

Meningococcal disease in New South Wales

In early October two separate outbreaks of meningococcal disease (serogroup C) were reported to the New South Wales Health Department. The first of these involved two university students who had attended the same intervarsity sporting event in New South Wales. One student, from Western Australia, died. In the second outbreak three cases were reported at a high school.

It is usual to observe an increase in the number of reports of meningococcal disease at this time of year¹. Meningococcal meningitis is caused by the bacterium, *Neisseria meningitidis*. This organism is common in the community and exists harmlessly in the throats of many adults and children. It is spread by respiratory droplets from the nose and throat of an infected person. In a small proportion of individuals infection progresses to an acute invasive disease. Symptoms include high temperature, fever, sore

neck, headache, vomiting, rash and joint pain. Treatment is successful in the majority of cases if administered promptly. In cases of suspected meningococcal disease benzylpenicillin is the drug of choice. Where other causes of bacterial meningitis could be involved ceftriaxone should be used where available².

The National Health and Medical Research Council recommends rifampicin chemoprophylaxis for contacts of a case of invasive meningococcal infection^{2,3}. Vaccination is only recommended in special circumstances. Most cases of disease in Australia are due to serogroup B, for which no effective vaccine is available^{3,4}. In the case of an outbreak due to a vaccine preventable serogroup the National Health and Medical Research Council recommends that a vaccination program should be considered if the population at risk can be clearly

identified, such as in a day-care centre, school or university. Routine vaccination is not recommended as the risk of meningococcal disease in Australia is low.

References

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