DISEASE TOOL 9

Meningococcal meningitis

Transmission

- Droplets of saliva/mucous pass from one person to another, mainly by kissing, coughing or sneezing, or by sharing eating and drinking utensils
- Coughing or sneezing or close personal contact (infected droplets in the air are breathed in by another person

Symptoms

- Starts with sudden high fever and one of the following: neck stiffness, sensitivity to light, confusion, headaches or vomiting.
- If treated early with antibiotics, in 90 per cent of cases death can be prevented.
- Without treatment, it affects the nervous system and can cause death.
- It may result in brain damage, hearing loss or learning disability in 10–20 per cent of survivors.

Prevention

- Routine vaccination
- Reduced overcrowding in shelters
- Improved ventilation in shelters
- Coughing etiquette (cough into sleeve, handkerchief or tissue, NOT the hand)
- Handwashing with soap
- Social mobilization and behaviour change communication

Vulnerable people

- Infants, teens and young adults who are not vaccinated are most at risk
- Displaced populations, people living in cramped and crowded conditions, people who gather in large groups
- Individuals without a spleen or people living with HIV or other illnesses that weaken immunity

If an epidemic occurs

- Rapidly detect and refer suspected cases to health facilities
- Support a mass vaccination campaign
- Promote handwashing with soap
- Reduce overcrowding in shelters
- Improve ventilation in shelters
- Promote coughing etiquette (cough into sleeve, handkerchief or tissue, NOT the hand)
- Increase social mobilization and behaviour change communication
- Give antibiotics to close contacts of a person with meningitis (chemoprophylaxis)

Community-based assessment - questions

Make a map of the community and mark the information you gather on the map. Record other details.

- When did people start to get sick with meningitis?
- How many people have fallen sick with meningitis? Where?
- How many people have died from meningitis? Where?
- Who and where are the vulnerable people?
- How many people at increased risk live in the affected community?
- Are the people at increased risk vaccinated?
- How many people live in the affected community or area? How many children under five years of age?
- Are children under five most affected? Or are other age groups, occupations, etc., more affected?
- How many close contacts do people with meningitis have? Where are they living? Are they showing symptoms of meningitis?
- Are children in the affected community vaccinated for meningitis or not?
- Is there a vaccination campaign planned?
- Are there strong cultural beliefs or perceptions around vaccination which prevents children from being vaccinated?
- Where are the local health facilities and services? (Include traditional or community carers.)
- What are the community's habits, practices and beliefs about caring for and feeding sick people in the community? When babies and infants are sick, do women continue to breastfeed them?
- Is a social mobilization or health promotion programme in place?
- Which sources or channels of information do people use most?
- Are rumours or is misinformation about the disease spreading in the community?

Volunteer actions

See the following action tools for more information on what actions to take against meningococcal meningitis:
1 - Community-based surveillance
2 - Community mapping
3 - Communicating with the community
4 - Referral to health facilities
5 - Volunteer protection and safety
12 - Managing fever
19 - Psychosocial support (Psychological first aid (PFA))
20 - Isolating sick people
23 - Chemoprophylaxis
24 - Routine vaccinations
25 - Mass vaccination campaigns
26 - Coughing etiquette
27 - Shelter and ventilation
28 - Social distancing
34 - Handwashing with soap
43 - Social mobilization and behaviour change