

Meningococcal Disease

As of January 1, 2004, all postsecondary educational institutions in Georgia are required to provide information on meningococcal disease and vaccination to each newly admitted freshman or matriculated student residing in campus housing (Official Code of Georgia Annotated §31-12-3.2 and USG BOR Policy 408.02)

1. Meningococcal disease is a serious disease that can lead to death within only a few hours of onset: one in ten cases is fatal and one in seven survivors of the disease is left with a severe disability, such as loss of limb, mental retardation, paralysis, deafness or seizures.

Meningococcal disease is a bacterial infection caused by *Neisseria meningitidis* and occurs when these bacteria, which can live harmlessly in the nose and throat of healthy people, invade the tissues or bloodstream of the body. Meningococemia occurs when *N. meningitidis* enters the blood stream; meningitis occurs when the tissue surrounding the brain and spinal cord is invaded; and pneumonia occurs when the bacteria infects the lungs.

2. Meningococcal disease is contagious but a largely preventable infection of the spinal cord fluid and the fluid that surrounds the brain.

Meningococcal bacteria are spread from person to person by direct contact or intimate exposure with an infected person's oral or nasal secretions, such as saliva or respiratory droplets. Intimate or direct exposure is through kissing, sharing eating utensils or glassware. Fortunately, the bacteria are not as contagious as the common cold and do not spread by being in the same room or breathing the same air as an infected person. The bacteria are not transmitted by routine contact in classrooms, restaurants, bars and restrooms where an infected person has been.

Approximately 5 to 10% of the general population carries the meningococcal bacteria in the nose and throat in a harmless state. This carrier state may last for days or months and seems to give those individuals who harbor meningococci in their upper respiratory tract some protection from actually developing the disease state.

3. Scientific evidence suggests that college students living in residence hall facilities are at a moderately increased risk of contracting meningococcal disease.

The incidence of meningococcal meningitis has increased since the early 1990's, including cases at U.S. colleges and universities. Recent data also show students living in residence halls, particularly first year students, have an increased risk for the disease.

Data suggests that certain social behaviors, such as exposure to passive and active smoking, bar patronage and excessive alcohol consumption, may increase students' risk for contracting the disease.

4. Immunization against meningococcal disease will decrease the risk of the disease.

A vaccine is currently available at the County Health Department or private provider, which protects against four of the five serogroups of meningococcal meningitis. It does not protect against serogroup B that accounts for approximately 32% of all cases in the 15-24 year old age group. The vaccine produces protective antibodies in 7-10 days and is effective for three to five years. Adverse reactions are mild and infrequent, and include pain and redness at the site of the injection.

Students should be aware of common symptoms of meningitis including stiff neck, headaches, fever, and sensitivity to light, sleepiness, confusion, and seizures. Meningococcal blood infection causes fever and rash. Anyone exhibiting symptoms should see a health care provider even if they had the vaccine.