

# 9 Meningococcal meningitis



## Transmission

- Droplets of saliva/mucous pass from one person to another, mainly by kissing, coughing or sneezing, or by sharing eating and drinking utensils
- Coughing or sneezing or close personal contact (infected droplets in the air are breathed in by another person)

## Symptoms

- Starts with sudden high fever and one of the following: neck stiffness, sensitivity to light, confusion, headaches or vomiting.
- If treated early with antibiotics, in 90 per cent of cases death can be prevented.
- Without treatment, it affects the nervous system and can cause death.
- It may result in brain damage, hearing loss or learning disability in 10 – 20 per cent of survivors.

## Prevention

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| <ul style="list-style-type: none"> <li>• Routine vaccination</li> <li>• Reduced overcrowding in shelters</li> <li>• Improved ventilation in shelters</li> <li>• Coughing etiquette (cough into sleeve, handkerchief or tissue, NOT the hand)</li> </ul> | <ul style="list-style-type: none"> <li>• Handwashing with soap</li> <li>• Social mobilization and behaviour change communication</li> </ul> |
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## Vulnerable people

- Infants, teens and young adults who are not vaccinated are most at risk.
- Displaced populations, people living in cramped and crowded conditions, people who gather in large groups.
- Individuals without a spleen or people living with HIV or other illnesses that weaken immunity.

## If an epidemic occurs

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| <ul style="list-style-type: none"> <li>• Rapidly detect and refer suspected cases to health facilities</li> <li>• Support a mass vaccination campaign</li> <li>• Promote handwashing with soap</li> <li>• Reduce overcrowding in shelters</li> <li>• Improve ventilation in shelters</li> </ul> | <ul style="list-style-type: none"> <li>• Promote coughing etiquette (cough into sleeve, handkerchief or tissue, NOT the hand)</li> <li>• Increase social mobilization and behaviour change communication</li> <li>• Give antibiotics to close contacts of a person with meningitis (chemoprophylaxis)</li> </ul> |
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## Volunteer actions

See the following action tools for more information on how to take action against meningitis:

**1 2 3 4 5 12 19 20 23 24 25 26 27 28 34 43**

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## Community-based assessment

Make a map of the community and mark the information you gather on the map. Record other details.

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| <ul style="list-style-type: none"> <li>• When did people start to get sick with meningitis?</li> <li>• How many people have fallen sick with meningitis? Where?</li> <li>• How many people have died from meningitis? Where?</li> <li>• Who and where are the vulnerable people?</li> <li>• How many people at increased risk live in the affected community?</li> <li>• Are the people at increased risk vaccinated?</li> <li>• How many people live in the affected community or area? How many children under five years of age?</li> <li>• Are children under five most affected? Or are other age groups, occupations, etc., more affected?</li> <li>• How many close contacts do people with meningitis have? Where are they living? Are they showing symptoms of meningitis?</li> </ul> | <ul style="list-style-type: none"> <li>• Are children in the affected community vaccinated for meningitis or not?</li> <li>• Is there a vaccination campaign planned?</li> <li>• Are there strong cultural beliefs or perceptions around vaccination which prevents children from being vaccinated?</li> <li>• Where are the local health facilities and services? (Include traditional or community carers.)</li> <li>• What are the community's habits, practices and beliefs about caring for and feeding sick people in the community? When babies and infants are sick, do women continue to breastfeed them?</li> <li>• Is a social mobilization or health promotion programme in place?</li> <li>• Which sources or channels of information do people use most?</li> <li>• Are rumours or is misinformation about the disease spreading in the community?</li> </ul> |
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