



Meningococcal Disease

This disease most often affects children younger than 1 year old and young adults. Meningococcal disease is a medical emergency that requires prompt treatment. Vaccination may help prevent some cases of this illness. Often referred to as “bacterial meningitis.”

School health and childcare provider information

Cause

Neisseria meningitidis bacteria.

Symptoms

Bacteremia: sudden onset of fever, chills, limb pain, and tiredness. Rash may appear that is macular or maculopapular but becomes petechial or purpuric within hours. Pulmonary edema, shock, coma, and death can occur within hours of initial symptoms.

Meningitis: fever, vomiting, headache, stiff neck, extreme sleepiness, sensitivity to light, confusion, irritability, and lack of appetite; sometimes a rash or seizures. Symptoms for infants may include irritability, poor feeding, abnormal reflexes, decreased movement, and vomiting.

Spread

Spread through direct contact with secretions from the nose and throat of an infected or colonized person (e.g., through kissing, sharing food, beverages, toothbrushes, or cigarettes). Spread is more common among people with close personal contact or in households, childcare settings, or schools where there is close prolonged physical contact.

Incubation

It takes 1 to 10 days, but usually less than 4 days from the time a person is exposed to the bacteria until symptoms begin.

Contagious period

Until 24 hours after antibiotic treatment begins.

Exclusion

Childcare and school: Until the child has been on appropriate antibiotics for at least 24 hours and is well enough to participate in routine activities.

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The childcare provider or school may choose to exclude exposed staff and attendees until preventive treatment has been started, or if there is concern that individuals will not follow through with recommended preventive treatment.

Diagnosis

Laboratory tests can be done to detect *N. meningitidis*.

Treatment

Meningococcal disease is caused by bacteria and can be treated with antibiotics. Exposed persons should contact a health care provider at the first signs of meningococcal disease.

Household contacts and other close contacts of a meningococcal case should be put on preventive antibiotics (prophylaxis). Consult with the health department before recommending prophylaxis.

Prevention

- Public health will make recommendations to the childcare, school, and other contacts. Antibiotics and/or vaccine may be recommended.
 - Antibiotics to prevent meningitis are recommended for:
 - Household contacts
 - Overnight visitors to the household
 - Persons who had contact with the secretions from the mouth or throat through:
 - Kissing
 - Sharing food (eating from the same utensils, plate, etc.)
 - Sharing beverages (drinking from the same cup, can, glass, or straw)
 - Sharing cigarettes, cigars, snuff pipes, etc.
 - Sharing lip balm, lipstick, lip gloss, etc.
 - Sharing a toothbrush
 - The following activities **are not** considered direct contact with the person with meningitis: sharing a book or pencil, walking down the hall, riding the bus, or sitting or standing next to them.
 - Persons who have been exposed should remain under medical observation because preventive antibiotics are not always completely effective. If an exposed person develops a fever, they should call their health care provider immediately.
 - Do not allow sharing of eating utensils and drinking containers. Encourage children to have their own water bottles.

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- Clean and sanitize mouthed toys, objects, and surfaces. Clean and disinfect other items or surfaces that come in contact with secretions from the nose or mouth (see Section 2).
- There are three vaccines to prevent *Neisseria meningitidis*: meningococcal conjugate vaccine (MenACWY), Serogroup B meningococcal (MenB), and Pentavalent meningococcal (MenABCWY). The vaccines are highly effective at preventing five of the strains of bacteria that cause meningococcal meningitis. However, the vaccine takes some time to take effect and is not considered a substitute for antibiotics following a high-risk exposure.
 - MenACWY is recommended for adolescents 11-18 years of age. The first dose given at 11-12 years of age and a booster given at 16 years of age with minimum of 8 weeks between doses. A booster is not recommended if the initial dose is given after the age of 16.
 - MenB is not routinely recommended but should be considered for high-risk individuals ages 10 to 23 years.
 - MenABCWY is recommended when MenACWY and MenB are indicated at the same visit.

For more information, call Hennepin County Epidemiology at 612-543-5230 or call your local health department.

For more information, visit the MDH Website for MRSA in School Settings:
www.health.state.mn.us/diseases/staph/schools.html.

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