Don't wait - take action!

Meningococcal disease can affect anyone, but babies, young children, teenagers and young adults are at greatest risk.

Where to go for advice on meningococcal disease

If you want to know more about meningococcal disease talk to your doctor, practice nurse, or medical centre or contact your local public health service. For advice after hours (24 hour service) phone Healthline 0800 611 116 or Plunketline 0800 933 922.

Pneumococcal disease

Since June 2008, a pneumococcal vaccine has been on the National Immunisation Schedule for infants. This vaccine protects against pneumococcal meningitis caused by the bacteria *Streptococcus pneumoniae*. The vaccine does not protect against meningococcal disease. Ask your doctor or practice nurse for more information.

Meningococcal disease can progress very quickly.

Don't wait - take action!

Meningitis is serious

(Meningococcal disease)

Example of meningococcal disease rash

Photo courtesy of Professor Diana Lennon

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**Meningococcal disease**

Meningococcal disease is a bacterial infection. It causes two very serious illnesses:
- septicaemia (blood poisoning)
- meningitis (an infection of the brain membranes).

There are different strains of the bacteria. The B strain is the most common in New Zealand.

**The illness**

Illness may develop slowly over one or two days, or may develop quickly over a few hours.

Prompt treatment with antibiotics (usually by injection) may prevent death, or permanent disability such as damage to the brain or deafness.

If your doctor suspects meningococcal disease you will be sent to the hospital for blood, spinal and other tests to confirm the diagnosis.

**Who is at risk?**

Meningococcal disease can affect anyone, but babies, young children, teenagers and young adults (particularly those in their first year of hostel accommodation) are at greatest risk.

**Antibiotic treatment**

If meningococcal disease is treated straight away with antibiotics, most people will recover.

**Prevention**

Meningococcal disease is spread in a similar way to the common cold. The bacteria live in the back of the nose and throat and are spread by coughing, sneezing, kissing, and sharing food and drink with an infected person. The bacteria hardly ever cause disease. They mostly sit harmlessly in the throat.

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**Signs and Symptoms**

Meningococcal disease can look like a case of influenza in its early stages, but it quickly gets much worse. The symptoms may not all show up at once. Tell your doctor about any of the following signs and symptoms:

<table>
<thead>
<tr>
<th>Your baby or child may:</th>
<th>Adults may:</th>
</tr>
</thead>
<tbody>
<tr>
<td>◀ have a fever</td>
<td>◀ have a fever and headache</td>
</tr>
<tr>
<td>◀ be crying or unsettled</td>
<td>◀ vomit</td>
</tr>
<tr>
<td>◀ refuse drinks or feeds</td>
<td>◀ be sleepy, confused, delirious or unconscious</td>
</tr>
<tr>
<td>◀ vomit</td>
<td>◀ have a stiff neck</td>
</tr>
<tr>
<td>◀ be sleepy or floppy or harder to wake</td>
<td>◀ dislike bright lights</td>
</tr>
<tr>
<td>◀ have a stiff neck</td>
<td>◀ have joint pain and aching muscles</td>
</tr>
<tr>
<td>◀ dislike bright lights</td>
<td>◀ have a rash or spots</td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

*The rash can occur anywhere on the body. Even one spot on a sick child or adult is important, so show it to your doctor.*

**Don’t wait – take action!**

If you or someone in your household is sick with one or more of the symptoms from this chart:

- Ring a doctor or medical centre right away – whether it is day or night.
- Say what the symptoms are.
- Insist on immediate action – don’t be put off – a life may be at risk.
- If a person has been cleared by a doctor, they should still be watched.
- If they get worse go straight back to a doctor.
- Do not leave them alone.
- Even if your child has been immunised with the Meningococcal B vaccine, they can get meningococcal disease from other strains of the bacteria.

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**Antibiotics for close contacts**

For adults and children who have been in close contact with someone who has meningococcal disease it is recommended they have antibiotic treatment, preferably within 24 hours. Close contacts are usually only household contacts. The local public health service will assess the risk and identify all contacts that require antibiotics and ensure that they are offered antibiotics. The antibiotics kill the bacteria from the back of the throat and stop the spread of the disease.

**Smoking and household crowding**

Smoking can weaken the body’s defences against bacteria. People living in smokefree homes are less likely to get serious infections. Children may be more at risk in households which are crowded.

**Immunisation against meningococcal disease**

The Meningococcal B vaccine is no longer offered because there is no longer an epidemic. Other types of meningococcal vaccines are available for persons with specific risks. Discuss this with your doctor or nurse.

The vaccines do not protect against all types of meningococcal disease.

You will need to watch out for signs and symptoms of meningococcal disease whether you or your child have been vaccinated or not.

For more information about meningococcal immunisation:
- freephone 0800 466 863
- check the following websites:
  - www.moh.govt.nz/immunisation.html
  - www.healthed.govt.nz
  - www.immune.org.nz

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