Meningococcal Disease Management

**INCUBATION PERIOD**
1-10 days
usually less than 4 days

**INFECTIOUS PERIOD**
7 days prior to onset until 24 hours of effective antibiotic therapy
(cefotaxime, ceftriaxone, ampicillin, or penicillin G)

**GRAM STAIN** of blood or CSF (gram-negative diplococci)*

**PCR or CULTURE** (blood, CSF or other sterile site specimen)
Note: if abx initiated prior to collection, culture may be negative.**

**IDENTIFY** household/close contacts and those who may have been exposed to oral secretions in the 7 days prior to onset until 24 hours after abx started (kissing, sharing drinks, intubation without PPE)

**POST-EXPOSURE** antibiotic prophylaxis should be given within 24 hours of identification of the case to people exposed to the case’s oral secretions in the 7 days prior to symptoms onset.***

**SEQUELAE** (11-19% of survivors):
hearing loss, neurologic disability, amputations, scarring

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**Note:** For detailed information on meningococcal disease, please see [https://www.colorado.gov/pacific/sites/default/files/DC_CD_ComDisManual-Meningococcal-Disease.pdf](https://www.colorado.gov/pacific/sites/default/files/DC_CD_ComDisManual-Meningococcal-Disease.pdf)

* Gram stain results are considered preliminary results for public health investigation purposes, and are revised not infrequently. However, public health investigations may be launched for cases with a clinically compatible illness and a gram stain of blood or CSF showing gram-negative diplococci.

** PCR testing of CSF is typically only available in multi-plex PCR panels (e.g., a “meningitis-encephalitis panel”), and should reflex to culture to facilitate serotyping and further molecular characterization of the isolate at CDPHE at CDPHE lab. Isolates from all cases should be sent to CDPHE lab.

*** Post-exposure prophylaxis can be given up to 14 days after exposure.