

MENINGOCOCCAL DISEASE

WHAT IS MENINGOCOCCAL DISEASE?

Meningococcal disease is a serious illness, usually causing meningitis (inflammation of the lining of the brain) and septicaemia (blood poisoning). The disease is rare and affects between 200–250 people in NSW each year, which is less than 1 in 10,000 people. The bacteria that causes meningococcal disease is called meningococcus. There are several different types of meningococcus. In NSW, group B is responsible for about half of the cases of meningococcal disease, and group C is responsible for about one-third of cases. Meningococcus can be present in the nose and throat of people who remain completely well and never develop meningococcal disease. About 5–25 per cent of the population carry the bacteria without becoming ill.

WHAT ARE THE SYMPTOMS?

Symptoms may include the sudden onset of fever, headache, tiredness, neck stiffness, joint pain, a rash of red-purple spots or bruises, dislike of bright lights, vomiting, and nausea. Not all of the symptoms of meningococcal disease may be present at once. Babies and very young children may have less specific symptoms. These may include irritability, difficulty waking, high-pitched crying, and refusal to feed. A rash does not always appear, and the absence of a rash does not exclude meningococcal disease in someone with other symptoms. It is important to seek medical attention early, because most people recover with early antibiotic treatment. The disease is life-threatening in some people.

HOW IS IT SPREAD?

Meningococcus are not easily spread from person-to-person. Close and prolonged person-to-person contact is usually required for the bacteria to be passed between people. Meningococcus are spread by the secretions from the nose and throat of a person carrying the bacteria. The bacteria do not survive for long outside the human body. Airborne transmission does not occur.

WHO IS AT RISK?

Meningococcal disease occurs in a wide variety of people but is more common in some groups, such as: the very close contacts of people diagnosed with meningococcal disease; babies, children, adolescents, and young adults (although disease can occur at any age). People with increased risk include: people exposed to cigarette smoke; travellers to countries with high rates of meningococcal

disease; and people who have no spleen or who have certain other medical conditions. Meningococcal disease occurs more commonly in winter and early spring.

WHAT ABOUT CONTACTS?

People who have had minimal exposure to someone with meningococcal disease have very little risk of developing meningococcal disease. Contacts are people who have been identified as having *very* close and prolonged contact with a person who has the disease, such as household members, or those who have been exposed to the person's respiratory secretions. Contacts are offered a special antibiotic to kill the bacteria in the nose or throat, and therefore reduce the risk of disease transmission. This antibiotic does not treat the disease but simply stops the likelihood of the bacteria being carried in the nose and throat. Different antibiotics are needed if symptoms of illness develop.

REDUCING THE RISKS

Although there is little evidence that sharing cups or drink bottles can transmit meningococcus, it seems sensible to avoid this if possible. Homes and cars should be smoke-free.

THE MENINGOCOCCAL VACCINE

New vaccines are now available that protect against meningococcal C disease. These vaccines only protect people against group C meningococcus, and therefore people must always be alert for the symptoms of meningococcal disease. There is no vaccine available against group B meningococcal disease. A meningococcal vaccine that provides only short-term protection against groups A, C, Y, and W135 is recommended for travellers to countries where epidemics of these groups of meningococcus are frequent (for example, sub-Saharan Africa). Vaccination is also recommended for people without a spleen, and for others with certain chronic medical problems. Vaccines are sometimes used during outbreaks of meningococcal disease in confined environments (such as boarding schools, residential colleges, or military barracks). The National Meningococcal C Vaccination Program, which aims to protect all Australians aged 1–19 years, will be conducted from 2003–2006.

For further information please contact your local public health unit, community health centre, or doctor.

July 2003 ☒