

**MENINGOCOCCAL DISEASE**  
**(Meningitis, Septicemia)**  
**(Reportable Disease - Report to Local Health Agency)**

**IMMUNIZATION:** Available and recommended only for those above age two when the disease is caused by one of these serotypes (A, C, W-135, or Y), and the disease results in a large institution or community outbreak.

**INCUBATION PERIOD:** Commonly 3-4 days, varies from 2-10 days.

**SYMPTOMS:** Sudden onset of fever, intense headache, nausea and often vomiting, neck stiffness and frequently a petechial rash (pinpoint, nonraised, purplish spots).

Delirium and coma can also occur. Occasionally, cases exhibit sudden prostration, bruising and shock at the onset of illness.

**PERIOD OF COMMUNICABILITY:**

Until organisms no longer present in nose and mouth.

Until 24 hours following the start of effective antibiotic therapy.

**MODE OF TRANSMISSION:**

Direct contact with oral secretions, including respiratory droplets from nose and throat of infected or colonized person. Many persons carry the germ in their nose and throat (are colonized) without signs of illness, while others may develop serious symptoms.

**SCHOOL ATTENDANCE:**

Exclusion until 24 hours following effective antibiotic therapy and child is able to participate in routine daily activities.

**CONTACTS/FOLLOW-UP:**

Household, child care and nursery school contacts are at increased risk of contracting invasive meningococcal disease. They and persons who have had contact with the infected person's oral secretions (i.e.: through kissing, sharing of food or beverages) during the 7 days before onset of disease are advised to receive preventive antibiotic therapy.

Casual contact as might occur in a regular classroom, office or factory setting rarely requires preventive medication.