nova scotia health | Public Health

Meningococcal Disease – Frequently Asked Questions

What is meningitis?
Meningitis is an inflammation of the lining of the brain and spinal cord. Meningitis is most commonly caused by a virus or bacteria, but it can also be caused by injuries, cancer, or other types of infection.

Viral meningitis may be caused by a wide variety of viruses. Antibiotics do not work against viruses and therefore are not beneficial for viral meningitis.

Meningococcal disease is a very rare but serious bacterial infection caused by the bacteria *Neisseria meningitidis*. These bacteria can sometimes be carried in the nose without causing symptoms or illness. Occasionally, a healthy person will become ill when bacteria becomes invasive and enters the bloodstream and can cause serious illness, like inflammation of the lining of the brain and spinal cord. It can also cause death. Bacterial meningitis requires immediate treatment with antibiotics.

How does meningococcal meningitis spread?
The bacteria that can cause meningitis are spread by direct secretions (saliva or spit) from the nose and mouth through activities such as kissing, and sharing food, drinks, water bottles, toothbrushes, eating utensils, cigarettes and other smoking products and devices.

This disease is not contracted by sitting next to someone, taking a class with someone, or walking in the halls with someone who is sick with the illness.

This disease does not spread through the air or via casual contact, so risk to the general public is low.

What symptoms should I watch for?
Symptoms of meningococcal meningitis may include changes in level of alertness, fever, headache, stiff neck, a rash, or sensitivity to light.

What should I do if I think I have symptoms?
If you are experiencing symptoms, seek medical attention. Anyone with severe symptoms (listed above) should go to an emergency department or call 911. If unsure, call 811 for advice in Nova Scotia.

What is the treatment?
Bacterial meningitis can be treated with antibiotics. Early diagnosis and treatment are important. If symptoms occur, contact your family doctor or visit the nearest emergency department immediately.

What vaccine is available to prevent meningococcal meningitis?
There is no vaccine that protects against all strains of meningococcal disease. Nova Scotia's publicly funded vaccine program currently provides meningococcal C vaccine at 12 months of age and quadrivalent meningococcal A, C, Y, W vaccine as part of the Grade 7 school immunization program.

Currently, the meningococcal B vaccine is available to those who are identified as having close contact with a meningococcal case, are at higher risk of meningococcal disease, and any Nova Scotian who is 25 years and younger who is entering post-secondary studies and will be living for the first time in a youth-based congregate living setting operated by a post-secondary institution (residence/dormitory). Youth must have a Nova Scotia Health Card to be eligible. In addition, first time Nova Scotian military recruits 25 years of age and younger who will be living within a military youth-based congregate living setting (i.e., military barrack) are also eligible.

How do I know if I was immunized against meningococcal disease?
You can check with your family doctor who would have immunization records. Nova Scotia Public Health began offering vaccination against meningitis C to Grade 4 students through the school program in 2005, then switched to Grade 7 in 2007 (for meningococcal A, C, Y, W). If you are from another province, you can check their public health website for recommended immunization schedules.

Should I take antibiotics as a precaution?
No. Only people in close contact with a meningococcal meningitis patient require antibiotics as a precautionary treatment. Public Health will identify the close contacts of a person with invasive meningococcal disease and prescribe antibiotics as appropriate. If you wish, you can talk to your health care provider about your personal circumstances.

Why isn't Public Health vaccinating everyone on-campus?
The risk of infection to the general community is very low. Public Health only vaccinates those who are at risk of contracting the disease from close, personal contact with the individual who has been diagnosed. If additional cases arise, and an outbreak is declared, eligibility for vaccination may be widened to include other groups of people.

Who is considered a close contact?
In situations like this, a close contact is defined as:

- Household contacts of the case.
- Persons who share sleeping arrangements with the case.
- Persons who have direct contamination of their nose or mouth with the oral/nasal secretions of the case (e.g., kissing on the mouth, shared cigarettes, shared drinking bottles, etc.).
- Health care workers (HCWs) who have had intensive unprotected contact (without wearing a mask) with the infected individual (e.g., intubating, resuscitating or closely examining the oropharynx).

What are the preventive measures to avoid infectious diseases?
For many infectious diseases, they are spread by direct secretions from the nose and mouth through activities such as kissing, and sharing food, drinks, water bottles, toothbrushes, eating utensils or cigarettes/vapes. Avoiding these activities helps prevent the spread of the disease, as well as good hand washing hygiene and coughing/sneezing into your sleeve.

Should classes be cancelled to prevent the disease from spreading?
No. The risk is low because meningitis is not spread as easily as the cold or flu. You can't get it by touching a surface such as a doorknob that an infected person has touched. The bacteria that can cause meningitis are spread by direct secretions (saliva or spit) from the nose and mouth through activities such as kissing, and sharing food, drinks, water bottles, toothbrushes, eating utensils or cigarettes/vapes. Avoiding these activities helps prevent the spread of the disease.

How does Public Health approach cases of infectious disease?
Following the notification of an infectious disease, Public Health immediately begins a case investigation.

1. Case investigation: gather information about individual, consider risk factors, identify the disease course, determine treatment, determine when infectious.
2. Contact tracing: identify close contacts and complete investigation on interaction with case.
3. Education for both the case and contacts on how to protect themselves and others.
4. Chemoprophylaxis (preventative medication): for certain diseases, offer medication to close contacts to prevent disease and/or reduce severity of illness.
5. Immunoprophylaxis (preventative vaccination): for certain diseases, offer vaccine to close contacts, and possibly others depending on the situation, for longer term protection.
6. Surveillance: Monitor for additional cases and consider whether additional actions and outbreak management needed.

Where can I learn more about meningococcal meningitis?
You can visit https://novascotia.ca/dhw/CDPC/meningitis.asp.