

Know the Symptoms

Please keep this for reference

Other symptoms in babies:

- Tense or bulging soft spot on their head
- Refusing to feed
- Irritable when picked up, with a high pitched or moaning cry
- A stiff body with jerky movements, or else floppy and lifeless

What should I do if I am worried about someone who is ill?

Trust your instincts. Someone who has meningitis or septicaemia could become seriously ill very quickly. Get medical help immediately if you are worried about someone who is ill.

Tumbler Test

If someone is ill and gets a rash, do the 'Tumbler Test'. Check for spots over the whole body.



If a glass tumbler is pressed firmly against a septicaemic rash, the marks will not fade. You will be able to see the marks through the glass.

IF THIS HAPPENS GET MEDICAL HELP IMMEDIATELY.



Watch out for tiny red or brown pin prick marks, which can change into larger red or purple blotches or blood blisters.

This rash can be harder to see on dark skin, so check for spots especially on paler areas like palms of the hands, soles of the feet, the stomach, inside the eyelids and on the roof of the mouth.

Remember, a very ill person needs medical help even if there are only a few spots, a rash that fades or no rash at all.

Freefone 24 hour helpline

080 8800 3344 (UK)

1800 41 33 44 (Republic of Ireland)

For more information call
Meningitis Research Foundation's
Freefone 24 hour helpline

080 8800 3344 (UK)

1800 41 33 44 (Republic of Ireland)

or visit our website **www.meningitis.org**



Meningitis Research Foundation's vision is a world free from meningitis and septicaemia. That's why we fund vital scientific research into the prevention, detection and treatment of the diseases.

We raise awareness of the symptoms and the need for urgent medical help by campaigns and leaflets like these. We also offer written and audio information in 22 languages, details of which are on our website. In addition to this an interpretation service in 150 languages can be provided through the helpline. Information is given free of charge.

The charity also offers support to people affected by meningitis and septicaemia.

If you would like to help in the fight against meningitis and septicaemia, please call your local office. Thank you.

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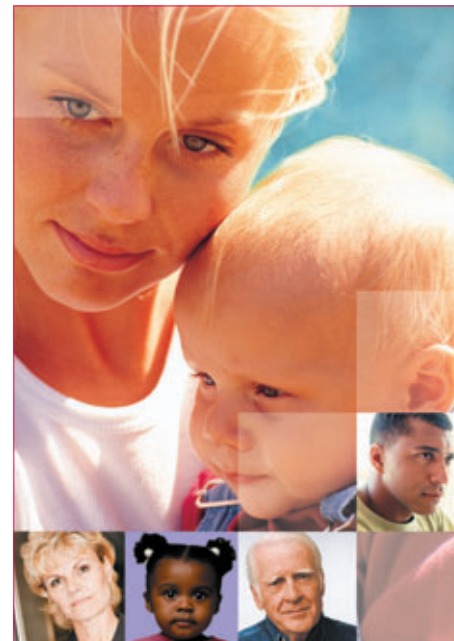
Offices: Belfast, Bristol, Dublin, Edinburgh.
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Am I At Risk?

Meningitis and septicaemia



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- Meningitis and septicaemia can be hard to recognise at first. Symptoms can appear in any order, but the first symptoms are usually fever, vomiting, headache and feeling unwell, just like many mild illnesses. The 'red flag' symptoms often appear earlier than meningitis symptoms like neck stiffness and dislike of light, and before the more serious symptoms.
- Not everyone gets all of these symptoms.
- Septicaemia can occur with or without meningitis.

	Septicaemia	Meningitis
Fever and/or vomiting		
Severe headache		
Limb/joint/muscle pain (sometimes stomach pain/diarrhoea)		
Cold hands and feet/shivering		
Pale or mottled skin		
Breathing fast/ breathless		
Rash (anywhere on the body)		
Stiff neck		
Dislike of bright lights		
Very sleepy/ vacant/ difficult to wake		
Confused/ delirious		
Seizures (fits) may also be seen		

This leaflet is about meningococcal meningitis and septicaemia, or meningococcal disease. It answers the most common questions people ask, and aims to help if you or someone close to you becomes ill. For more information, see Meningitis Research Foundation's website www.meningitis.org or call our **Freefone 24 hour helpline**.

What are meningitis and septicaemia?

Meningitis means swelling of the lining around the brain and spinal cord. Septicaemia is blood poisoning caused by the same germs.

They can occur together or separately. Meningitis and septicaemia are caused by many kinds of germs, but meningococcal disease is the most common serious kind. It is very dangerous and can come on very quickly.

Am I at risk?

The risk of getting the disease is very low. Although meningococcal disease is infectious and can cause outbreaks, 97 out of every 100 cases are isolated, with no link to any other cases.

The bacteria that cause the disease are very common: at any time about one in ten of us has them in our noses and throats without ever knowing they are there, and for most of us this is harmless. We pass the bacteria between each other by close contact (e.g. coughing, sneezing, kissing).

Usually we have to be in very close or regular contact with someone for the bacteria to pass between us. Even when this happens, most of us will not become ill because we have natural immunity.

The bacteria cannot live longer than a few moments outside the human body, so they are not carried on things like clothes and bedding, toys or dishes.

How do people get it?

People get the disease when the bacteria move from the nose and throat and invade the body.

Is there an incubation period?

Yes. Symptoms normally appear within about five days of picking up the bacteria.

Why do some people get meningitis or septicaemia?



We do not yet fully understand why some people get ill from germs that are harmless to most of us.

Babies and young children are at higher risk than older children and adults, partly because their immune systems are not fully developed.

How common is meningococcal disease?

About four people in every 100,000 will get the disease each year in the UK, and five in every 100,000 in the Republic of Ireland.

Can meningitis and septicaemia be prevented?

Vaccines give excellent protection, but cannot yet prevent all forms. For example, there is no available vaccine against Group B meningococcal disease, the most common form of the disease in the UK & Ireland.

The meningitis vaccines in the childhood immunisation programme are:

- The MenC vaccine, against Group C meningococcal disease. This vaccine is also available to older children and young people who have not already had it.
- The Hib vaccine against meningitis and septicaemia caused by the Hib germ. It is given in an injection that also protects against some other childhood diseases.
- The pneumococcal vaccine against meningitis and septicaemia and other serious disease caused by the most common pneumococcal germs.
- The MMR (measles, mumps, rubella) vaccine. This also protects against meningitis caused by mumps and measles.

There are also meningitis vaccines for elderly people, older children and adults with 'at-risk' health conditions, and a vaccine for travellers to certain parts of the world.

To find out more about meningitis vaccines, call the Foundation's helpline.

Can the disease be treated?

Yes. Most people recover, but they need urgent treatment in hospital, and some people are left with disabilities or other after effects.

The charity funds research into diagnosis, treatments and after effects, to help improve the quality of life for people affected. We also fund research into prevention, to put an end to meningitis and septicaemia for good.

How would I know if I've got it?

In the early stages, it can be very difficult to tell meningitis and septicaemia apart from other diseases. It is vital to know the symptoms and to get medical help immediately if you are worried that an ill person may have the disease.

Symptoms are listed in this leaflet.

Who decides what needs to be done for people who have been in contact with the disease?

All cases of meningitis and septicaemia are reported to the Public Health Doctor, who will decide what needs to be done to protect the community, and will also advise schools, colleges or nurseries dealing with cases.

This doctor will make sure that anyone at especially increased risk of meningococcal disease is contacted and offered very strong antibiotics (usually rifampicin or ciprofloxacin). This is to kill the bacteria that cause the disease and so help stop it from spreading. Public health action is sometimes also taken in cases of Hib meningitis, but it is not needed when there is just one case of any other kind of meningitis.

Someone I know has got meningitis. Should I have these antibiotics?

The antibiotics are usually only given to people living in the same household as the patient, and to their boy/girlfriend. Where there have been two or more cases of meningococcal disease within a short period of time in a nursery, school, college or certain other settings, the Public Health Doctor may decide that antibiotics should be given to a wider range of contacts as well, usually to the particular class or school year affected.

This may also happen when there are two or more cases of pneumococcal meningitis or other serious disease caused by the pneumococcal germ. As it takes time for them to take effect, even if you are given antibiotics it is still important to look out for the symptoms.

What about vaccines?



If someone gets Group C disease, the same group of people who got antibiotics will be offered MenC vaccine if they have not already had it. Even if they have had the MenC vaccine in the past, close contacts may need another dose, depending on the situation.

As the incubation period for the disease is usually less than the time it takes for the vaccine to work, it is still vital to know the symptoms.

My sister has the disease. Where can my family get support?

Meningitis Research Foundation offers support to people affected. Please call our **Freefone 24 hour helpline**.

My daughter's boyfriend works in a factory where there has been a case of meningitis. Should I stop her seeing him?

There is no need to avoid people who have been in contact with a case.

Remember one in ten people carry the bacteria, so we come into contact with them all the time.



Is it safe for my son to play with a boy who has had meningitis?



Yes. It is perfectly safe for your son to play with him.

The antibiotics he had in hospital have killed the bacteria, so he's not infectious any more.