



Building a Healthy Boston

PUBLIC HEALTH ADVISORY

Cases of meningococcal disease in young children in Boston

October 23, 2019

OVERVIEW

The Boston Public Health Commission (BPHC) is investigating two cases of young children diagnosed with [meningococcal disease](#), an infectious disease caused by a bacterial infection. Cases of meningococcal disease diagnosed in Boston are reportable to BPHC. Approximately 10 to 15 cases of the disease are reported statewide each year. Both adults and children can develop the disease.

The two recent cases have both been associated with day care centers specializing in serving children who have experienced homelessness. At this time, it is not known if the two cases are caused by the same form of meningococcal disease or if the cases are connected. All individuals who are known to have been in close contact with these two children have been identified by BPHC. Ongoing investigation being conducted now by BPHC may lead to additional information.

The last date that either case was at one of the day care centers was October 18 and no secondary cases have been identified at this time. As a precaution, BPHC has recommended that all individuals who may have been exposed to either case receive prophylactic antibiotics. BPHC is working with the day care centers to ensure all known clients and staff have been contacted, evaluated, and received prophylactic treatment to reduce the risk for further infection. BPHC is receiving assistance from the Massachusetts Department of Public Health as the investigation and follow up with known contacts continues. To date, all known contacts have been engaged by BPHC.

SYMPTOMS, TREATMENT AND VACCINATION

While contagious, meningococcal disease is spread from person to person through saliva, requiring close contact with infected individuals. Unlike other infectious diseases (such as the measles), it does not linger long after the infected individual has left a space. The incubation period (time from exposure to developing symptoms) can be 1-10 days but is usually less than 4 days. This means that individuals who were in close enough contact to be exposed to the saliva of a person known to have an active meningococcal disease infection should monitor for symptoms for 10 days following exposure. Symptom onset is usually rapid and includes:

- Nausea
- Vomiting
- Photophobia (increased sensitivity to light)
- Altered mental status (confusion)

BPHC asks residents who develop symptoms to contact their health care provider immediately. BPHC asks clinical providers to be vigilant in monitoring for symptoms of meningococcal disease in their patients, particularly patients who are or have recently been part of the homeless community in Boston and others who are most vulnerable to infection such as young children.

There are several different forms of meningococcal disease, including infection of the blood (septicemia) and infection of the brain and spinal cord ([meningitis](#)). Early detection and initiation of antibiotics for suspected meningococcal disease are important for successful outcomes. However, 10-15% of cases do not respond to treatment and result in permanent damage or death. Early treatment is critical.

There are safe and effective vaccines available to prevent infection from the most common forms meningococcal disease. However, some patients may not be eligible to be vaccinated due to young age or other medical conditions. BPHC encourages residents to speak with their healthcare provider about vaccination options.

Healthcare providers and clinical laboratories in Boston are required to report to all suspected or diagnosed cases of meningococcal disease immediately by phone to BPHC at 617-534-5611.

Fact sheets on meningococcal disease are available online in [English](#), [Chinese](#), [Haitian Creole](#), [Portuguese](#), [Spanish](#) and [Vietnamese](#).

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