Sample Letter to Parents of Close Contacts about Meningococcal Illnesses

Date:

Dear Parents/Guardians:

A student or staff member in our school has a serious illness caused by bacteria named Neisseria meningitides. Although children younger than five are most often affected, older children and adolescents are the next group most commonly affected. Adults can become ill as well. The bacteria can be spread between persons who are in close physical contact through exchange of saliva, through coughing, sneezing, kissing, or the sharing of eating and drinking utensils such as drinking cups and water bottles. There are medications that can be taken to reduce the risk of infection. However, only people who are considered to be close contacts of the ill person need to take preventative medication.

We feel that your child has had close contact with the ill person. Please take the following steps:

1. Tell your health care provider that your child was exposed to another student or staff member who has come down with a meningococcal illness. Take this letter to discuss the fact that your child is being considered to have had **close contact** with the ill person (i.e. close enough to have shared eating or drinking utensils such as water bottles or drinking cups or to have been kissing) in the two weeks prior to their becoming ill.
2. **As a close contact of the ill person, our health consultant recommends that your child take an antibiotic. This preventative treatment can help eliminate the bacteria from the person who has been exposed.**
3. **Because your child is a close contact, he or she may not return to school until preventive antibiotic treatment has been started.**
4. **Watch your child for signs of illness such as headache, stiff neck, fever and vomiting for the next three weeks. If your child becomes ill, take her or him to a health care provider immediately, whether or not antibiotics were given.** The medicine is not always 100% effective. Neisseria meningitides can cause meningitis, an infection of the coverings of the brain, that is often fatal if not treated with antibiotics. Symptoms of meningitis includes headache, stiff neck, fever and chills, vomiting and a rash.

Our school will be very watchful during the next three weeks. We will notify you if anyone else becomes ill.

Sincerely,

Sample General Letter to Parents about Meningococcal Illnesses

Date:

Dear Parents/Guardians,

A student or staff member in our school has a serious illness caused by bacteria named Neisseria meningitides. Although children younger than five are most often affected, older children and adolescents are the next group most commonly affected. Adults can become ill as well. The bacteria can be spread between persons who are in close physical contact through exchange of saliva, through coughing, sneezing, kissing, or the sharing of eating and drinking utensils such as drinking cups and water bottles. While household contacts are at the highest risk of contracting this illness, others sharing the above exposures are at risk as well.

There are medications that can be taken to reduce the risk of infection. These medicines can help eliminate the bacteria from someone else who has been exposed. However, at this time, only people who are considered to be close contacts of the ill person need to take this medication. Those individuals will be required to receive this medication before returning to school.

Many people can carry the Neisseria meningitides bacteria in their nose, throat, and mouth without getting sick. In most cases, carriage of the organism does not pose a danger. However, both sick people and carriers can pass these germs to others. The time from exposure to illness can be from 1 to 10 days, but is usually 1 to 4 days.

Your child is not believed to be a close contact of the ill person. If you feel, however, that your child has shared any of the exposures outlined above with the ill person in the two weeks previous to their becoming ill, please **notify your health care provider or the school nurse.** In either case, **watch your child for signs of illness such as headache, stiff neck, fever, or vomiting for the next three weeks. IF your child becomes ill, take him or her to your health care provider immediately.** Neisseria meningitides can cause meningitis, an infection of the coverings of the brain, that is often fatal if not treated with antibiotics. Symptoms of meningitis include headache, stiff neck, fever and chills, vomiting and occasionally a skin rash with fine red "freckles" or purple splotches.

Remember that our school will be very watchful during the next three weeks. We will notify you if anyone else becomes ill or if our recommendations change. If you have any questions or concerns about your child, contact your health care provider or the school nurse.

Sincerely,

Quick Reference

Bacteria called Neisseria meningitides can cause meningococcal illnesses that are serious and sometimes fatal. The most common of these illnesses is meningitis, an inflammation of the covering of the brain. People with this type of meningitis must be hospitalized immediately and receive intravenous antibiotics. The disease usually starts suddenly with fever, chills, lethargy and a rash of fine red freckles or purple splotches. Older children and adults may experience severe headache, neck pain and stiffness.

Transmission: Although children younger than age six months are most often affected, older children and adolescents are the next most commonly affected group. Adults can become ill as well. The bacteria are passed between people who are in *close contact* through coughing, sneezing, nasal discharge, saliva, and touching of infected secretions. It can be spread by sharing eating utensils, drinking cups, water bottles and kissing. While household contacts are at the highest risk of contracting this illness, others sharing these exposures are at risk as well.

Many people can be carriers and have these bacteria normally in their nasal passages, throats or mouths without symptoms of illness. Both sick people and carriers can pass the germs to others. These bacteria, however cannot live on environmental surfaces. Usually illness occurs one to four days after a person has been exposed, although incubation can take up to ten days. If one infection occurs at a school, this may indicate that there may be more than the usual number of carriers, and the risk of disease spread is, therefore, greatly increased. Individuals are considered infectious for approximately 24 hours after the beginning of effective antibiotics.

Diagnosis: Individuals showing signs and symptoms of this disease are diagnosed by culturing their blood or spinal fluid. It may take up to 72 hours to grow and identify the bacteria. Sometimes a doctor can make an earlier diagnosis by looking at a persons spinal fluid under a microscope.

Treatment: Individuals with these infections require hospitalization for care and a closely supervised program of antibiotics. Sick people and anyone they have had close contact with (i.e., household members and friends sharing eating and drinking utensils, such as water bottles, or kissing) in the two weeks prior to their onset of symptoms should also take an oral antibiotic (in most cases, this medicine will be Rifampin) to lower the risk of the spread of the disease to others. Preventive treatment of all close contacts should be implemented up to the first two weeks after onset of the first case but preferably as soon as possible within the first 24 hours.

If only one case occurs in a classroom, prescribing antibiotic treatment for the entire classroom is not currently recommended unless the members meet the definition of a "close contact." However, if more than one case should occur in a school or classroom, after consultation with the Division of Epidemiology, the recommendation on who should receive preventive treatment with antibiotics, i.e. Rifampin, might be expanded. **Note:** Exposed pregnant women and individuals with liver disease should consult with their health care provider to determine which preventive antibiotic is safest for them.

School Attendance Guidelines: Individuals with meningococcal disease are too ill to attend school. They may return when they are well (after hospital treatment) and after they have taken

Rifampin or other effective prescribed antibiotic for two days. All individuals who have been determined to be a close contact with a person who has meningococcal disease should not return to school until their treatment with antibiotics is started. If antibiotics are not taken, contacts should be excluded for one week after onset of the last case.

Reporting Requirements: A case of meningococcal illness must be reported to the local boards of health immediately.

Notification Guidelines: The school nurse and school physician collaborating with the local board of health and school officials, should develop a system for immediate notification of parents, staff and the proper health authorities if a student or staff member becomes ill with a meningococcal illness. When necessary they may consult with the MDPH.

Due to the seriousness of this illness, there is often a great deal of concern among parents and the community. Providing information about the number of cases, the symptoms and recommended precautions often allays community concern.

Parents of any student enrolled within one month of the last case should receive written information about meningococcal disease so they may take appropriate precautions. Fact sheets concerning meningitis are available from MDPH and may accompany parent notifications.

Stop - Spread Guidelines:

- The best way to prevent spread of meningococcal disease is to alert everyone that a case has occurred so that appropriate preventive treatment can begin.
- Instruct significantly exposed staff and the parents of significantly exposed students to contact their health care providers immediately.
- Anyone having had close contact with the ill person (i.e. house hold members and friends sharing eating and drinking utensils, sharing water bottles, or kissing) in the two weeks prior to the onset of symptoms should take antibiotics, i.e. Rifampin, per licensed prescriber's order, to lower the risk of the spread of the disease to others. This treatment of all close contacts should be done within the first two weeks of diagnosis of the first case, but preferably as soon as possible within the first 24 hours. Deciding who is a close contact can be established by consulting with the school nurse, school physician, and/or local board of health.
- Inform parents and staff that antibiotics do not provide absolute protection against disease. *Therefore, any student or adult who develops symptoms such as fever or headache* requires prompt evaluation by a health care provider.
- Monitor the situation closely for 2 to 3 weeks. Make sure all ill students and staff are seen by their doctors and that the school is notified if another person develops meningococcal disease. Be sure that the parents of any student who is enrolled during this period are informed about the risks so that they may take appropriate precautions.