

G645m Infection Control Guidance Meningococcal Disease (Meningitis and Septicaemia)

Introduction

Meningococcal disease is a serious illness, which is caused by germs called meningococcal bacteria. Everybody should know about this particular disease!

At any moment in time, around one in ten of the adult population and up to a quarter of all young people carry meningococcal bacteria in their noses and throats without problem, indeed the presence of these germs may even encourage resistance in a person to meningococcal disease.

However, meningococcal bacteria can seriously affect an individual if that person is, or becomes, 'susceptible' to the germ. Fortunately this is quite a rare occurrence.

In these circumstances, the bacteria overcome the body's defences and get into the bloodstream, and may also penetrate the brain membranes. This can result in septicaemia (blood poisoning) and/or meningitis (inflammation of the lining of the brain). It is not yet fully understood by doctors exactly why this happens in some people and not in others.

Meningococcal disease mainly affects infants and teenagers and is more common during the autumn and winter months. It is also more common among new University students who live 'in hall'. Routine childhood immunisation with conjugate Men C vaccine will help protect against the 'C' type of disease, but not against other types such as 'B', which is the commonest type.

To put this rare but important problem into perspective, it would be expected that around 3 people per 100,000 of the population might develop meningococcal disease each year. Sadly, up to 11 people out of every 100 people, who become ill, can die from the disease. **Early recognition of the problem, with immediate treatment, can save a life!**

What are the signs and symptoms of meningococcal disease?

Someone with meningococcal disease (meningitis and/or blood poisoning) is likely to become very unwell. The illness often develops over one or two days, but cases can become very ill, very quickly - sometimes in a matter of only hours...

Signs & symptoms in **children and adults** may include:

severe headache; fever; vomiting; aching limbs and joints; neck stiffness; dislike of bright lights; drowsiness tending towards unconsciousness; shivering and cold feet and hands; rapid breathing; severe muscle aches; abdominal pain and diarrhoea; rash of red purple spots or bruises*

Signs & symptoms in **babies** may include:

Fever; refusing feeds and/or vomiting; tense or bulging fontanelle (soft spot on head); fretfulness; difficult to rouse; staring expression; shrill or moaning cry; pale or blotchy skin; turning away from light; body stiffening with

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involuntary movements, arching of the head and neck - or even sometimes a 'floppy' body; altered breathing pattern; rash of red purple spots or blotches*

*** IMPORTANT NOTE:**

The 'characteristic' rash of meningococcal disease in babies, children and adults usually **does not fade or blanch** if pressed firmly with a clear drinking glass - it will remain visible. This rash, in the presence of an ill person, is a **serious danger sign** and needs immediate action. If you see this sign don't delay get urgent medical help or attend a hospital Accident and Emergency Department.

What should you do if you suspect meningococcal disease?

If you suspect that a baby, child or adult might have meningococcal disease - you should call the doctor immediately. Explain clearly why you are concerned, describe the patient's signs and symptoms carefully, and ask for advice.

If the doctor is not available, and you are seriously worried that the problem might be meningococcal disease, **don't delay**, have the case taken straight to the nearest hospital Accident and Emergency Department. Dial a 999 ambulance, if necessary.

What if you have been in close contact with a case?

The bacteria, which cause meningococcal disease, can only live for a few seconds outside the body. These germs can therefore only be passed from one person to another by very close contact (for details of this, see '*risk category*' contact below).

In the vast majority of cases, when a person acquires 'new' meningococcal bacteria, they simply live on for a period in their nose and throat without causing any problems for that person.

In very rare instances (around 3 per 100,000 per year), the person acquiring the 'new' meningococcal bacteria will be '*susceptible*' to the germs, which will penetrate into their blood stream and in less than 7 days may cause meningococcal disease.

A '*Risk category*' contact (that is, contact likely to lead to the passing on of meningococcal bacteria) occurs when a person has, during the **7 days prior to onset** of the illness in the case of meningococcal disease:-

- **Had mouth-to-mouth kissing with the case (that is, exchanging saliva, not just a 'peck on the cheek')**
- **and/or**
- **Lived and slept in the same household as the case (that is, not just 'visiting')**

If you **are** considered to be a '*risk category*' contact of a case, your doctor will probably suggest as a routine precaution that you have a short course of special antibiotic treatment (called *prophylaxis*). Ask for a leaflet about this treatment.

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It is most important to note that this prophylaxis is not designed to 'cure' you if you are already developing meningococcal disease – it will however get rid of any meningococcal bacteria, which you might have picked up from the case and are currently dwelling in your nose and throat. This will reduce the remote chance that you will pass these germs on to another person who might be '*susceptible*', and therefore be likely to get the disease.

Those people who have **not** had this type of '*risk category*' type contact with a case, do not need to take any particular extra precautions. Your family doctor or nurse can advise, if necessary.

People who are only contacts of '*risk category*' contacts do not need to take any special precautions.

In any case, whether or not you have been given prophylaxis, it is always wise know about, and be alert for, the signs and symptoms which might indicate the start of meningococcal disease.

Further information, advice and support is available from:-

- **Your own surgery**
- **The Meningitis Research Foundation (24 hour Helpline): 0808 800 3344**
- **The National Meningitis Trust (24 hour Helpline): 0845 6000 800**
- **NHS Direct (24 hour Helpline): 0845 4647**