FACT SHEET: MENINGOCOCCAL DISEASE

June 2025

WHAT IS MENINGOCOCCAL DISEASE?

Meningococcal disease, known as *invasive meningococcal disease*, is an infection caused by the bacteria *Neisseria meningitidis,* or meningococcus. *N. meningitidis* can cause meningitis (infection of the meninges, which is a system of membranes surrounding the brain and spinal cord), pneumonia (lung infection), septicemia (blood infection), and septic arthritis (infection of the joint).

WHO CAN GET MENINGOCOCCAL DISEASE?

Anyone. In the United States, meningococcal disease is high among infants younger than age 1 year, followed by children aged 1 through 4 years. A second peak of disease is found in young adults 17 through 21 years of age. The rate increases in adults older than 85 years of age.

HOW IS MENINGOCOCCAL DISEASE SPREAD?

Meningococci spread by respiratory droplets or by direct contact with respiratory secretions (saliva or spit). The bacteria attach to and multiply in the nasopharynx and oropharynx. In less than 1% of people, bacteria enters the bloodstream and can cause meningitis.

HOW SOON DO SYMPTOMS APPEAR?

Symptoms typically appear 3 to 4 days (range, 1 to 10 days) after exposure.

WHAT ARE THE SYMPTOMS OF MENINGOCOCCAL DISEASE?

Most people who have been exposed to meningococcus bacteria do not get sick. The symptoms include sudden onset of fever, headache, stiff neck, nausea, vomiting, photophobia, and altered mental status. Meningococcal septicemia (bloodstream infection or meningococcemia) occurs without meningitis, and is characterized by abrupt onset fever, chills, cold hands and feet, severe aches or pain in the muscles, joints, chest, or abdomen, vomiting, diarrhea, and purplish rash often associated with hypotension, shock, acute adrenal hemorrhage, and multiorgan failure.

IS A PERSON WITH MENINGOCOCCAL DISEASE CONTAGIOUS?

Patients with *N. meningitidis* can spread the infection 7 days before symptoms appear, but they are no longer contagious after 24 hours of effective antimicrobial therapy.

WHAT ARE THE COMPLICATIONS OF MENINGOCOCCAL DISEASE?

Severe forms of meningococcal disease are fatal regardless of prompt treatment, and many survivors have long-term health issues, including mental impairment, hearing loss, and limb loss.

WHO IS AT HIGH RIK FOR MENINGOCOCCAL DISEASE?

Risk factors for the development of meningococcal disease include age, certain medicines, HIV infection, travelers to the meningitis belt in sub-Saharan Africa (Mecca) during the annual Hajj and Umrah pilgrimage, microbiologists who routinely work with isolates of *N. meningitidis*, household crowding, active and passive smoking, people with damaged or missing spleens, and antecedents of viral upper respiratory infections.

HOW IS MENINGOCOCCAL DISEASE TREATED AND IS THERE A VACCINE?

Bacterial meningitis can be treated with antibiotics, but the treatment should be administered as soon as possible. The CDC recommends a single dose of vaccine (MenACWY) to patients at age 11 or 12 years and a booster dose at age 16 years.

SHOULD A PERSON WITH MENINGOCOCCAL DISEASE BE EXCLUDED FROM WORK OR SCHOOL?

Yes. Exclude healthcare personnel or students with invasive *N. meningitidis* disease from work until 24 hours after the start of effective antimicrobial therapy.

HOW CAN MENINGOCOCCAL DISEASE BE PREVENTED?

The best prevention method is through vaccination. Meningococcal disease can be prevented in close contacts of infected people by taking prophylactic antibiotics. Antibiotic prophylaxis should be administered within 24 hours after exposure. Prophylaxis given >2 weeks after exposure has little value. Close contacts include household members, childcare center contacts, and anyone directly exposed to the patient's oral secretion during the 7 days before the symptom onset.

WANT MORE INFORMATION?

Information about meningococcal disease can be found at cdc.gov. DC Health promotes the health and safety of the District residents. For additional information, please visit dchealth.dc.gov or call (202) 442-5865.

DC HEALTH | Center for Policy, Planning and Evaluation
Division of Epidemiology — Disease Surveillance and Investigation
2201 Shannon Place SE, 6th Floor, Washington, D.C. 20020
dchealth.dc.gov | (202) 442-5865

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA