

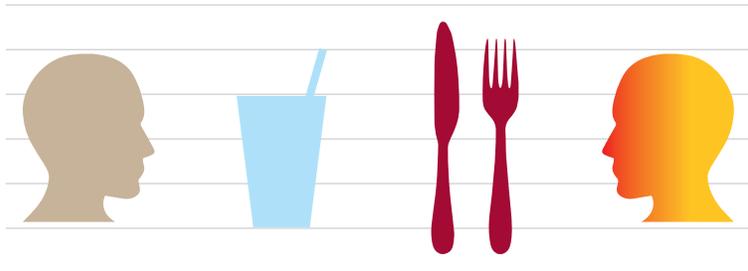
Meningococcal meningitis is caused by the bacteria *Neisseria meningitidis*, a commensal organism that is found in the throat and nose of 20% of the population with no signs or symptoms of disease. The rates of the disease are highest in children younger than one year, teenagers, and young adults.

The disease is characterized by infections of the thin lining of the brain and the spinal cord (meningococcal meningitis) and bloodstream (meningococcal septicemia or meningococemia). Both types of infections are serious and can be deadly.

Meningitis is observed worldwide with the largest burden occurring in the “meningitis belt” of the Sub-Saharan and Eastern Africa

HOW IS MENINGITIS TRANSMITTED?

Meningococcal disease is commonly spread by sharing respiratory and throat secretion (saliva) during close contact through kissing, coughing or sneezing on someone, sharing drinks and eating utensils. It is not as contagious as influenza and is not easily spread through casual contact or breathing. Most people who come in contact with the meningococcal bacteria do not develop any illness.



WHAT ARE THE SYMPTOMS?

Early symptoms mimic influenza (flu) developing over several hours or over a few days after exposure.

Common symptoms for individuals two years of age and up:

- Fever
- Headache
- Stiff neck
- Rash (meningococcal septicemia)

Additional symptoms include: photophobia (sensitivity to light), nausea, vomiting, and altered mental status (confusion or difficulty concentrating).

Symptoms in newborns include:

- High fever
- Vomiting
- Poor feeding
- Irritability and constant crying
- Inactivity or sluggishness or suppressed reflex

WHO IS AT RISK?

While the disease can affect anyone, it is most common in children ≤ 1 years old and young adults (16 - 23 years). Other risk factors include a compromised immune system, an outbreak in your community, lack of vaccination, and travel to the “meningitis belt”.

CAN MENINGITIS BE PREVENTED?

Yes. Current vaccines protect against many serogroups. The Meningococcal ACYW vaccine is routinely given beginning at age eleven. The B vaccine can be considered for anyone age sixteen through eighteen and is used in outbreak settings. Vaccination is also recommended for certain high risk groups. Early antibiotic treatment is the most important measure to save lives and reduce complications.

Antibiotic prophylaxis is often recommended for close contacts (persons who may have shared saliva, roommates, etc.) when someone contracts meningococcal disease.

REFERENCES

- [Meningococcal Disease](#)
- [Meningococcal Meningitis](#)
- [Meningitis](#)
- [What is Meningococcal Disease?](#)