



Frequently Asked Questions on Invasive Meningococcal Disease (IMD)

What is invasive meningococcal disease?

Invasive meningococcal disease is a severe bacterial infection that can cause meningitis (infection of the meninges - a thin lining covering the brain and spinal cord) or meningococemia (infection of the blood). The infection can also cause pneumonia (an infection of the lungs) or involve the joints, such as the knees. In 2009, there were 17 cases of invasive meningococcal disease reported among New York City residents (rate of 0.25 cases per 100,000 persons).

What are the symptoms of invasive meningococcal disease?

Common symptoms of meningitis are high fever, headache, stiff neck and rash. Sometimes the disease can be fatal. If you are experiencing these symptoms contact a health care provider as soon as possible.

What is the treatment for invasive meningococcal disease?

Several antibiotics are very effective in eliminating the bacteria from the nose and throat. Penicillin is still effective against the meningococcal organism and remains the recommended treatment.

Who gets invasive meningococcal disease?

Anyone can get invasive meningococcal disease. Infants under one year old have the highest rates of disease. Clusters of cases and outbreaks do occur but are rare in the United States. The current cluster is occurring among gay men and men who have sex with men, most of whom also have HIV infection.

Are HIV infected patients at a higher risk of getting meningitis?

People living with HIV are at a greater risk than the general population of acquiring invasive meningococcal disease and if infected, dying from infection.

How is invasive meningococcal disease spread?

This disease is spread by prolonged close contact with nose or throat discharges from an infected person. Examples of prolonged contact include living in the same household or engaging in intimate activities, such as kissing and sexual contact.

How soon after infection do symptoms appear?

The symptoms may occur 2 to 10 days after exposure, but usually within 5 days.

When and for how long is an infected person able to spread the disease?

An infected person may be contagious from the time he or she is first infected until the germ is no longer present in discharges from the nose and throat.

How is invasive meningococcal disease diagnosed?

Invasive meningococcal disease is usually diagnosed in an ill person by laboratory identification of the bacteria from either the blood or spinal fluid.



Should people who have been in contact with a diagnosed case of invasive meningococcal disease receive preventive treatment?

Only people who have been in prolonged close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for an antibiotic (either rifampin or ciprofloxacin) from their physician. Casual contact, as might occur in a regular classroom, office, factory or other work setting is not usually sufficient enough to cause concern.

Who should get vaccinated?

Routine meningococcal vaccination is recommended for adolescents and unvaccinated freshman living in college dormitories. Persons at high risk of infection, such as those people without a spleen or with terminal complement deficiency, should also be vaccinated. Persons with HIV infection are not routinely recommended to be vaccinated unless they have some other risk factor present.

Please consult a physician if you are concerned that you might be at risk for disease and have questions about whether to be vaccinated.

For more information on invasive meningococcal disease visit the following urls:

<http://www.cdc.gov/meningococcal/index.html>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm>