



Information Sheets for Parents – Health Fact Sheet

Meningococcal Infection

National Quality Standard – Quality Area 2

Element 2.1.2 – Health Practices and Procedures – Effective illness and injury management and hygiene practices are promoted and implemented.

Description:

Meningococcal infection is caused by the *Neisseria meningitidis* bacterium, also known as the 'the meningococcus'. There are at least 13 different groups of meningococcus, but most infections in Australia are caused by group B and group C. Infections with group C have become much less common since the widespread use of meningococcal C vaccines.

Meningococcal infection is severe and may cause meningitis (infection of the outer lining of the brain and spinal cord), septicaemia (infection of the blood), joint infection, eye infection, pneumonia and rash. Symptoms in infants and young children include fever, refusing feeds, fretfulness, vomiting, rash of reddish-purple spots or bruises, high-pitched or moaning cry, or pale or blotchy skin. The child may be difficult to wake.

Meningococcal bloodstream infections can cause shock and death within hours of symptoms starting. In Australia, 5–10% of people with meningococcal disease die, despite rapid treatment.³⁷ Most cases occur in children under 5 years of age.

How does it spread?

Meningococcal bacteria can be found in the nose and throat of up to 10% of people, where they are almost always harmless. These people are the 'carriers' of the bacteria. In a very small number of people, for reasons that are not clear, the bacteria spread into the bloodstream and can cause very serious illness.

The bacteria are passed from person to person through prolonged close contact, or through coughing and sneezing. They do not spread by contact with saliva from the front of the mouth (e.g. from sharing drinks, eating utensils), although people may carry the bacteria in the back of their throat.

Incubation period:

The incubation period is usually 3–4 days, but can range from 1 to 10 days.



Infectious period:

The person is infectious for as long as meningococcal bacteria are present in their nose and throat. If the person takes effective antibiotics, the bacteria will usually be cleared from the nose and throat within 24 hours.

Exclusion period:

People with meningococcal disease should be excluded until they have completed a course of an appropriate antibiotic.

Responsibilities of parents:

- Make sure that children receive meningococcal vaccination.
- Observe the exclusion period and keep the child at home until they are feeling well.
- Public health staff can advise on the need for antibiotics for very close contacts (such as family members) of someone with meningococcal disease, to kill any of the bacteria they may carry. Usually, all very close contacts are treated because there is no easy and quick way of finding out who is the carrier.

Controlling the spread of infection:

- Meningococcal C infection can be prevented by immunisation
- Fully immunised communities offer the best protection against meningococcal C infection. There is no vaccine to protect against meningococcal B infection in Australia.
- If appropriate, public health staff can arrange for children and staff of the education and care service to be given a course of appropriate antibiotics.
- Teach children about cough and sneeze etiquette. – Cough or sneeze into your inner elbow rather than your hand. – If you used a tissue to cover your nose or mouth when sneezing or coughing, put the tissue in the bin straight away. – Clean your hands.
- Ensure that staff practise cough and sneeze etiquette and hand hygiene.
- Ensure that appropriate cleaning practices are being followed. There is no specific treatment for measles

Treatment

People with meningococcal disease are treated with antibiotics in hospital

For further information: [Staying Healthy in Child Care](#)