

MENINGOCOCCAL DISEASE



CAUSE:

Neisseria meningitidis bacteria, which are classified into 13 serogroups.

INCUBATION:

3-4 days with a range of 2-10 days.



TRANSMISSION:

Droplet spread (e.g., cough, sneeze) or direct contact with secretions (e.g. kissing, sharing a toothbrush or eating utensil).

COMMUNICABILITY:

7 days prior to illness onset to 24 hours after initiation of antibiotics



Gangrene of hands and lower extremities

WHEN:

Occurs year-round, but incidence is highest in late winter and early spring.



SYMPTOMS:

Meningitis – sudden onset of fever, headache, and stiff neck; nausea, vomiting, photophobia, altered mental status.

Septicemia – sudden onset of fever, petechial or purpuric rash, hypotension, shock, acute adrenal hemorrhage, multi-organ failure.

REPORTING:

Report immediately to KDHE Epidemiology at 877-427-7317 and your local health department. Do not wait for test results to report.



TREATMENT:

Empiric therapy with broad spectrum antibiotics (e.g. third-generation cephalosporin, vancomycin).

Penicillin alone is recommended once *Neisseria meningitidis* has been confirmed.

Meningococcal disease is preventable through vaccination.