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media release

Baby boy with suspected meningococcal infection

A baby boy from the New England region is in a serious but stable condition in a Sydney hospital with suspected meningococcal disease.

So far this year there has been one confirmed case in the Hunter New England Health region. If confirmed, this will be the second.

The baby's close contacts will be prescribed clearance antibiotics. There are no links between this suspected case and the previous case.

In 2008 there were eight cases of meningococcal disease in the HNE Health region, 12 cases in 2007, 12 in 2006, 13 cases in 2005 and 24 cases in 2004.

Public Health Physician Dr David Durrheim said seeking medical attention quickly may prevent the development of serious complications.

"If anyone suspects meningococcal disease, they should seek medical attention immediately," Dr Durrheim said.

Meningococcal disease is serious and up to 10 per cent of patients Australia-wide can die. The first symptoms of meningococcal disease may include pain in the legs, cold hands and feet and abnormal skin colour.

Later symptoms may include high fever, headache, neck stiffness, dislike of bright lights, nausea and vomiting, a rash of reddish-purple spots or bruises and drowsiness. Babies with the infection can be irritable, not feed properly and have an abnormal cry.

"Meningococcal infection does not spread easily. It is spread by secretions from the nose and throat of a person who is carrying it and close and prolonged contact is needed to pass it on. It does not appear to be spread through saliva or by sharing drinks, food or cigarettes," Dr Durrheim said.

He stressed that while meningococcal disease could be serious, in most cases, early detection and treatment resulted in a complete recovery.

The two main strains of meningococcal disease in Australia are the B and C strains. A vaccine is effective against the less common meningococcal C strain, but there is currently no Australian vaccine for the B strain of the disease. This means that young people who have had the meningococcal C vaccine should still be on the look out for symptoms.

"The number of cases of this rare disease has been falling over the past ten years due in part to the success of the meningococcal C vaccination program."

"It's also important to be aware that the vaccine does not protect against the B strain of the disease, so watch out for the symptoms even if you have been vaccinated," Dr Durrheim said.

Most cases of meningococcal disease are seen in infants, young children, teenagers and young adults, although people of any age can be infected.

The meningococcal C vaccine is recommended for all babies at 12 months of age and currently in NSW, free vaccine is provided for unvaccinated people up to 25 years of age.

Where suspected or confirmed meningococcal disease has been diagnosed, public health officials will arrange for information and clearance antibiotics to be provided to close contacts, like the other members of the person's household. The purpose of clearance antibiotics is to eradicate any meningococcal bacteria the contacts may be carrying to prevent further transmission of the disease.