

designed to 'cure' you if you are already developing meningococcal disease – it will not do this. The prophylaxis will, however, get rid of any meningococcal bacteria, which you might have picked up from the case and are currently dwelling in your nose and throat. This will reduce the remote chance that you will pass these germs on to another person who might be 'susceptible', and therefore be likely to get the disease.

Those people who have not had this type of 'risk category' contact with a case, do not need to take any particular extra precautions. Your family doctor or nurse can advise, if necessary.

People who are only contacts of 'risk category' contacts do not need to take any special precautions. In any case, whether or not you have been given prophylaxis, it is always wise to know about, and be alert for, the signs and symptoms which might indicate meningococcal disease. Further information, advice and support is available from:-

The Meningitis Research Foundation (24 hour Helpline):  
0800 800 3344

The National Meningitis Trust (24 hour Helpline): 0845  
6000 800

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## North Cumbria District Control of Infection Committee:

# ***Meningococcal Infection (Includes Meningococcal Septicaemia and Meningitis)***

### ***Introduction***

Meningococcal disease is a serious illness, which is caused by germs called meningococcal bacteria.

At any time, about one in ten of the adult population and up to a quarter of all young people carry meningococcal bacteria in their noses and throats without problem. Indeed the presence of these germs may even encourage resistance in a person to meningococcal disease.

However, meningococcal bacteria can seriously affect an individual if that person is, or becomes, susceptible to the germ. Fortunately this is quite a rare occurrence.

In these circumstances, the bacteria overcome the body's defences and get into the bloodstream, and possibly the brain membranes. This can result in septicaemia (blood poisoning) and/or meningitis (inflammation of the lining of the brain). It is not yet fully understood by doctors exactly why this happens in some people and not in others. People of all ages can get the infection, but meningococcal disease mainly affects infants and teenagers and is more common during the autumn and winter months. It is also more common among new University students who live 'in hall'.

To put this rare but important problem into perspective, it would be expected that around 3 people per 100,000 population might develop meningococcal disease each year.

In a typical year this would mean about 10-12 confirmed infections in North Cumbria. Up to 10 people out of every 100 people, who become ill, can die from the disease.

Early recognition of the problem, with immediate treat-

ment, can save lives.

### ***What are the signs and symptoms of meningococcal disease?***

Someone with meningococcal disease (meningitis and/or blood poisoning) is likely to become very unwell. The illness often develops over one or two days, but cases can become very ill, very quickly - sometimes in a matter of only hours.

Signs & symptoms in CHILDREN and ADULTS may include:

- severe headache
- fever
- vomiting
- aching limbs and joints
- neck stiffness
- dislike of bright lights
- drowsiness tending towards unconsciousness
- shivering and cold feet and hands
- rapid breathing
- severe muscle aches
- abdominal pain and diarrhoea
- rash of red purple spots or bruises

Signs & symptoms in BABIES may include:

- fever
- refusing feeds and/or vomiting
- tense or bulging fontanelle (soft spot on head)
- fretfulness
- difficult to rouse
- staring expression
- shrill or moaning cry
- pale or blotchy skin
- turning away from light
- body stiffening with involuntary movements, arching of the head and neck - or even sometimes a 'floppy' body; altered breathing pattern
- rash of red purple spots or blotches

### **Important Note:**

The 'characteristic' rash of meningococcal disease in babies, children & adults usually does not fade or blanch if pressed firmly with a clear drinking glass - it will remain visible. This rash, in the presence of an ill person, is a se-

rious danger sign and needs immediate action to get medical help.

### ***What should you do if you suspect meningococcal disease?***

If you suspect that a baby, child or adult might have meningococcal disease - you should call the doctor immediately. Explain clearly why you are concerned, describe the patient's signs and symptoms carefully, and ask for advice.

If the doctor is not available, and you are seriously worried that the problem might be meningococcal disease, don't delay, have the case taken straight to the nearest hospital Accident and Emergency Department. Dial a 999 ambulance, if necessary.

### ***What if you have been in close contact with a case?***

The bacteria, which cause meningococcal disease, can only live for a few seconds outside the body. These germs can therefore only be passed from one person to another by very close contact indeed (for details of this, see 'risk category' contact below).

In the vast majority of cases, when a person acquires 'new' meningococcal bacteria, they simply live on for a period in their nose and throat without causing any problems for that person.

In very rare instances (around 3 per 100,000 per year), the person acquiring the 'new' meningococcal bacteria will be 'susceptible' to the germs, which will penetrate into their blood stream etc., and cause meningococcal disease in less than 7 days.

'Risk category' contact (that is, contact likely to lead to the passing on of meningococcal bacteria) occurs when a person has, during the 7 days prior to onset of the illness in the case of meningococcal disease: -

Had mouth-to-mouth kissing with the case (that is, exchanging saliva, not just a 'peck on the cheek')

Lived and slept in the same household as the case (that is, not just 'visiting')

If you are considered to be a contact of a case who is in a 'risk category', your doctor will probably suggest that you have a short course of special treatment (called prophylaxis), as a routine precaution.

It is most important to note that this prophylaxis is not