

FACT SHEET INVASIVE

MENINGOCOCCAL

FOR CHILD CARE ADMINISTRATORS

What is meningococcal invasive disease?

Meningococcal invasive disease, including meningitis, is a serious and potentially lethal infection. Meningococcal disease has caused numerous epidemics in the past but currently in the U.S. outbreaks are sporadic and rare. In the U.S., approximately 2000-3000 cases of meningococcal disease are reported annually and approximately 8% - 20% of the cases die. Iowa averages 31 cases and several deaths per year. Meningococcus can affect persons of any age, however, infants <12 months are most often affected.

How is meningococcal invasive disease spread?

Many healthy children and adults unknowingly carry meningococcal bacteria in their nose and throat without any symptoms. Usually, the bacteria stay in the nose and throat for a few days and will then disappear. The bacteria are spread from person-to-person by direct contact with the organisms found in nose and throat secretions. This typically requires prolonged direct contact or direct saliva contact. The reason that the organism disappears in some people and produces illness in others is not clearly understood but is probably related to individual susceptibility.

What are symptoms of Meningococcal invasive disease?

Symptoms of meningococcal invasive disease include a sudden onset of high fever, irritability, and lethargy. If meningitis develops, intense headache, nausea, vomiting, stiff neck, or a bulging soft spot (in infants) is typically present. A generalized rash is also sometimes present.

How common is meningococcal invasive disease in day cares?

Clusters of meningococcal disease in child care rarely occur. The risk of spread at child care is about 1%, however, due to the severity of the illness and high mortality of cases, preventive measures are recommended, should a case occur.

What is the treatment for meningococcal invasive disease?

Antibiotic's, particularly **rifampin** eliminates the organism from the nose and throat of persons carrying it, reducing the risk of contacts developing a serious infection. Rifampin is recommended for all child care (usually only classroom) contacts (adults or children) having close or direct saliva contact with the case in the week prior to onset of illness or hospitalization. Rifampin is not recommended for nonclassroom contacts that have had only brief, casual contact. Persons who are known to be allergic to rifampin, and women who are pregnant or who might be pregnant should not take rifampin. However other antibiotics may be used in these circumstances. Persons wearing soft contact lenses should remove the lenses for the two day treatment period as rifampin may discolor them. Rifampin will turn the urine a reddish-orange color and may decrease the effectiveness of birth control pills.

For further information, contact your local health department or the Iowa Department of Public health, CADE at (800) 362-2736.