

# INVASIVE MENINGOCOCCAL DISEASE

Information for NSW General Practitioners & Aboriginal Medical Services

Please distribute this information to all staff

1. Ten cases of invasive meningococcal disease, including two deaths, have been reported in NSW in 2016.
2. Symptoms can be non-specific and may be atypical particularly in serogroup W disease.
3. Early treatment can lead to improved patient outcomes.

## Summary

There has been an unseasonal increase in invasive meningococcal disease (IMD) this year, with ten cases, including two deaths reported so far in 2016 compared to 5 cases in 2015 and 2 in 2014 in the same period. Both deaths were caused by serogroup W.

## Symptoms of invasive meningococcal disease

- IMD is a rare but serious disease. Historically between 5 and 10 per cent of IMD cases are fatal even with appropriate antibiotic treatment, and some survivors are left with long-term sequelae
- Symptoms of IMD may be non-specific and include sudden onset of fever, headache, neck stiffness, joint pain, a rash of red-purple spots or bruises, dislike of bright lights, nausea and vomiting. Symptoms in young children include irritability, difficulty waking, high-pitched crying, and refusal to eat.
- General Practitioners should be alert to the possibility of atypical IMD presentation. An apparent increase in infections due to serogroup W is being monitored. Cases have been reported in older age groups (predominantly over 50 years) and with atypical presentations (septic arthritis, pneumonia, epiglottitis).
- It is important if unsure of the diagnosis to seek expert advice from an infectious disease physician or clinical microbiologist, or refer your patient to a hospital emergency department.
- Patients should always be advised to seek further health care if symptoms persist or worsen.

## Invasive meningococcal disease

- IMD is caused by infection with the bacteria *Neisseria meningitidis*. There are several serogroups of *Neisseria meningitidis* which cause invasive disease. In Australia cases are caused by serogroups B, C, W and Y.
- The bacteria are spread mainly by droplets from the nose and throat of an infected person.

## Meningococcal vaccination

- Serogroup C vaccination is included in the National Immunisation Schedule.
- Vaccination against the A, C, Y and W serogroups is recommended for travellers to areas where meningococcal disease risk is higher (e.g. Hajj, African meningitis belt), and for some people with certain high risk conditions. Serogroup B vaccination may be given to young children and adolescents, but is not part of the National Immunisation Schedule.

## Public Health Response

- Outbreaks of IMD can occur and it is important to urgently notify your public health unit of any suspected case.
- Rapid public health response through contact tracing and provision of clearance antibiotics and vaccination (where indicated) to high risk contacts is important to prevent further cases.

## Further Information:

- Contact your local public health unit on **1300 066 055**
- NSW IMD website:  
<http://www.health.nsw.gov.au/Infectious/diseases/Pages/meningococcal.aspx>

Yours sincerely



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