



South Central Public Health District

Prevent. Promote. Protect.

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MENINGOCOCCAL INFECTION

What is meningitis?

Meningitis is an inflammation of the lining around the brain.

What causes meningitis?

Meningitis is usually the result of an infection by one of several types of viruses or bacteria. When bacteria called meningococci cause this infection, the disease is referred to as meningococcal meningitis.

Do the meningococci always cause meningitis?

No. Many people carry this germ in their nose and throat without any signs of illness. These well persons are known as asymptomatic carriers.

What are the symptoms of infection with meningococci?

Most people exposed to meningococci do not show any symptoms of illness. A very small number of people develop serious illness of meningitis or of blood poisoning. Meningitis causes symptoms of fever, headache, stiff neck, nausea, vomiting, and sometimes sleepiness or confusion. Blood poisoning is usually associated with fever, severe muscle aches and chills. Both meningitis and blood poisoning may be associated with a characteristic rash.

How is the germ spread?

The meningococci are spread by direct contact with discharges from the nose and throat of an infected person. Spread is almost always from a person who is not ill (an asymptomatic carrier). Spread of the bacteria is by close contact with an infected person. Close contact includes activities such as kissing and sharing drinking glasses, eating utensils, cigarettes, or toothbrushes. These bacteria do not survive for more than a few minutes on environmental surfaces (tables, chairs, clothing, etc.).

How long is a person contagious and how soon do the symptoms appear?

From the time a person is first infected until the germ is no longer present in the nose and throat, he or she may transmit the disease. Symptoms may appear two to ten days after exposure, but usually within five days.

Can infection with meningococci be treated?

Yes. Early recognition of this infection is very important. With appropriate treatment, the vast majority of patients recover without any problem. People who develop fever, headache, rash, and stiff neck should be evaluated immediately by a physician.

Should people who have been in contact with someone diagnosed with meningococcal illness receive antibiotics even if they are not sick?

Only people who have been in close contact with the ill person need to receive antibiotics. Close contacts are people who have exchanged respiratory or oral secretions with the ill person through activities such as kissing and sharing drinking glasses, eating utensils, cigarettes, or toothbrushes. Close contacts have had direct exposure to the respiratory or oral secretions of an ill person. They include household members, intimate contacts, and close friends. In these persons, the germ can be eliminated from the nose and throat by giving an antibiotic. Casual contact, such as occurs in classrooms or office settings, is not usually significant enough to cause concern.

Is there a vaccine to prevent meningococcal infection?

A vaccine is available for certain strains of the bacteria. In the United States, it is not routinely recommended except for military recruits and for college freshmen who are living in dormitories. It is also used in outbreak situations and for persons who are traveling to areas of the world where high rates of the disease are known to occur. The vaccine takes at least a week after administration before protection is provided.