

This is a bacterial infection affecting the tissues lining the brain and spinal cord. Symptoms, which are usually of sudden onset, include fever, intense headache, nausea, stiff neck and an inability to tolerate bright light. A characteristic non-blanching rash usually occurs with meningococcal septicaemia. If not treated early, the disease may be fatal within hours.

Five bacterial serotypes are known to cause serious illness; A, B, C, W135 & Y. Cases occur worldwide with seasonal variations in temperate and tropical regions. An area of particularly high incidence, especially during the dry season, exists in the sub-Saharan region of Africa. It stretches from Senegal in the west to Ethiopia in the east and is known as the "meningitis belt".

### **How do you catch meningitis?**

Meningococcal meningitis can occur in epidemics, especially where large crowds gather. The bacteria are transmitted by droplets or direct contact with carriers or infected persons. Carriers are those who have the bacteria present in their nose and throat but do not become infected with the disease themselves. Travellers at higher risk include healthcare workers and those living or working with local people, especially for prolonged periods, in endemic areas or where outbreaks are occurring.

### **Incubation period**

The incubation period may be between 2-10 days but is commonly 3-4 days.

### **Diagnosis**

Diagnosis is confirmed by identifying the bacteria in the blood or spinal fluid.

### **Prevention**

Travellers can reduce the possibility of infection by avoiding crowded places and close contact with local populations. A single dose vaccination which provides at least 3 years protection against strains, A,C,W135 and Y is recommended for rural or long stay travellers going to countries reporting outbreaks or a high incidence of this disease. A certificate of vaccination is required for pilgrims and seasonal workers visiting Saudi Arabia for Hajj or Umrah. A vaccine to protect against strain B has recently been licensed for use in the UK however this is not currently recommended for travellers.

### **Treatment**

Treatment should not be delayed in suspected cases. Intravenous antibiotics and intensive medical supervision is required. Oral antibiotics are also recommended for close contacts of those with invasive meningococcal disease.



This information is produced by MASTA as a general guide to be used in conjunction with advice from your doctor or nurse. To obtain a health brief tailored to your journey visit a MASTA associated travel clinic or [www.masta-travel-health.com](http://www.masta-travel-health.com)