

Diseases Fact Sheet - Meningococcal Infection

South Dakota Department of Health

Office of Disease Prevention Services - 605-773-3737 -(1-800-592-1861 in South Dakota only)

This material is provided for informational purposes only and is not a substitute for medical care. We are not able to answer personal medical questions. Please see your health care provider concerning appropriate care, treatment or other medical advice.

What is it?

The meningococcus bacteria can cause a severe bacterial infection of the bloodstream and 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.

Who gets meningococcal infection?

Anyone can get a meningococcal infection, but it is more common in infants, children and young adults. Young adults living in a crowded setting may be at higher risk of disease.

How is this germ spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?

Although most people exposed to the meningococcus germ do not become seriously ill, some may suddenly develop fever, severe headache, vomiting, stiff neck and a rash. Up to 25 percent of patients who recover may have chronic damage to the nervous system. 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.

When and for how long is an infected person able to spread the disease?

From the time a person is first infected until the germ is no longer present in discharges from the nose and throat, he or she may transmit the disease.

What is the treatment for meningococcal infection?

Certain antibiotics are very effective in eliminating the germ from the nose and throat. Penicillin is the drug of choice for treatment of cases of meningococcal infection.

Should people who have been in contact with a diagnosed case of meningococcal infection be treated?

Only people who have been in close contact (i.e., 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 rifampin, cipro or ceftriaxone from their physician. Casual contact which 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 infection?

There is a vaccine that will protect against four of the strains of meningococcus. The following are recommended for meningococcal vaccination by the CDC Advisory Committee on Immunization Practices:

- all children 11 through 18 years of age
- previously unvaccinated high school students
- college freshmen living in dormitories
- microbiologists who are routinely exposed to isolates of *N. meningitidis*
- military recruits
- persons who travel to or reside in countries in which *N. meningitidis* is hyperendemic or epidemic, particularly if contact with the local population will be prolonged
- persons who have terminal complement component deficiencies
- persons who have anatomic or functional asplenia

Related Sites:

- [Centers for Disease Control and Prevention](https://www.cdc.gov)