

NEW ZEALAND RUGBY LEAGUE

MENINGITIS POLICY

At present in New Zealand, there is an increasing number of cases of meningitis caused by a bacteria called Neisseria Meningitidis. Neisseria Meningitidis may be present in the nasal passages and upper airways of up to 25% of the general population. Carriers of Neisseria Meningitidis often have no symptoms.

In 2001, there were 17.4 cases per 100,000 people in New Zealand, whilst in 2000 there were 13.3 cases per 100,000.

It can affect all ages, but in particular, infants and young adults aged 15-19. The incubation period is 3-10 days, and usually only 3-4 days.

It is an extremely serious disease, with an average fatality rate in New Zealand of 3.5% for the year 2000, and 4.4% in 1999.

It has to be diagnosed early and treated immediately, as it progresses very rapidly. It usually begins with symptoms similar to influenza, and then rapidly advances in a matter of hours.

85% of patients present with an intense headache, sudden onset of fever and neck stiffness. Nausea, vomiting, rigors, profuse sweating, weakness, myalgias (muscle aches and pains) and photophobia (an aversion to bright lights) are also common. A blotchy skin rash, particularly on the arms and legs, is present in 50% of the patients. The rash develops very quickly. For example, new lesions will occur while the doctor is examining the patient. Seizures occur in 40% of patients.

As the disease progresses, there is confusion, delirium, a declining level of consciousness, coma and also death.

A number of antibiotics are available to treat the disease, yet there is still an unacceptably high incidence of morbidity and mortality.

One-third to one-half of all survivors are left with the major problems of hearing loss, mental retardation, seizures, cerebral palsy, and behavioural problems.

It is thought that the bacteria responsible for the disease are passed from person to person in the exchange of saliva from the nose and throat.

Therefore, activities such as kissing, sharing food, sharing drinking and eating utensils, and sharing a cigarette all increase the risk of picking up the disease.

Living in the same house, sleeping in the same room overnight, or having spent a number of hours in the same closed space, having also been implicated in transmission of the disease.

Close contacts of confirmed cases are estimated to have a 500-800 times increased risk of developing the disease.

Adopting good health practices, therefore, is very important in reducing the chance of catching the disease.

Therefore, it is recommended that Rugby League teams do not share water bottles, and that team members should use only their own individual water bottles. If it is unavoidable to use separate water bottles, then it is important that the mouth is not put around the plastic tubing of the water bottle, squeeze the bottle and drink from the stream instead, without touching the tubing.

In addition, do not share mouthguards and avoid washing mouthguards using team water bottles, Team members should always wash mouthguards using their own individual water bottles. Similarly, team members should not share drinking utensils such as glasses and beer bottles, nor eating utensils such as knives, forks, spoons, etc.

Factors predisposing individuals to the disease are not well understood. Therefore, prevention strategies should be directed towards reducing the chances of infection, and also directed at reducing the incident of adverse outcomes in those that develop the disease.

Early treatment of those with the disease is paramount. Parents, families and friends must know to seek urgent medical help for people with a fever who become rapidly and progressively unwell.

People who have had close contact with a known case of meningitis, must also seek immediate medical attention for preventative treatment.