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MENINGOCOCCAL DISEASE WITHIN THE PACIFIC REGION

TRAVEL ADVICE

The General Public is hereby advised to take extra precaution when travelling to these two countries at the moment as there is a Meningococcal Disease outbreak in Fiji (mainly Central Division - Suva area) and Australia (Central Australia affecting parts of the Northern Territory, Queensland, South Australia and Western Australia).

Meningococcal disease is a medical and public health emergency. Early treatment with antibiotics and supportive care is vital.

Meningococcal disease is uncommon in the Pacific; however, outbreaks sometimes occur. There is currently an outbreak of meningococcal C (MenC) outbreak in Fiji[1] and a meningococcal W (MenW) outbreak in Central Australia affecting parts of the Northern Territory, Queensland, South Australia and Western Australia[2].

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WHO **does not recommend** that any travel restrictions or border screening be applied to countries experiencing meningococcal disease outbreaks. These measures **are not effective** in preventing the spread of the meningococcal bacteria.

Meningococcal disease fact sheet

Meningococcal disease is caused by a bacterial infection and can lead to serious illness.
Infants, small children, adolescents and young adults are most at risk.

What is meningococcal disease?

Meningococcal disease is a serious illness that usually causes meningitis (inflammation of the lining of the brain and spinal cord) and/or septicaemia (blood poisoning).

People with meningococcal disease can become extremely unwell very quickly. Five to ten per cent of patients with meningococcal disease die, even despite rapid treatment. Up to 50 per cent of untreated patients with meningococcal disease can die of the disease.

Meningococcal disease is caused by infection with *Neisseria meningitidis* of which there are several serogroups. Disease is caused by serogroups A, B, C, W, X and Y.

Between 5 and 25 per cent of people carry meningococcal bacteria at the back of the nose and throat without showing any illness or symptoms.

What are the symptoms?
Symptoms of meningococcal disease are non-specific but may include sudden onset of fever, headache, neck stiffness, joint pain, a rash of red-purple spots or bruises, dislike of bright lights nausea and vomiting.

Symptoms start between 2-10 days (commonly 3-4 days) after close contact with an infectious patient or carrier of the meningococcal bacteria.

Not all of the symptoms may be present at once.
Young children may have less specific symptoms. These may include irritability, difficulty waking, high-pitched crying, poor muscle tone ("floppy baby"), and refusal to eat.

The typical meningococcal rash doesn't disappear with gentle pressure on the skin. Not all people with meningococcal disease get a rash or the rash may occur late in the disease.

Sometimes the classic symptoms may follow less specific symptoms including leg pain, cold hands and abnormal skin colour.

People who have symptoms of meningococcal disease should see a doctor urgently, especially if there is persistent fever, irritability, drowsiness, or a child is not feeding normally.

How is it spread?
Meningococcal bacteria are not easily spread from person to person and the bacteria do not survive well outside the human body.

The bacteria are passed between people in the secretions from the back of the nose and throat. In high-income countries up to 15% of people overall, and as high as 25% in 15-24 year olds, carry the bacteria that cause meningococcal disease in their nose and throat without being sick. In some people, for reasons not fully understood, these bacteria sometimes go on to cause disease in a small proportion of the population, spreading through the bloodstream (causing blood poisoning) or to the brain (causing meningitis).

Who is at risk?
While the disease can affect anyone, those at higher risk include:

- Household contacts of patients with meningococcal disease who lived in the same house or dormitory-type room in the 7 days before the onset of illness in the patient, and until s/he has completed 24 hours of appropriate antibiotic treatment
- Institutional contacts that are household-like contacts (for example, live-in boarders at schools).
- Infants, small children, adolescents and young adults
- People who practice intimate (deep mouth) kissing with more than one partner People who are exposed to cigarette smoke and people who are exposed to smokers
- Travellers to countries with high rates of meningococcal disease
- People with no working spleen or who have certain other rare medical conditions
- People who have had only minor exposure to someone with meningococcal disease have a very low risk of developing the disease.

How is it prevented?
Maintaining good hygiene at all times is key to stopping the spread of meningococcal disease. Good hygiene practices include:

- Washing hands often with soap and water or using a hand sanitizer, especially after coughing or sneezing. Regular hand hygiene prevents a variety of infectious diseases from spreading
- Covering the mouth and nose with a tissue or handkerchief when coughing and sneezing. If a tissue is not available, coughing or sneezing into the upper sleeve or elbow rather than the hand helps to stop contaminating the hands and transferring the bacteria

- Safely disposing of tissues in the bin and washing soiled handkerchiefs daily with soap and water
- Not sharing cups, water bottles, kava or drings, other utensils, cigarettes and other items that may be contaminated with saliva (spit).

How is it diagnosed?
Diagnosis is based on the patient's history and examination. This is sometimes difficult in the early stages of the disease. Confirming the diagnosis involves testing samples from the patient, including blood, cerebrospinal fluid or skin samples. The time taken to get a test result can vary depending on the tests performed.

How is it treated?
Patients with meningococcal disease need urgent treatment with antibiotics. Treatment is usually started before the diagnosis is confirmed by tests.

What is the public health response?
Health facilities and laboratories notify cases of meningococcal disease to public health authorities. Public health staff will work with the doctor, the patient or the patient's family to identify the people who have been close to the ill person (depending on the duration and the nature of their exposure). These people are called contacts.

Contacts are given information about meningococcal disease. A smaller group of close contacts are carefully identified and given antibiotics to clear the meningococcal bacteria from their throat because they are the people most likely to be carrying the bacteria.

Clearing the bacteria from the throat helps prevent them from being transmitted to others. Clearance antibiotics are different to the antibiotics used to treat the infection in patients with meningococcal disease, and people who receive clearance antibiotics are still at some risk of developing the disease. **All** contacts should therefore be aware of the symptoms of meningococcal disease and should see a doctor urgently if these occur.

International travel and trade
WHO **does not recommend** that any travel restrictions or border screening be applied to countries experiencing meningococcal disease outbreaks. These measures **are not effective** in preventing the spread of the meningococcal bacteria.

1 Fiji Ministry of Health and Medical Services http://www.health.gov.fj/?p=6703;accessed 26-Mar-18

2 Australian Department of Health
http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-meningococcal-W.htm; accessed 26-Mar-18