

## Preventive measures



## Vaccination

Meningococcal meningitis vaccination in Thailand is bivalent and quadrivalent



## Vaccination services

Travellers may receive vaccination against meningococcal meningitis at the following medical centers :-

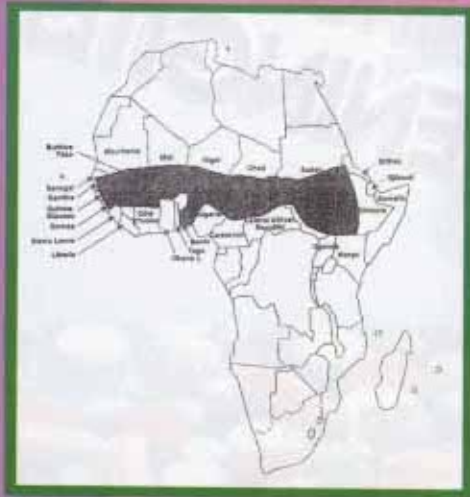
- Immigration Medical Office,  
Immigration Bureau, Sathorn Road  
Tel. 0 2286 5114, 0 2286 0161
- International Vaccination Room,  
Bamrasnaradura Institute  
Tel. 0 2951 1168-79, 0 2590 3430
- Port Health Office, Bangkok International Airport.  
Tel. 0 2535 1482, 0 2535 4245
- Port Health Office, Bangkok Port.  
Tel. 0 2249 4110, 0 2249 4418
- Thai Red Cross.  
Tel. 0 2252 0161-4 ext. 132
- Disease Control Division, Department of Health,  
Bangkok Metropolitan Administration.  
Tel. 0 2247 5069, 0 2245 3082
- 14 Provincial Health Offices in the Southern  
Part of Thailand.



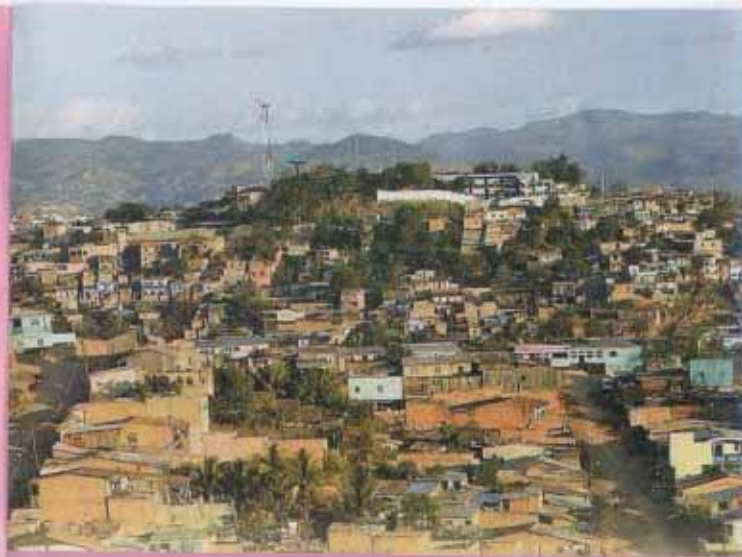
International Communicable Disease Section  
Bureau of General Communicable Diseases  
Department of Disease Control  
Ministry of Public Health  
Tel. 0 2590 3232-5 [www.ddc.moph.go.th](http://www.ddc.moph.go.th)

# Meningococcal

## meningitis



Meningococcal meningitis is an acute bacterial disease. The infectious agent is *Neisseria meningitidis*. The mode of transmission is by direct contact and respiratory droplets from nose and throat of infected people. Meningococcal infections have been reported worldwide especially in temperate and tropical regions. The disease occurs commonly in children and young adults, under crowded living conditions. Many infected people show only a subclinical mucosal infection. Asymptomatic carriers can spread the disease to close contacts.



### Advice for the Annual Umra and Pilgrimage to Mecca in Saudi Arabia

The Saudi Arabia has issued the regulations for religious visitors to show the medical prove of their inoculation against meningococcal meningitis. The immunization must have been administered not less than 10 days and no later than 2 years before their proposed travel date.



### 6 Symptoms

Patient is characterized by intense headache, stiff neck and cough followed by onset of fever, febrile illness, joint and muscle involvement. Many patients develop a Petichial rash and leukocytosis. Delirium and coma often appear ; occasional fulmination cases exhibit sudden prostration, ecchymosis and shock at onset. Severe patient may die within 24 hours after onset of symptoms.

