NEWS RELEASE
Bend, Oregon
March 26, 2012

CONTACT: Tom Kuhn, (541) 322-7410

Meningococcal Fact Sheet & Prevention Info

This month, Deschutes County confirmed its first case of meningococcal disease since June, 2011. There are not enough cases for the Centers for Disease Control to declare an “outbreak” so the expanded definition for vaccination does not apply. Deschutes County Health Services continues to follow clinically recommended guidelines for use of meningococcal vaccine for Deschutes County residents. Specifically, the guidelines are:

- All persons 11-18 years.
- Individuals 2-55 years of age should receive the vaccine if they are at higher risk for meningococcal disease.

At this time, there is no evidence that the most current case of meningococcal disease in Deschutes County is related to the recent Prineville and Crook County cases.

What we don’t know:
We do not yet know the serogroup for this case. At this time, we do not have evidence that this current case is related to the recent Prineville / Crook County cases.

Here is what we’re doing about it:
Public Health staff at Deschutes County Health Services have identified all close contacts of the child, in order to ensure that they receive preventive antibiotics to keep them from contracting the disease. Staff has concluded the investigation at this time and would like to thank all community partners who assisted in the investigation.

What is meningococcal disease?
Meningococcal disease is caused by a bacterium that is present in the throat or nasal passages of about 10 percent of the general population. It is not highly contagious. Transmission of the meningococcal bacteria is through direct contact with saliva or respiratory secretions of the infected person. In most instances, it does not cause a person to become ill. Occasionally, the bacteria cross the protective mucous membrane barrier and enter the bloodstream. In these instances, illness is rapid and severe.

What are the signs and symptoms of invasive meningococcal disease?
The hallmark symptoms of meningococcal meningitis are high fever, headache and stiff neck. Some patients do not get meningitis, but they get infection of the bloodstream known as meningococcemia, which causes fever and a rash. Meningococcemia rash is non-blanching, develops rapidly and usually appears on the armpits, groin, and ankles, and in areas where elastic pressure is applied (like underwear and socks). Both forms of disease are very serious: without prompt intravenous antibiotic treatment, most patients with invasive meningococcal disease will die. Overall, about 7% of reported cases in Oregon over the past several years have been fatal.
How soon after exposure do symptoms appear?
Usually 3 to 4 days, but may range from 2 to 10 days.

How long are people with meningococcal disease contagious?
People are contagious as long as bacteria are present in the nose or throat, especially during the three days before symptoms begin. Those exposed to people with meningococcal disease seven or more days before the infected person becomes ill are not likely to become ill themselves.

How common is meningococcal disease?
Thirty cases of meningococcal disease were reported in Oregon in 2011 — about 1 case for every 125,000 Oregonians. The incidence of meningococcal disease has declined 76% in Oregon since 1994.

Disease incidence is typically highest during December through March. It occurs most frequently in children less than 5 years old (3.4 cases per 100,000 in 2010). Two Oregonians died from invasive meningococcal disease in 2011, for an annual mortality rate of 0.05 per 100,000. The two deaths occurred in a child less than 5 years old and a female over the age of 80.

What happens when a case of meningococcal disease occurs?
Local health departments are notified when a doctor suspects meningococcal disease and when laboratories culture the meningococcal bacterium from blood or spinal fluid. Local public health nurses interview the case, the case's parents, or any other individuals who may have information about possible sources of infection and people who may have been exposed, including:
- Household members;
- Day-care facility classmates;
- Close, face-to-face contacts who were in the same room or other enclosed space with the infected person for at least 4 hours (all together) within seven days before the infected person became ill; and
- Anyone directly exposed to the patient’s saliva (by kissing, mouth-to-mouth resuscitation, etc.).

How are potentially exposed people protected from meningococcal disease?
The antibiotic Rifampin should be prescribed for all household members and other exposed persons. Ceftriaxone or Ciprofloxacin is used when Rifampin cannot be. Antibiotic prophylaxis should be instituted as soon as possible after exposure. If more than fourteen days have passed since the last contact with the case, the risk has passed, so medication is no longer given.

Who should get the meningococcal vaccine?
Currently, all persons 11–18 years of age are recommended to receive meningococcal vaccine, which prevents disease by four types of meningococci (serogroups A, C, Y, and W-135). It does not protect against serogroup B, which causes about half the cases in Oregon.
Additionally, individuals 2–55 years of age are advised to receive this vaccine if they are at higher risk for meningococcal disease. Those at higher risk include:
• College freshmen living in dormitories;
• Military recruits;
• People involved in meningococcal disease outbreaks caused by serogroups A, C, Y, W-135A;
• People who have certain immune system disorders called "terminal complement component deficiencies";
• People who have no spleen or who have spleens affected by sickle cell disease;
• Research, industrial and clinical laboratory personnel who are exposed routinely to Neisseria meningitidis in solutions that might become aerosolized;
• Travelers visiting the "meningitis belt" in sub-Saharan Africa (Senegal in the West to Ethiopia in the East) during the "dry season" (December to June); and
• Travels to Mecca (Saudi Arabia) during the Hajj.

A different meningococcal vaccine is also available and is recommended for those 55 and older at higher risk of meningococcal disease.

**How can individuals reduce their risk of contracting meningococcal disease?**

• Stop smoking (studies have found that smokers are 3–4 times as likely to contract meningococcal disease);
• Don't let children be in rooms where people are smoking;
• Get meningococcal vaccine according to the recommendations above;
• Prevent upper and lower respiratory tract infections by receiving influenza vaccine and avoiding close contact with people with coughs and colds

For more information about meningococcal disease please call (541) 322-7400 or visit [www.deschutes.org/meningococcal](http://www.deschutes.org/meningococcal). ##

---

Deschutes County encourages persons with disabilities to participate in all programs and activities. This event location is accessible to people with disabilities. To request this information in an alternate format or, if you need accommodations to make participation possible, please call (541) 330-4640, or send email to anna.johnson@deschutes.org.

Deschutes County Government provides for the safety, security and health of Deschutes County's 160,000 citizens through public safety, human services, adult and juvenile corrections and many other valuable public services. For more information, please go to [www.deschutes.org](http://www.deschutes.org).