

# FACT SHEET

## MENINGOCOCCAL INVASIVE DISEASE FOR CHILD CARE ADMINISTRATORS

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### **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. Children less than 2 years of age are most often affected, however almost one half of cases occur in persons over 15 years old.

### **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 while 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 may also be present.

### **How common is meningococcal invasive disease in child 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 for any contacts of a case.

### **What is the treatment for exposure to meningococcal invasive disease?**

Specific antibiotics eliminate the organism from the nose and throat of persons carrying it, reducing the risk of contacts developing a serious infection. Antibiotics are recommended for all child care (usually only classroom) contacts (adults and children) having close or direct saliva contact with the case in the week prior to onset of illness or hospitalization. Antibiotics are not recommended for non-classroom contacts who have had only brief, casual contact with the case.

Rifampin is the treatment of choice for person less than 18 years of age. 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.