

本署檔號 Our Ref. : (7) in DH SEB CD/8/36/1

來函檔號 Your Ref :

電話 Tel. :

傳真 Fax No. :

24 November 2004

Dear Doctor,

### Media reports of meningococcaemia in the Philippines

You may be aware of the recent media reports of meningococcaemia in the Philippines. The Centre for Health Protection has been contacting the World Health Organization and the Consulate General of Philippines and the Philippine health authority to obtain information on this outbreak. It will be prudent for medical practitioners to maintain a high level of clinical suspicion and ask detailed travel history if the patient has fallen sick during or after travelling overseas.

In Hong Kong, meningococcal infection is a statutorily notifiable disease. There have been 3 - 14 cases per year reported during 2000 - 2003, and 2 cases reported so far this year. About half of the cases presented as septicaemia and the other half presented as meningitis. Some 40% of cases were caused by serogroup B. As you all know, meningococcal infection is caused by *Neisseria meningitidis*, and the known serogroups that caused invasive diseases included A, B, C, X, Y, Z, W135 and L. Risk of invasive disease due to *N. meningitidis* is higher in children, and decreases with age, and higher in person with terminal complement deficiency or splenectomy. Human is the only reservoir of *N. meningitidis*. Carriage rates can range between 1% and 50%, and most carriers are asymptomatic. The disease is transmitted through direct contact, including respiratory droplets from the nose and throat of infected people. The incubation period varies from 2 to 10 days, commonly 3 to 4 days.

While meningococcal meningitis is characterized by sudden onset of intense headache, fever, nausea, vomiting, photophobia and stiff neck, meningococcal septicaemia may be difficult to recognize: abrupt onset, fever and shock occur irregularly, petechial rash or purpura may not be obvious initially and meningeal symptoms are usually absent. The purpura is usually localized in the extremities, or generalized, cutaneous or mucosal (conjunctival). In meningococcal meningitis, the case-fatality rate usually is around 10% among patients who are appropriately treated. In meningococcal septicaemia, the case-fatality rate may exceed 50%. Prompt treatment with antibiotics and supportive therapy are essential.

Medical surveillance and chemoprophylaxis for close contacts of cases are important for the prevention of spread of the disease. Please be reminded to report suspected or confirmed cases to our Central Notification Office (tel: 24772772 or fax: 24772770) during office hours or Medical Control Officer (71163300 call 9179) outside office hours.

A hotline (tel.: 2575 1221) has been set up to answer public enquiries. General advice to the public for prevention of diseases transmitted by respiratory droplets include:

- Observe personal hygiene especially the practice of hand washing
- Keep hands clean and wash hands properly
- Wash hands when they are dirtied by respiratory secretions, e.g. after sneezing
- Cover nose and mouth while sneezing or coughing and dispose of nasal and mouth discharge properly.

Yours faithfully,



(Dr. SK Chuang)

Acting Consultant Community Medicine (CD)  
Centre for Health Protection

