Meningococcal Disease Frequently Asked Questions

What is meningococcal disease?
Meningococcal disease is a rare but serious infection caused by the bacteria *Neisseria meningitidis* (meningococcus). Meningococcal disease includes meningitis (infection of the thin lining covering the brain and spinal cord) and meningococcemia (infection of the blood). The infection can also occur as pneumonia (an infection of the lungs) or in the joints, such as the knees. Fewer than one in 100,000 people in the United States are infected with the disease each year.

Who gets meningococcal disease?
Anyone can get meningococcal disease. Infants 12 months or younger have the highest rates of disease. Clusters of cases and outbreaks do occur but are rare in the United States.

What are the risks of meningococcal disease?
The disease can be fatal if not treated right away. Brain damage, hearing loss, loss of limbs and kidney failure are also risks.

How is meningococcal disease spread? Is it contagious?
Bacterial meningitis is contagious, but generally is transmitted through direct exchange of respiratory and throat secretions by close personal contact, such as coughing, sharing drinks, kissing and being in close proximity for an extended period. Fortunately, none of the bacteria that cause meningitis are as contagious as the common cold or the flu, and they are not spread by casual contact or by simply breathing the air where a person with meningitis has been.

What are the symptoms of meningococcal disease?
Although most people exposed to the meningococcus bacteria do not become seriously ill, some may develop fever, headache, vomiting, and a stiff neck. Other symptoms may include nausea, vomiting, confusion and sensitivity to light. Later in the illness, a rash that looks like purple blotches or spots on the arms, legs and torso may appear.

What should I do if I develop flu-like symptoms or think I’ve been exposed to meningitis?
Students experiencing high fever with or without headache, stiff neck and other symptoms of meningitis should be examined at Columbia Health. Faculty and staff should go to the local emergency room or see their healthcare provider. Visitors and those off-campus should go to the local emergency room.
How soon after infection do symptoms appear?

Symptoms may occur two to 10 days after exposure, but usually within five days. Symptoms can develop over several hours, or may take a few days.

When and for how long can an infected person spread the disease?

An infected person may be contagious from the time he or she is first infected until the bacteria is no longer present in fluid from their nose and throat, typically after one day of antibiotics.

Can someone be a “carrier” without experiencing symptoms?

Five to 25 percent of people may carry the bacteria in their nose or throat without getting sick, while still being contagious to others. This carrier state may last for days or months before spontaneously disappearing. Most cases of meningitis are acquired through exposure to these asymptomatic carriers.

How is meningococcal disease diagnosed?

Health care providers diagnose meningococcal disease by testing for the bacteria in a sample of blood or spinal fluid.

How is meningococcal disease treated?

Several antibiotics are very effective in treating meningococcal disease. Treatment should be started immediately. Most people with meningitis are hospitalized and treated with antibiotics. Depending on the severity of the infection, other treatments may also be necessary.

Should people who have been in contact with a person with meningococcal disease receive preventive treatment?

Only people who have been in close contact for long periods of time with the ill person (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc.) need to be considered for preventive treatment. If you were in close contact with a person with meningococcal disease, your physician will usually prescribe an antibiotic. Casual contact, for example, the type that might occur in a regular classroom, office or other work setting, or when handling food is not usually considered close contact.

What special cleaning is needed to prevent spread?

The bacteria that causes meningococcal disease does not survive well on surfaces and is not believed to be transmitted other than from person to person. There is no evidence showing that people are at risk of catching the infection by touching surfaces like doorknobs or keyboards. No special cleaning is necessary.
Is there a vaccine to prevent meningococcal disease?

There are currently several vaccines that protect against meningococcal disease (referred to as A, C, W, and Y). Two serogroup B meningococcal disease (MenB) vaccines are currently licensed for use in the United States: Trumenba® (Pfizer) and Bexsero® (GlaxoSmithKline). Talk to your health care provider about which vaccine is best for you. Columbia University will follow recommendations given by local, state and national healthcare officials around community vaccination.

How can transmission be prevented?

Do NOT share anything that comes in contact with the mouth, including:

- water bottles
- lip balm
- toothbrushes
- towels
- drinking glasses
- eating utensils
- cosmetics
- smoking materials
- food or drink from common source (e.g., punch bowl)

Do not cough into another person's face. Cough into your sleeve or a tissue. Wash or sanitize hands frequently. Make sure your vaccinations are up to date.

Should I wear a mask to prevent exposure?

The Centers for Disease control does not recommend wearing a surgical mask to prevent exposure.

Will campus events be cancelled due to concerns about meningitis?

The New York City Department of Health and the US Centers for Disease Control have not recommended cancelling events or avoiding contact with students, unless a specific risk has been identified. In these rare cases, you will be notified by your event organizer.

How do I contact Columbia Health if I have questions or concerns?

You can contact Columbia Health on 212-854-7426 or health@cumc.columbia.edu.