vaccine are available. Meningococcal conjugate vaccine (MCV4) is the preferred vaccine for people 2 through 55 years of age. Meningococcal polysaccharide vaccine (MPSV4) is the only meningococcal vaccine licensed for people older than 55, but may be given if MCV4 is not available. Both vaccines work well, and protect about 90% of people who get them before being exposed against four types: A, C, Y, W-135. These four types cause about 70 percent of the disease in the United States. Because the vaccines do not include type B, which accounts for about one-third of cases in adolescents, they do not prevent all cases of meningococcal disease.

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