**Factsheet**

**SIGNs AND SYMPTOMS**

Patients suffering from septicaemia will develop a rash, called a haemorrhagic rash. This starts as a cluster of tiny blood spots, which look like pin-pricks in the skin. If untreated, these gradually get bigger and become multiple areas of obvious bleeding under the skin surface, like fresh bruises. These “bruises” then join together to form large areas of purple skin damage and discolouration.

Septicaemia can develop quickly. In severe cases, the rash may spread as you watch it. The patient rapidly becomes unwell, loses interest in food and surroundings, becoming feverish and cold with cool hands and feet, followed by coma and sometimes death. Patients who become unwell more slowly may also develop some of the signs of meningitis.

**WHY SOME PATIENTS GET SEPTICAEMIA AND OTHERS GET MENINGITIS**

If the meningococcus invades the body, it enters from the throat, gets into the bloodstream and travels via the blood to the meninges (the lining of the brain). In some cases, the bacteria multiply in the blood and this results in septicaemia before the bacteria can infect the meninges. In other cases, infection in the blood and in the meninges develops at the same time, and these patients get both meningitis and septicaemia.

In a minority of cases, it seems the body can stop the bacteria multiplying in the blood but not in the meninges, and these patients develop meningitis.

Fatality rates for septicaemia are high – around 20 per cent.

*Septicaemia is a medical emergency and needs urgent treatment with antibiotics.*