

Bacterial meningitis

What is bacterial meningitis?

Bacterial meningitis is an inflammation of the tissues surrounding the brain and spinal cord and is a medical emergency caused by any of several types of bacteria (e.g. meningococcal, pneumococcal, and *Haemophilus influenzae*). A person's blood may also be infected with the bacteria. Some people may carry these bacteria in their nose and/or throat and have no symptoms of disease.

Signs and symptoms

- High fever
- Severe headache
- Stiff neck
- Sleepiness
- Nausea/vomiting
- Loss of appetite
- Being disoriented, irritable, or confused
- Eyes sensitive to light

Incubation period

Meningococcal: one-10 days (usually less than four days)

Haemophilus influenzae (*H. flu*): unknown (probably a few days)

Pneumococcal: as short as one - three days

Contagious period and spread

Cases can be contagious until completing 24 hours of antibiotic treatment.

Bacteria that cause meningitis can be spread by direct contact with saliva or nose/throat discharges of a person with infection. Infected individuals who do not have symptoms can still pass the bacteria to others.

Public health reporting requirements

- For meningococcal disease, report the infection to the state or local public health agency by phone immediately (within four hours) of a suspected or confirmed diagnosis.
- Report *H. flu* to public health within one working day.
- For pneumococcal, report the infection to the state or local public health agency within four days of diagnosis.
- Contact your state or local public health agency for assistance if the school or child care facility plans to notify parents/guardians about a case of meningitis in the facility.

Control of spread

- *Haemophilus influenzae* type B (Hib) and pneumococcal vaccines are routinely given to children starting at age 2 months. Meningococcal vaccine is routinely given to pre-teens and college students.
- The Colorado School Immunization Rules require children in child care or preschool to have *Haemophilus influenzae* serotype b(Hib) vaccine and pneumococcal vaccine starting at 4 months of age or an appropriate vaccination exemption.
- Teach children to cover coughs and sneezes with a tissue or with an upper sleeve or elbow if no tissue is available, wash their hands after using facial tissues or having contact with mucus, and dispose of tissues that contain nasal secretions after each use. Use good hand hygiene techniques at all times.
- Preventive antibiotics
 - For meningococcal infections, close contacts (such as household members, romantic partners, and child care classroom contacts) should receive a preventive antibiotic. School classmates, teachers, and personnel do not routinely require a preventative antibiotic, unless they had prolonged exposure beyond the classroom.
 - For *H. flu* serotype B (Hib) infections, preventive antibiotics may be recommended for household and child care contacts in certain situations. Typically, the state or local public health agency will notify household contacts if a preventive antibiotic is needed.

Treatment

Suspect cases of meningitis should be referred to a health care provider. Cases of bacterial meningitis and bloodstream infections often require hospitalization and treatment with antibiotics.

Exclusion

- Exclude infected students/children and staff until at least 24 hours after treatment with appropriate antibiotics.

- Readmit the child once cleared to return by a health professional AND when the child is able to participate and the staff members determine they can care for the child without compromising their ability to care for the other children in the group.

Role of teachers, caregivers, and family

- Encourage routine vaccination.
- Report the infection to the staff member designated by the child care program or school for decision-making and action related to the care of ill children.