

Meningococcal disease is caused by a bacterial infection and can lead to serious illness. It is uncommon in NSW, and occurs more often in winter and spring. Infants, small children, adolescents and young adults are most at risk. Early treatment is vital.

Meningococcal disease

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What is meningococcal disease?

- Meningococcal disease is a serious illness that usually causes meningitis (inflammation of the lining of the brain and spinal cord) and/or septicaemia (blood poisoning). Rare forms of the disease include septic arthritis (joint infection), pneumonia (lung infection) and conjunctivitis (infection of the outer lining of the eye and eyelid).
- People with meningococcal disease can become extremely unwell very quickly. Five to ten per cent of patients with meningococcal disease die, even despite rapid treatment.
- Historically winter and spring have been the peak seasons for meningococcal disease, however cases can occur year round.
- Meningococcal disease is caused by infection with *Neisseria meningitidis* of which there are several serogroups. Disease is caused by serogroups A, B, C, W and Y. The meningococcal C vaccine has reduced the number of cases caused by that serogroup.
- Between 5 and 25 per cent of people carry meningococcal bacteria at the back of the nose and throat without showing any illness or symptoms.

What are the symptoms?

- Symptoms of meningococcal disease are non-specific but may include sudden onset of fever, headache, neck stiffness, joint pain, a rash of red-purple spots or bruises, dislike of bright lights, nausea and vomiting.
- Not all of the symptoms may be present at once.
- Young children may have less specific symptoms. These may include irritability, difficulty waking, high-pitched crying, and refusal to eat.
- The typical meningococcal rash doesn't disappear with gentle pressure on the skin. Not all people with meningococcal disease get a rash or the rash may occur late in the disease.
- Sometimes the classic symptoms may follow less specific symptoms including leg pain, cold hands and abnormal skin colour.
- Meningococcal disease can sometimes follow on from other respiratory infections.
- People who have symptoms of meningococcal disease should see a doctor urgently, especially if there is persistent fever, irritability, drowsiness or lethargy, a child is not feeding normally or symptoms have come on or worsened very quickly.
- If you have already seen a doctor but symptoms continue to worsen, consult your doctor again or go to the Emergency Department.

How is it spread?

- Meningococcal bacteria are not easily spread from person to person and the bacteria do not survive well outside the human body.

- The bacteria are passed between people in the secretions from the back of the nose and throat. This generally requires close and prolonged contact with a person carrying the bacteria who is usually completely well. An example of 'close and prolonged contact' is living in the same household or intimate (deep) kissing.
- Meningococcal bacteria are not easily spread by sharing drinks, food or cigarettes.

Who is at risk?

Meningococcal disease can affect anyone, however there are certain groups that are at higher risk. These include:

- household contacts of patients with meningococcal disease
- infants, small children, adolescents and young adults
- people who smoke or are exposed to tobacco smoke
- people who practice intimate (deep mouth) kissing, especially with more than one partner
- people who have recently had a viral upper respiratory tract illness
- travellers to countries with high rates of meningococcal disease
- people with no working spleen or who have certain other rare medical conditions.

People who have had only minor exposure to someone with meningococcal disease have a very low risk of developing the disease.

Healthcare workers are not at increased risk unless they have been directly exposed to a case's nasopharyngeal secretions (for example, if they performed mouth-to-mouth resuscitation or intubated the case without using a face mask).

How is it prevented?

Any person from 6 weeks of age who wants to protect themselves against meningococcal disease is recommended to receive the two vaccines available in Australia.

Vaccination against meningococcal C was included in the National Immunisation Program Schedule from 2003. From 1 July 2018 it was replaced by the vaccine against meningococcal strains A,C,W and Y (Men ACWY). It is offered to all children at one year of age (as part of free routine immunisation).

The NSW Meningococcal Response Program offers a single dose of Men ACWY vaccine to older adolescents as part of the NSW School-based Vaccination Program. This was offered to students in Years 11 and 12 in 2017 and to students in Years 10 and 11 in 2018. From 2019 students in Year 10 will be offered the free vaccine at school.

To ensure all older adolescents have the opportunity to be protected, those aged from 15 to 19 years who have not received the meningococcal ACWY vaccine at school are encouraged to see their GP for a free vaccine.

Meningococcal ACWY vaccine is required for pilgrims to the Hajj and strongly recommended for persons travelling to areas where epidemics of meningococcal A,C, W and Y occur such as the meningitis belt of sub-Saharan Africa. For up to date vaccination requirements talk to your travel doctor, or General Practitioner.

Meningococcal B (Men B) protects against some serogroup B strains, and is strongly recommended for young children and adolescents but is not funded by the National Immunisation Program.

Men ACWY and Men B vaccines are also recommended for people at occupational risk of meningococcal disease such as laboratory workers, and for people without a working spleen.

Because routine childhood vaccines do not protect against all strains of meningococcal disease, all people must still be alert for the symptoms and signs of meningococcal disease, even if they have been vaccinated.

How is it diagnosed?

Diagnosis is based on the patient's history and examination. This is sometimes difficult in the early stages of the disease. Confirmation of the diagnosis involves testing samples from the patient, including blood, cerebrospinal fluid, or skin samples. The time taken to get a test result can vary depending on the tests performed.

How is it treated?

Patients with meningococcal disease need urgent treatment with antibiotics, in hospital, and treatment is usually started before the diagnosis is confirmed by tests.

What is the public health response?

Hospitals and laboratories notify cases of meningococcal disease to the local public health unit (PHU). PHU staff will work with the doctor, the patient or the patient's family to identify the people who have been close to the ill person (depending on the duration and the nature of their exposure). These people are called contacts.

Contacts are given information about meningococcal disease. A smaller group of close contacts are carefully identified and given clearance antibiotics because they are the people most likely to be carrying the bacteria.

These antibiotics eliminate the bacteria from the throat and help prevent it from being transmitted to others. Clearance antibiotics are different to the antibiotics used to treat the infection and people who receive clearance antibiotics are still at some risk of developing the disease. All contacts should therefore be aware of the symptoms of meningococcal disease and should see a doctor urgently if these occur.

For further information please call your local Public Health Unit on 1300 066 055 or visit the New South Wales Health website www.health.nsw.gov.au