

Information & Advice for Parents & Relatives on Meningitis & Septicaemia

Infection Prevention Team

We have developed this leaflet to provide you with advice and answer some of your questions about meningitis/septicaemia.

What is Meningitis?

Meningitis is an inflammation of the lining (soft covering) around the brain (meninges). The inflammation can be caused by several different germs, mainly bacteria and viruses.

➤ **Viral Meningitis**

This is a type of Meningitis caused by several different viruses. It is not helped by antibiotics and treatment is based on good nursing care.

➤ **Bacterial Meningitis**

This type of Meningitis is caused by bacteria. It can be far more serious than viral Meningitis. In extreme cases, it can lead to brain damage, blood poisoning (septicaemia) and death. Bacterial Meningitis needs urgent treatment with antibiotics, usually given through a needle normally inserted into the back of the arm.

How did my child/relative get Meningitis?

The bug or micro-organisms that cause Meningitis are very common and can live harmlessly in the back of the nose and throat. People of any age can carry the bugs or micro-organisms without being aware of them.

Spread between people is usually by close contact in the home setting and by intimate contact, such as kissing. The bugs or micro-organisms cannot live outside the body for long periods of time and cannot be spread by water supplies, swimming pools, buildings or factories.

How is Meningitis recognised?

Meningitis is not easy to identify. When the bugs or micro-organisms spread from the nose and throat to the meninges (covering the brain) symptoms start. Meningitis can take a week to develop, or can develop very quickly. The symptoms which are similar to flu, may include;

- High temperature
- Vomiting
- Headache
- Stiff neck
- Painful joints
- Photophobia (inability to tolerate light)
- Drowsiness
- Lack of energy
- Fits
- Rash (see below)

Not all of the above symptoms will be present in any one case.

If the infection is also in the blood stream a particular rash may appear. Initially tiny red to purple spots may be present, which later turn to fresh bruises. The rash does not fade away when pressed. You can check this by putting a clear glass against the skin. By the time the rash appears the individual is often seriously ill.

How is Meningitis diagnosed?

The diagnosis of Meningitis may be confirmed by performing a lumbar puncture. This is a procedure where a needle is placed into the lower back to drain off a small amount of spinal fluid (which coats the brain). This will be sent to the laboratory for examination. The types of germs that have caused the inflammation of the meninges can often then be identified.

Alternatively, the bugs or micro-organisms can sometimes be identified by blood tests, although this may not give an answer as quickly as lumbar puncture.

How is Meningitis treated?

A powerful antibiotic will be started immediately as soon as bacterial Meningitis is suspected.

Will the rest of my family need treatment?

The spread of some types of bacterial Meningitis e.g. "Meningococcal" Meningitis can be reduced. This can be done by giving close family and household members antibiotic treatment and occasionally a vaccine. Having antibiotics does not reduce the risk to zero. You should continue to be observant for symptoms in anyone who has been in close contact.

The Public Health Doctor is automatically informed and, if appropriate, will arrange for all close contacts to receive the antibiotics.

The Doctor looking after your child/relative or your GP may be asked to prescribe these for you. Antibiotics are of no use in contacts of viral Meningitis or "pneumococcal" Meningitis.

Will anyone else need treatment?

Please ask the doctor looking after your child/relative to tell the Public Health Doctor if your child attends a nursery, playgroup or school. It is also important to know if the child has attended any sort of social events such as a party during the last few days before the illness started.

Can my child/relative get Meningitis/septicaemia more than once?

There are various different types of germs that can cause Meningitis and it is possible to have more than one bout of Meningitis.

Can my child/relative have visitors?

People other than household contacts are not thought to be at risk. Visitors will be restricted to ensure the patient receives adequate rest.

Will Meningitis affect my child/relative in the long term?

Some patients make a swift recovery, others may need a lot of support and care in the weeks and months after their illness. It is impossible to predict whether there will be any long term problems.

Parents/Carers are advised to look out for a number of symptoms which may be due to Meningitis or the effects of prolonged hospitalisation. Symptoms include;

- General tiredness
- Recurring headaches
- Short term memory loss

- Clumsiness
- Giddiness – balance problems
- Depression
- Feeling withdrawn
- Violent temper tantrums
- Bouts of aggression
- Mood swings
- Learning difficulties/reduced ability in some areas of school
- Deafness (may be short term)

If these symptoms occur, please ask your paediatrician or your GP for advice.

Where can I get more information?

The National Meningitis Trust – 01453 768000
(08088-010388 – 24 hour line)

Further information is available from the **Infection Prevention Team**. If you wish to see any of them, please ask the ward staff to contact them.

INFECTION PREVENTION TEAM

Nevill Hall Hospital	01873 - 732048
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Royal Gwent Hospital	01633 - 238101
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