Sequelaes at hospital discharge in 49 children with invasive meningococcal disease. Chile, 2009-2019

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To assess the sequelae is one of the pillars from the "Defeating meningitis by 2030" plan of the World Health Organization

The aim of this study was to describe the sequelae at hospital discharge caused by IMD in children between years 2009-2019.

Cross-sectional study performed with medical records in two pediatric public hospitals of Santiago, Chile. Patients with microbiologically confirmed diagnosis of IMD from 2009-2019 were included. Bivariate analysis and logistic regression were performed. Descriptive statistics and Stata 15 analysis were used.

52 patients were reviewed, 3 patients died. Statistical analysis was performed in 49 patients. Sixty-nine% were male, median age 9 months [IQR 19.5], 67% were admitted to intensive care unit. Serogroups W and B were identified in 30 and 17 cases, respectively. We found 29 patients with at least one sequelae (59%). The presence of shock, vomiting and meningeal signs and meningitis + meningococcemia at admission were associated with the development of sequelae. Neurological sequelae were the most prevalent. Ostearthritic sequelae was associated with IMD by MenW.

Invasive meningococcal disease remains as a public health concern. A high rate of sequelae were found in pediatric patients in Chile.

A multidisciplinary follow-up protocols to reduce their long-term impact must be urgently established as a priority to assess all children and their families with the aim to reduce the long-term consequences/impact of IMD.