



Guidance for Mitigation of Meningococcal Disease in Community Congregate Settings

Background

Meningococcal Disease is an illness caused by the bacterium called *Neisseria meningitidis*. These illnesses are often severe and can be deadly. The two most common types of infections are meningitis (infections that occur in the lining of the brain and spinal cord) and bloodstream infections. About 1 in every 10 people have these bacteria in the back of their nose and throat without being ill. This is called being a carrier. Sometimes the bacteria invade the body and cause severe and life threatening illnesses, which are known as meningococcal disease. People spread meningococcal bacteria to other people by sharing respiratory and throat secretions (saliva or spit). Generally, it takes close (for example, coughing, kissing or sharing of utensils) or lengthy contact to spread these bacteria. People do not catch the bacteria through casual contact or by breathing the same air as someone with meningococcal disease. Meningococcal disease is also seasonal with cases generally peaking each year in January-March. There are several prevention measures that can be put in place to prevent the spread of *Neisseria meningitidis* in community congregate settings, including isolating ill staff and residents and following droplet precautions. [Learn more](#) about the additional information on meningococcal disease.

Symptoms Associated with Meningococcal Disease:

Symptoms can have sudden onset and may be very severe:

- Fever
- Headache
- Stiff neck
- Nausea
- Vomiting
- Eye sensitivity to light
- Confusion/significant changes in awareness
- A dark purple rash

How long does it take from exposure to onset of symptoms? How long is an individual infectious?

It typically takes 3 to 4 days from exposure to development of symptoms; however, it can range anywhere from 1 to 10 days. Symptoms can first appear as a flu-like illness, and then can progress rapidly. Persons with meningococcal disease are considered infectious 7 days before onset of disease until 24 hours after initiation of appropriate antibiotic therapy.

Risk Factors Associated with Contracting meningococcal disease:

Transmission of meningococcal disease is via direct close contact with respiratory, oral, or nasal secretions (e.g., a cough or sneeze in the face, sharing eating utensils, sharing water bottles, kissing, mouth-to-mouth resuscitation).

Anyone can get meningococcal disease, but certain people are at increased risk. Since individuals in congregate settings often are in close proximity and eat together with different dining partners these individuals would be at higher risk.

- Age (Children younger than 1 year old, Teens and young adults ages 16-23 years old, Adults 85 years and older)
- Medical condition (i.e., HIV, those who do not have a spleen, or persistent complement component deficiencies)
- Medications (People who receive complement inhibitors)
- Places and settings (i.e., where they work, live, or travel)
 - Individuals providing daily assistance for others who cannot live independently (i.e. feeding and hygiene support)
 - College students
 - Military recruits
 - Travelers

Immediate Next Steps for Case Treatment and Monitoring:

Upon the identification of a resident or staff with symptoms consistent with meningococcal disease:

1. Individuals who have meningococcal disease are usually visibly ill and need immediate medical care.
2. If a staff member or resident are showing signs of the following symptoms they should be connected to a medical provider immediately: Significant change in mental status with or without fever. Staff members with fever should be excluded from work regardless of cause.
3. Staff or residents should be excluded from the congregate setting for at least 24 hours following the start of antibiotic treatment. And have a medical letter clearing them for return to work from their primary care provider.
4. If a resident is displaying symptoms, ask the resident to wear a mask and promptly connect them to their healthcare provider. **It is important that treatment is started as soon as possible.**
5. The resident should remain in isolation, away from others, for at least 24 hours following the start of antibiotic treatment.
6. Contact the Special Populations team at the Chicago Department of Public Health (CDPH) to report the case here: <https://redcap.link/specpopreport>.
7. Begin close contact management, in collaboration with the Community Congregate Settings team at CDPH.

Identification of Close Contacts to the Case of Meningococcal Disease:

Once you report the case to CDPH, you will likely be asked to conduct contact tracing to identify close contacts. High risk close contacts include: family members/roommates, romantic partners, dining mates, and others who had potential exposure to oral secretions from a case seven days prior to illness onset. In the event of a congregate setting, these are the individuals we would consider high risk: Beds surrounding the case and

close contacts within 7 days of symptom onset. High risk close contacts to a case of meningococcal disease require antibiotics as post-exposure prophylaxis as soon as possible, ideally within 24 hours after identification, to ensure they do not develop the disease.

Preventing Meningococcal Disease:

Two vaccines in the United States exist for preventing meningococcal disease. CDC recommends all preteens and teens complete a vaccine series to protect against the disease by the age of 18. Keeping up to date with recommended vaccines is the best protection against meningococcal disease. Maintaining healthy habits, like getting plenty of rest and not having close contact with people who are sick, also helps. Please follow-up with a healthcare provider for more information on the prevention of meningococcal disease.

Organization	Contact Information
CDPH Community Congregate Settings Team	Email: SpecialPops@cityofchicago.org Reporting Link: https://redcap.link/specpopreport