Meningitis

What is Meningitis?
Meningitis is a severe infection of the meninges (the thin lining which covers the brain and spinal cord). The most common cause of meningitis is a viral illness which spread to involve the meninges. While the viral illness may be contagious, the meningitis is not. Viral meningitis does not require contact tracing or community wide treatments. Very, very rarely meningitis is caused by a fungus. This is not a contagious form of meningitis.

Another cause of meningitis is a bacterial infection called meningococcal meningitis. There are various types of meningococcal meningitis, which are named with letters of the alphabet, for example, Meningitis A. Bacterial meningitis is very contagious. If a case of bacterial meningitis is identified in the campus community, our local Health Department will instruct us to mobilize contact tracing and community wide response.

Who gets meningococcal disease?
Anyone can get meningococcal disease, but it is more common in infants and children. College Students living in dormitories are also at an increased risk of meningococcal disease. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningococcal meningitis is prevalent.

How is the meningococcus germ spread?
The meningococcal germ is spread through respiratory droplets from the nose and throat of infected people. It can be transmitted by coughing in another person’s face, sharing water bottles or drinking glasses, smoking utensils, toothbrushes, cosmetics and by kissing. It is not transmitted by shaking hands, touching doorknobs, breathing the same air, or through food.

What are the symptoms?
The symptoms of meningitis are high fever, headache, vomiting, stiff neck and a rash. The symptoms may appear between two to 10 days after exposure, but usually within five days. Prompt medical attention is critical for anyone with these symptoms. This disease can be fatal and can cause permanent disability. Do not delay seeking medical care.

What is the treatment for meningococcal disease?
Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease. Early diagnosis is critical to prevent permanent neurological damage or death.

Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?
Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, daycare center playmates, etc.) need to be considered for preventive treatment. Such people are usually given a prescription for a special antibiotic from their physician. Casual contact, as might occur in a regular classroom, office or factory setting, is not usually considered close contact sufficient to cause concern. If you are concerned that you have been in close contact with someone who has been diagnosed with meningitis, please call our Nurse Advice line at 831-459-2591.
Is there a vaccine to prevent meningococcal meningitis?
There are several vaccines available for the prevention of meningitis. The vaccines called Menactra (Sanofi Pasteur) and Menveo (Novartis) are very effective in preventing four types of meningococcus germ (types A, C, Y, W-135). These four types cause about 70 percent of the disease in the United States. One in three cases of meningococcal meningitis is caused by the Meningitis B. Recently a vaccine for Meningitis B was released. This vaccine is only available to people with severe illnesses or in cases of community outbreaks. In the case of a community outbreak the Student Health Center would initiate a mass vaccination program.

Getting the Vaccine
Both vaccines are available at the Student Health Center.

Vaccination for Meningitis A is fully covered for students with UC SHIP. It costs $146 for students without UCSHIP.

Meningitis B vaccination is also available but not currently recommended except in specific situations. It costs $200 per vaccination and 2 vaccinations are required for full coverage. At this time it is not recommended for the general public. It would only be used for community vaccination if recommended by the Health Department.

Is the vaccine safe? Are there adverse side effects to the vaccine?
The vaccines available to prevent meningococcal meningitis are safe and effective. However, the vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

Who should get the meningococcal vaccine?
Menactra or Menveo is recommended for all first-year college students who live in residential housing (if they did not receive MenACWY at age 16 years or older). The vaccine is also recommended for people ages 2 years and older who have had their spleen removed or have other chronic illnesses. Many students at UCSC have already been protected against Meningococcal Meningitis: check your vaccination records.

The vaccination for Meningitis B is recommended for people with an immune compromising condition, in the case of a community outbreak under direction from the Health Department, and may be administered, based on individual clinical decision, to young adults and adolescents aged 16–23 years (preferred age is 16–18 years) who are not at increased risk.

Who needs a booster dose of meningococcal vaccine?
The CDC recommends that children age 11 or 12 years vaccinated with Menactra or Menveo receive a booster dose at age 16 years. Adolescents who received the first dose at age 13-15 years should receive a one-time booster dose, preferably at ages 16-18 years. Teens who receive their first dose of meningococcal conjugate vaccine at or after age 16 years do not need a booster dose, as long as they have no risk factors.

How do I get more information about meningococcal disease and vaccination?
Contact your physician or your student health service. The Nurse Advice Line at the UCSC Student Health Center is 831-459-2591. Or, visit www.cdc.gov/meningitis/index.html