
Meningococcal Disease

Source: Communicable Disease Division – Oklahoma State Department of Health

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. In Oklahoma, the number of *Neisseria meningitides* cases have been on the decline since 2000, with case numbers ranging from 34 in 2000 to ten in 2004.

How is the 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 meningitis is more common. These persons should talk to their physician 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 physician as soon as possible if these symptoms appear. Meningococcal disease can have 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.

What are the risks from meningococcal vaccines?

Source: Department of Health and Human Services – Center for Disease Control and Prevention

A vaccine, like any medicine, could possibly cause serious problems such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Mild problems

- Up to about half of people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.
- If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.
- A small percentage of people who receive the vaccine develop a fever.

Severe problems

- Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.
- A few cases of Guillain-Barre Syndrome, a serious nervous system disorder, have been reported among people who got MCV4. There is not enough evidence yet to tell whether they were caused by the vaccine. This is being investigated by health officials.

For further information call or visit on the World Wide Web:

(405) 271-4060 <http://www.health.ok.gov>

(800) 232-2522 <http://www.cdc.gov>

Revised: 06/06