

CHP investigates case of invasive meningococcal infection

The Centre for Health Protection (CHP) of the Department of Health today (January 11) is investigating a case of invasive meningococcal infection. As this is a serious disease transmitted by direct contact with droplets from carriers or infected persons, the CHP reminds the public to maintain good personal and environmental hygiene at all times to minimise the risk of infection.

The case involves a 57-year-old female with good past health, who presented with high fever, cough with sputum and shortness of breath since January 7. She attended the Accident and Emergency Department of Ruttonjee Hospital on the following day and was admitted for treatment on the same day. She was transferred to the intensive care unit of the hospital on January 9 due to heart failure. Her blood sample was tested positive for *Neisseria meningitidis* upon laboratory testing. Her clinical diagnosis was meningococcaemia. The patient is now in serious condition.

Initial enquiries revealed that the patient had no travel history during the incubation period. Her household contacts remain asymptomatic. The CHP's investigation is ongoing.

"Meningococcal infection is caused by a bacterium known as meningococcus. It is mainly transmitted by direct contact with respiratory secretions, including droplets from the nose and throat, of infected persons. The incubation period varies from two to 10 days, and is usually three or four days. The clinical pictures among the infected may vary. Severe illness may result when the bacteria invade the bloodstream (meningococcaemia) or the membranes that envelop the brain and spinal cord (meningococcal meningitis)," a spokesman for the CHP said.

Meningococcaemia is characterised by a sudden onset of fever, an intense headache, purpura, shock and even death in severe cases. Meningococcal meningitis is characterised by high fever, severe headache and a stiff neck followed by drowsiness, vomiting, fear of bright light, or a rash. It can cause brain damage or even death. The brain damage may lead to intellectual impairment, mental retardation, hearing loss and electrolyte imbalance. Invasive meningococcal infection can be complicated by arthritis, inflammation of the heart muscle, inflammation of the posterior chamber of the eye or chest infection.

Meningococcal infection is a serious illness. Patients should be treated promptly with antibiotics. To prevent meningococcal infection, members of the public are advised to take the following measures:

- Wash hands with liquid soap and water properly, especially when they are

dirtied by respiratory secretions, e.g. after sneezing, and clean hands with alcohol-based handrub when they are not visibly soiled;

- Cover the nose and mouth when sneezing or coughing, hold the spit with a tissue, dispose of nasal and mouth discharge in a lidded rubbish bin, and wash hands immediately;
- Avoid crowded places;
- Avoid close contact with patients who have a fever or severe headache;
- Travellers to high-risk areas may consult doctors about meningococcal vaccination; and
- Travellers returning from high-risk areas should seek medical advice if they become ill, and should discuss their recent travel history with their doctor.

The public may visit the CHP's [website](#) for more information on meningococcal infection.