



NEWS RELEASE

St. Charles County Government

Department of Governmental Communications

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Department of Community Health and the Environment Investigates Meningococcal Meningitis Death Case Reported in 18 year-old High School Student

FOR IMMEDIATE RELEASE

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St. Charles County - The St. Charles County Department of Community Health and the Environment is investigating a death from Meningococcal Meningitis in an 18 year-old male Wentzville Holt High School student. The initial case report was received by the Department's 24 hour duty officer mid-morning Saturday, February 4, 2006. The student died Sunday morning, February 5, 2006. An epidemiological investigation was immediately launched based on the initial illness report in order to identify any close contacts of the patient. Close contacts are defined by the Missouri Department of Health and Senior Services "*Communicable Disease Investigation Reference Manual*" as follows:

"Close contacts are those who are likely to have been exposed to the nose and throat secretions of the sick person. Close contacts include, but are not limited to the following:

- Those living in the same house as the ill person,
- Those sharing sleeping arrangements with the ill person,
- Children sharing toys, such as in the same child care or nursery school, as the ill person,
- Those who shared cigarettes, food, drinks, or other things that contain saliva with the ill person,
- Those who have kissed the ill person,
- Those who have given mouth-to-mouth resuscitation to, intubated, or suctioned the nasopharyngeal secretions of the ill person.

Casual contact, such as being in the same classroom, workplace, or sitting at the same table with an infected person is not usually significant enough to cause concern."

The Department of Community Health and the Environment, Division of Public Health has been contacting family members, friends and others with possible close contact to the patient. They are being referred to their personal physician so that they can receive appropriate preventive treatment. Efforts to identify additional close contacts will continue over the weekend. Meningococcal meningitis is a relatively rare disease and usually occurs as a single person event. Unlike some bacteria which can exist outside the body on environmental surfaces for a significant length of time, the organism responsible for Meningococcal Meningitis, (*Neisseria meningitidis*), does not survive



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outside the body. Therefore, disinfection of environmental surfaces is not a concern. A Meningococcal Disease fact sheet follows. It addresses frequently asked questions about the disease, its prevention, recommended follow-up and treatment. Additional information on this and other diseases can be found by visiting the Department of Community Health and the Environment website at www.scchealth.org.

Meningococcal Disease

FACT SHEET

What is meningococcal disease?

Meningococcal disease is a bacterial infection caused by *Neisseria meningitidis*. When this bacteria affects the lining of the brain and spinal cord (the meninges), the condition is called meningococcal meningitis. It is a relatively rare disease and usually occurs as a single event. Meningococcal disease can be rapidly progressive. With early diagnosis and treatment, the likelihood of full recovery is increased. Early recognition and prompt initiation of antimicrobial therapy is crucial, as these infections may lead to death.

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children.

What are the symptoms of meningococcal disease?

The symptoms may include any of the following: fever, severe sudden headache, nausea, vomiting, stiff neck, pain in the shoulders and back, and a red pinpoint rash are the most common signs of this disease. High fever and irritability are signs in a very young child. If the condition is meningococemia, then a purplish skin rash that looks like bruising may occur.

How soon do symptoms appear?

The symptoms may appear 1 to 10 days after exposure, but usually within 3 to 4 days.

How is meningococcal disease spread?

The meningococci bacteria are spread by direct close contact with nose and throat discharges of an infected person. People may carry the bacteria in their noses and throats without becoming ill, these persons are known as healthy carriers. Healthy carriers are able to spread the bacteria to other people, who may develop meningococcal disease with serious symptoms.

When and for how long is a case infectious to other people?

A person may pass the bacteria from the time he/she is first infected and until the bacteria are no longer present in discharges from the nose and throat. Persons are usually no longer infectious after 24 hours of effective antibiotic treatment.



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How can you reduce the risk of contracting meningococcal disease?

Everyone should be sensitive to public health measures that decrease exposure to oral secretions, such as covering one's mouth when coughing or sneezing and washing hands after contact with oral secretions. A healthy lifestyle that maximizes your body's own immune system response, through balanced diet, adequate sleep, appropriate exercise, and avoidance of excessive stress, is very important. Presently there is a vaccine that will protect against four of the strains of meningococcal disease. The use of the vaccine is recommended in outbreak situations, for individuals with specific medical conditions, or for those traveling to areas where the illness is clearly in excess of normal expectancy. The American College Health Association recommends immunization of college students. It is important to note that meningococcal vaccine should not be used in place of preventive treatment for those exposed to a meningococcal disease. The protection from immunization is too slowly generated in this situation.

What should you do if you suspect meningococcal disease?

Individuals who experience any of the symptoms described above should consult their physician immediately.

What should I do if I have been in contact with a diagnosed case of meningococcal disease?

The use of preventive treatment (such as rifampin or ciprofloxacin) is recommended for **close contacts** exposed to a person diagnosed with meningococcal disease. Anyone who suspects possible exposure should consult a physician immediately. Beginning preventive treatment more than 2 weeks after exposure to the case would be too late to prevent disease.

Who is considered a close contact?

Close contacts are those who are likely to have been exposed to the nose and throat secretions of the sick person. Close contacts include, but are not limited to the following:

- Those living in the same house as the ill person,
- Those sharing sleeping arrangements with the ill person,
- Children sharing toys, such as in the same child care or nursery school, as the ill person,
- Those who shared cigarettes, food, drinks, or other things that contain saliva with the ill person,
- Those who have kissed the ill person,
- Those who have given mouth-to-mouth resuscitation to, intubated, or suctioned the nasopharyngeal secretions of the ill person.

Casual contact, such as being in the same classroom, workplace, or sitting at the same table with an infected person is not usually significant enough to cause concern.

What is the treatment for this disease?

Certain antibiotics are very effective in the treatment of the disease and are available from your physician. Generally, penicillin is the drug of choice for meningococcal infections.