NOTIFICATION TO THE COLLECTIVE OF A PERSON WITH INVASIVE MENINGOCOCCAL DISEASE (kindergarten, school, working organization…)

A member of your collective was hospitalized on _____ for invasive meningococcal disease caused by N. meningitides (meningococcal disease).
Meningococci are bacteria that cause various types of inflammation in humans. Dangerously, they can cause inflammation of the meninges and sepsis, which can be extremely rapid and often results in death despite treatment.

Transmission: The disease is transmitted by direct contact with the patient and through droplets containing secretions from the nose and throat of infected persons. Some people have the bacteria in their nose or throat and do not have any problems themselves, but they can still pass the bacteria to other people.

Incubation period (time from infection to the onset of symptoms) is 2 to 10 days, usually **3 to 4 days.**

Clinical picture of invasive meningococcal disease:
The illness starts with fever, chills, a headache that gets worse, nausea and vomiting. Patients get restless, irritable, confused and drowsy. Some also develop a rash on the skin and mucous membranes. The course of the disease is extremely rapid. Patients are severely affected.

If signs of the disease appear, **treatment with appropriate doses** of antibiotics should be given **as soon as possible**.
In case of invasive meningococcal disease, all persons who have been in close contact with the infected person in the last 7 days should be protected. As a result, those members of the team who were in close contact with the ill person received appropriate antibiotic protection. For others who did not have close contact with the ill person, no protection is needed.

Close contacts are:
- Family members living in shared rooms;
- A person who has come into contact with secretions from the patient's mouth or nose (kissing, use of the same eating utensils, dishes, glasses, etc.);
- Children and staff who have shared toys and cutlery with the patient;
- People sleeping in the same rooms.

The **most at risk are the patient's immediate family members** living in shared rooms. The risk of transmission is highest in **the first seven days** after the onset of the illness in the family, and then falls sharply thereafter. People who have been in contact with secretions from the patient's mouth or nose are also at higher risk of infection, e.g. using the same cutlery, utensils, glasses, kissing (but not kissing on the cheek, for example…), healthcare staff who have come into close contact with the patient (resuscitation, artificial respiration, intubation without appropriate personal protective equipment), close contact in teams, etc.
In the case of an individual patient, the risk of patient's contacts **outside the family is very low**. They calculated that the absolute risk of a new case occurring in the same collective in the next four weeks after the first case is about 1 in 1,500 for kindergarten children, 1 in 18,000 for schoolchildren and about 1 in 33,000 for secondary school students.

There is no reason to change any of the planned work programme, events or activities because of this event.

If you need additional information, you can call: