



Outbreak of Meningococcal meningitis

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Meningococcal disease is a severe illness with high case fatality (5-10%) and frequent sequelae. Meningococcal meningitis is a major cause of morbidity and mortality in the meningitis belt. Meningococcal disease is a major public health challenge in countries of sub-Saharan Africa lying in the meningitis belt. Human infections caused by meningococcal (*Neisseria meningitidis*) remain a serious health problem, infecting 500,000 to 1.2 million people and killing between 50,000 and 135,000 per year worldwide. The causative agent, *Neisseria meningitidis* normally lives in a commensal relationship with humans, colonizing the nasopharynx, and is transmitted between healthy persons by close contact. The most common symptoms are a stiff neck, high fever, sensitivity to light, confusion, headaches and vomiting. Low meningitis thresholds improve timely detection of epidemics. The diagnosis of meningococcal meningitis is confirmed by cerebrospinal fluid pleocytosis, Gram stain, polymerase chain reaction, culture of cerebrospinal fluid. Meningococcal disease can be treated with a number of effective antibiotics. It is important that treatment be started as soon as possible. If meningococcal disease is suspected, antibiotics are given right away. Antibiotics effective for this purpose include rifampicin, ciprofloxacin, ceftriaxone or azithromycin. Currently available meningococcal vaccines include polysaccharide vaccines against serogroups A, C, W135 & Y and newer protein polysaccharide conjugate vaccines against serogroup C. This review covers key aspects of the pathogenesis and management of meningococcal disease, as well as the very recent developments in disease epidemiology, outbreaks, and the evolution of meningococcal immunizations.

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