TREATMENT AND PREVENTION

Bacterial meningitis and meningococcal septicaemia need immediate treatment with antibiotics and appropriate hospital management. People who have come into close contact with meningococcal patients and meningococcal septicaemia require antibiotics (unless contacts are people who are living or working in the same house and are only likely to have been in contact if they have been sick). Family and friends at the same address, and anyone who has been to the same social event with the patient, are at increased risk.

- Antibiotics are given to kill off any meningococcal bacteria which may be lurking in the nose and throat. This reduces the risk of passing the bacteria on to others.
- Research suggests that not smoking may reduce the risk of contracting meningococcal disease in the family.

Apart from vaccines, there is no known way to protect against meningococcal and meningococcal septicaemia.

Vaccines

Meningococcal - most UK cases are caused by groups B and C. Several licensed vaccines have been available for some years. Groups A, C & W vaccines and groups A, C, Y & W 13 vaccine are recommended for people travelling to areas of the world where these groups are common. They are effective in children under 10 months of age and provide short-term protection (around 3 years) in older children and adults. A new meningococcal vaccine for Group C, which provides long-term protection, is now given as part of the National Immunisation Programme. The number of cases of Group C disease have fallen nationally. This vaccine gives protection only against Group C.

Effective vaccines for Group B are still under research.

Haemophilus influenzae type B (Hib) - an effective vaccine against this disease was introduced into the childhood immunisation programme. This has almost eliminated Hib meningitis in the UK. This vaccine does not protect against any other types of meningitis.

Pneumococcal - effective vaccines against meningococcal meningitis have been available for many years. It is recommended for those at particularly high risk - those with sickle cell anaemia, sickle cell disease, or sickle cell trait, and also anyone who is likely to be infected and often affected by illness with other bacteria. This vaccine provides short-term protection and is effective in children under 15 years.

It is advisable that a new more effective vaccine which gives long-term protection for children up to the age of two years will soon be recommended for those at high risk. These vaccines are typically given after other childhood vaccinations, e.g., for polio, meningococcal and meningococcal septicaemia.

THE MENINGITIS TRUST

The Trust is a registered charity founded in 1986 by people who had a direct experience of meningitis. The Trust offers support by:

- producing an extensive range of information to raise awareness of the disease;
- funding research into vaccines and treatments;
- offering a wide range of support for people affected by meningococcal septicaemia.

24-hour nurse-led Helpline: 0845 6060 600 - call charged at local rate - available for people concerned about menigitis. See our support line in the morning for information, Monday to Thursday, 9am to 9pm, and call 0845 7680303 to arrange a meeting. If necessary, a doctor can also be contacted on call directly.

Financial Grants - an important feature of the Trust is our £500 and £1,000 financial awards. Home Visits - home visits and support are provided to all young people and families following a diagnosis of meningococcal septicaemia.

Counselling - if your teenager or young adult is still unable to accept or deal with the diagnosis, we have a counsellor who can help.

Community Help Groups - a group for people who have had an experience of meningococcal septicaemia who support the aims of the Trust.

You, 020 8761 6060, or contact us at either of the addresses below. The information specialist and the counsellor are available by telephone, email or post.

Meningitis Trust
Fern House, Bath Road, Stroud, Glos GL3 7T
Phone: 01453 768009, Fax: 01453 768011, Minicom: 01453 768009, E-mail: info@meningitis-trust.org.uk

What is meningitis?

Answering your questions about meningitis and meningococcal septicaemia

- How are they?
- How do you get bacterial meningitis/ meningooccal septicaemia?
- Signs and symptoms
- What should you do?
- Treatment and prevention
- Vaccines
WHAT ARE MENINGITIS AND MENINGOCOCCAL SEPTICAEMIA?

- Meningitis is inflammation of the meninges, the lining surrounding the brain. It can be caused by many different organisms including bacteria, viruses and fungi.

- Septicaemia is blood poisoning caused by bacteria entering the bloodstream and multiplying uncontrollably.

Bacterial meningitis is a very serious and needs urgent treatment with antibiotics. Anybody has the potential to cause meningitis. In the UK the most common is the meningococcal bacteria followed by the pneumococcal bacteria. TSS, coliform and group B streptococcal bacteria can also cause meningitis.

The meningococcal has four main groups. A, B, C, W135 and X. Group A and Y rarely cause disease in the UK. Group B accounts for the majority of the remaining cases and is in the main cause of clusters or outbreaks of the disease. In recent years group W135 has caused a small number of cases.

Viral meningitis is more common than bacterial meningitis. It is caused by viruses, but it can make people very ill. The meningitis can be caused by many different viruses e.g. coxsackie and herpes simplex. Some are spread by coughing, sneezing or through poor hygiene e.g. not washing hands after going to the toilet. Others can occur in a water-polluted water supply.

Contact with a person who is suffering from viral meningitis does not increase an individual's chances of developing the disease. Although the initial viral illness is infectious, this does not mean that the virus will necessarily cause meningitis.

Fungal meningitis is extremely rare and is caused mainly by the cryptococcal fungus. It usually only occurs in people whose immune system has been severely weakened by disease (e.g. AIDS or leukaemia).

HOW DO YOU GET BACTERIAL MENINGITIS/MENINGOCOCCAL SEPTICAEMIA?

The bacteria are very common and live naturally in the back of the nose and throat. They are normally spread between people in close and prolonged contact by coughing, sneezing and intimate kissing before there is salivary exchange. They do not live for very long outside the body, so they cannot be picked up from water supplies, swimming pools or buildings.

People of any age can carry the bacteria for days, weeks or months without becoming ill and carrying the bacteria can help to make you more immune to meningitis. Occasionally they overcome the body's defenses and cause meningitis and meningococcal septicaemia.

SIGNS AND SYMPTOMS

Meningitis and meningococcal septicaemia may not always be easy to spot at first because the symptoms can be similar to those of flu. They may develop over one or two days, but sometimes develop in a matter of hours. The incubation period for bacterial meningitis is between 2 and 10 days and for viral meningitis it can be up to 3 weeks. Symptoms do not appear in any particular order and some may not appear at all. It is important to remember that other symptoms may occur.

SYMPTOMS IN BABIES

- High temperature, fever possibly with cold hands and feet
- Vomiting, or refusing feeds
- High pitched, sneezing or Maxwell cry
- Blurred vision or sleeping
- Baby may be floppy, may have difficulty breathing

Both adult and children can have a rash (see diagram)

SYMPTOMS IN ADULTS AND CHILDREN

- High temperature, fever possibly with cold hands and feet
- Vomiting, or refusing feeds
- High pitched, sneezing or Maxwell cry
- Blurred vision or sleeping
- Baby may be floppy, may have difficulty breathing
- Difficulty in waking or sleeping
- Indoctrinable (loss of consciousness)
- Seizures (fits)

WHAT SHOULD YOU DO?

If someone you know is ill, you suspect meningitis or meningococcal septicaemia contact your GP immediately. Describe the symptoms carefully, mention that you think it might be meningitis or meningococcal septicaemia.

If you do not live close to your local hospital, go straight to the nearest Accident & Emergency Department and insist on seeing someone.

If it is meningitis or meningococcal septicaemia, early treatment with antibiotics is vital. Meningitis and meningococcal septicaemia need URGENT medical attention.