

CHP investigates case of invasive meningococcal infection

The Centre for Health Protection (CHP) of the Department of Health today (May 22) is investigating a case of invasive meningococcal infection, and reminds the public to avoid direct contact with droplets from carriers or infected persons and to maintain good personal and environmental hygiene at all times to minimise the risk of contracting this serious disease.

The case involved a 68-year-old male with underlying illnesses, who presented with fever, left knee pain and swelling on May 17. He attended the Accident and Emergency Department of Pamela Youde Nethersole Eastern Hospital on May 18 and was admitted for treatment on the same day. His left knee joint fluid specimen tested positive for *Neisseria meningitidis* upon laboratory testing. The clinical diagnosis was septic arthritis of the left knee. The patient is now in a stable condition.

An initial investigation revealed that the patient had no travel history during the incubation period. His home contacts have remained asymptomatic so far. The CHP's investigation is ongoing.

Meningococcal infection is one of the statutory notifiable diseases. As of today, the CHP has recorded six cases this year.

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. Severe illness may result when the bacteria invade the bloodstream (meningococcaemia) or the membranes that envelop the brain and spinal cord (meningococcal meningitis). 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, stiff neck followed by drowsiness, vomiting, fear of bright light, or rash; it can cause brain damage or even death.

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 soiled 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;
- Consult doctors about meningococcal vaccination before travelling to

high-risk areas; and

- Seek medical advice if you become ill after returning from high-risk areas, and discuss your recent travel history with your doctor.

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