Meningococcal meningitis occurs throughout the world either in epidemic form or in sporadic form. In epidemic form, it may occur in civilian populations or in closed communities such as military establishments, prisons, hostels etc. (Cocks, 1952, Hake, 1935) Individual cases of meningococcal meningitis occurring in paediatric age groups are very well-known.

Indian subcontinent had recorded several severe outbreaks in Calcutta, Amadabad and Delhi during the years 1933, 1934 and 1935. From the beginning of 1937, however, definitely increasing number of cases of cerebrospinal meningitis were being admitted into the Contagious Disease Hospital, Rangoon. (Shuja et al. 1935, Russell et al., 1936).

No recognised epidemic occurred in Indian army during the years 1938-1947. However, a steady number of cases did occur in Indian troops every year mainly in the Northern recruiting and training centres. (Manual of hygiene for armed force, 1953) Further, there was an increase in number of cases during 1962-1963, due to expansion in Indian army. (Manual of health for armed force 1960). The increase in the incidence in the above situations was due to unavoidable over-crowding at the training centers. Much later, only one outbreak of meningococcal meningitis occurred at the central prison, Aurangabad in 1969. (Gatho et al., 1971)

Situation in Baroda.

Three localised outbreaks occurred at the Police Training School (P.T.S.) Baroda, during the years 1973,
1978, 1979 and 1980, a total of 31 inmates suffered from meningococcal meningitis, of which four died. The last of these three outbreaks, was studied in detail. (Vyas et al, 1980) Immediately following the last outbreak, a preliminary study was made to find out the carrier status of the inmates of the Police Training School personnel. (Saxit et al, 1981).

However, a thorough study of this problem in all its aspects, could not be carried out in the above mentioned preliminary study. At the same time, it was necessary to see that such frequent outbreaks do not recur at the P.T.S. Baroda. Many questions remained unanswered even after the conclusion of the third outbreak of meningococcal meningitis at the P.T.S., Baroda.

What is the carrier status of the inmates of the P.T.S., Baroda? What is the carrier status in general population? What is the carrier status in children of various age groups? Does the carrier rate of meningococci in the community parallel the seasonal pattern of the disease? To what extent does the carrier status influence the occurrence of meningococcal meningitis in
a given population? What is the predominant serogroup of meningococcal isolates which would enable the correct use of a proper vaccine? What are the levels of antibodies in the sera of various groups of population? What chemoprophylactic measures can be undertaken? To what extent the other preventive measures have a role in controlling future outbreaks of meningococcal meningitis?

Indian literature on the subject of meningococcal meningitis especially in epidemic form, is very scanty and almost does not answer any of the above questions. Hence, an attempt is made to find out the answers to the above questions, with emphasis on the carrier status of K. meningitidis in various groups of population with special reference to the inmates of T.B.O., Daroda.