MASSAPEQUA PUBLIC SCHOOLS

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January 24, 2008

Dear Staff/Parent/Guardian:

The Nassau County Department of Health has notified me that they received a report that a student at Massapequa High School's Main Campus has been diagnosed with meningococcal meningitis. Enclosed is an information sheet from the New York State Department of Health regarding this disease. Please refer to bullet 3 on the first page of the enclosure and the last bullet on the second page which addresses how the germ is spread and how you can obtain additional information.

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcus germ, which is spread by direct close contact with nose or throat discharges of an infected person. Symptoms can include high fever, headache, vomiting, stiff neck and rash and appear most often within five days after exposure, but can appear anytime between two and ten days.

Any individual identified as having shared food, drink, eating utensils or a beverage container, or exchanged oral secretions or had any similar exposure with the individual within 10 days prior to January 23, 2008 should contact their private physician immediately to receive prophylactic treatment. The risk for close contacts to the individual (as defined above) is greatest during the week following their exposure. Therefore, prophylaxis should be administered as soon as possible. Prophylactic treatment administered greater than 14 days after exposure to the individual is, according to the Centers for Disease Control and Prevention and the Advisory Committee on Immunization Practices, of limited or no value. Casual contact, as might occur in a regular classroom, office or factory setting, is not usually significant enough to cause concern.

Individuals who feel they have symptoms suggestive of the disease should contact their physician immediately and advise them that meningococcal meningitis has been diagnosed in the school. I have also enclosed New York State Department of Health's Fact Sheet on meningococcal disease. If you have additional questions or concerns, please contact your school nurse at the following schools:

Birch Lane – 797-6014
East Lake – 797-6024
Fairfield – 797-6034
Lockhart – 797-6054
McKenna – 797-6044
Unqua – 797-6064
Berner – 797-6093
Ames Campus – 797-3342
Massapequa HS Main Campus – 797-6140

Sincerely,

Charles V. Sulc
Acting Superintendent

CVS/nz

New York State Department of Health

Meningococcal Disease

Last Reviewed: November 2006

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcus germ.

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first-year college students living in dormitories, there is an increased risk of meningococcal disease. Every year in the United States approximately 2,500 people are infected and 300 die from the disease. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningococcal meningitis is prevalent.

How is the meningococcus germ spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. The symptoms may appear two to 10 days after exposure, but usually within five days. Among people who develop meningococcal disease, 10 to 15 percent die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?

Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, daycare center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either rifampin, ciprofloxacin or ceftriaxone) from their physician. Casual contact, as might occur in a regular classroom, office or factory setting, is not usually significant enough to cause concern.

Is there a vaccine to prevent meningococcal meningitis?

In February 2005 the CDC recommended a new vaccine, known as Menactra™, for use to prevent meningococcal disease in people 11 to 55 years of age. The previously licensed version of this vaccine, Menomune™, is available for children two to 10 years old and adults older than 55 years. Both vaccines are 85

to 100 percent effective in preventing the four kinds of the meningococcus germ (types A, C, Y, W-135). These four types cause about 70 percent of the disease in the United States. Because the vaccines do not include type B, which accounts for about one-third of cases in adolescents, they do not prevent all cases of meningococcal disease.

Is the vaccine safe? Are there adverse side effects to the vaccine?

Both vaccines are currently available and both are safe and effective vaccines. However, both vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

Who should get the meningococcal vaccine?

The vaccine is recommended for all adolescents entering middle school (11 to 12 years old) and high school (15 years old), and all first-year college students living in dormitories. However, the vaccine will benefit all teenagers and young adults in the United States. Also at increased risk are people with terminal complement deficiencies or asplenia, some laboratory workers and travelers to endemic areas of the world.

What is the duration of protection from the vaccine?

Menomune™, the older vaccine, requires booster doses every three to five years. Although research is still pending, the new vaccine, Menactra™, will probably not require booster doses.

How do I get more information about meningococcal disease and vaccination?

Contact your physician or your student health service. Additional information is also available on the Web sites of the New York State Department of Health, www.nyhealth.gov; the Centers for Disease Control and Prevention www.cdc.gov/ncidod/diseases/index.htm; and the American College Health Association, www.acha.org.

Revised: July 2005