

Meningococcal meningitis

Abstract:

Meningococcal meningitis has been recognised as serious problem for almost 200 years. In Africa the disease occurs in epidemics periodically during the hot and dry weather in the "meningitis belt" and in east Africa, which is outside this belt the epidemics tend to occur during the cold and dry months. The infection is mainly transmitted from person to person by nasopharyngeal carriers in crowded places like refugee camps and army barracks. The rural/urban migration, the basic structural conditions of housing in squatter settlements and slums together with an overcrowded transport system have also contributed to the transmission of meningococcal meningitis. The earlier treatment of meningococcal meningitis was by the way of repeated CSF drainage. The first important advance in the treatment was intrathecal injection of antimeningococcal serum. A major break through in the treatment was the introduction of sulphonamides which was the preferred treatment until emergence of resistance to sulphonamides in mid 1960's. Penicillin remains the drug of choice currently. Mass immunisation of selected communities using polyvalent A and C polysaccharide vaccine is a useful control measure. Chemoprophylaxis is generally not recommended during epidemics. Given the current population densities and rural/urban migration together with financial constraints, future epidemic in Kenya may be more explosive unless strict surveillance programmes are maintained.