

Fact Sheet

Meningococcal infection



What is meningococcal infection?

Meningococcus is a bacterium or bug, which can invade the bloodstream. This is called septicaemia. It can also invade the lining of the brain (the meninges). This is called meningitis.

Meningococcal septicaemia

Children or young adults with meningococcal septicaemia are usually very ill. They have a high fever and can sometimes develop a red or purple rash (this looks like purple dots or bruises). A useful test is to press a glass against the rash. If it stays the same colour and doesn't fade, then this is a more worrying rash. They can also have diarrhoea and vomiting. (Septicemia is a medical emergency and the doctor should be called urgently, or the child taken straight to hospital).

Meningococcal meningitis

Meningitis is an infection of the lining of the brain (see also the Meningitis fact sheet). About half the children or adults with meningococcal meningitis have the same rash as those with meningococcal septicaemia.



Purple rash on a child's arm

Half will have no rash. Children or adults with meningitis usually have the following symptoms:

- fever
- loss of appetite
- headache
- lethargy and/or drowsiness
- irritability or confusion
- vomiting
- can complain that light hurts their eyes
- a stiff neck
- look unwell
- may become unconscious and
- may have convulsions.

If you are worried your child may have meningitis, you must take your child to your local doctor or hospital immediately.

Carriers

Most people who have the meningococcus bacteria in their nose or throat are perfectly well. These people are "carriers" and they do not become ill at all. A lot of people are carriers and the number of carriers increases during outbreaks. People who smoke are more likely to be carriers.

Spread

The organism is spread from a carrier as a result of close contact with his/her nose or mouth bodily fluids eg. saliva. This may occur for example through coughing, sneezing or kissing. When in contact with a carrier, a person may also become a carrier or they may develop the disease. Becoming sick with meningococcal disease is more likely in the very young, following a recent cold or with exposure to a lot of tobacco smoke, such as in indoors or in a car.

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What is the outlook?

Most children and adults with meningococcal septicaemia or meningitis will recover with antibiotic treatments, without suffering any long-term problems. The disease can sometimes be devastating and about one in 20 people die from it. Sometimes, survivors of meningitis have long-term problems, such as deafness. Skin lesions can sometimes be severe enough to require skin-grafting. Very rarely children or young adults may get gangrene and lose one or more limbs. With early antibiotic treatment most cases get completely better.

What is the treatment?

The bacteria respond rapidly to treatment with an antibiotic, such as penicillin. Other treatment, such as a drip to give fluids, is also needed.

Prevention

There are many types (or strains) of meningococci, the most common being type A, B, C, W and Y. Some vaccines against meningococcal are available but they do not protect against all types of meningococci. The current vaccine only gives short-term protection (against types A, C, W and Y) but cannot be given to children less than 2 years old. However, a new vaccine became available in 2002- it protects children from 2 months of age but only against meningococcus type C. The type C only causes 10-15% of cases in children

under 12 months, up to 40% in older children and adolescents. This vaccine requires three doses under 12 months of age but only one dose if given after 12 months. The duration of protection is unknown but may be life long. There is no vaccine yet against type B, the most common type in Australia. More information on these vaccines should be available from your local doctor. These vaccines are not currently part of the routine childhood vaccination program and therefore will need to be prescribed by your doctor.

When a child comes into hospital with meningococcal infection, an antibiotic called Rifampicin is also given to the relatives and close contacts of the child. Rifampicin gets rid of the bacteria from their nose or throat. It is safe, but can turn urine, tears and other secretions orange-red. It will permanently stain contact lenses. It can interfere with the oral contraceptive pill, so women on the pill should use alternative means of contraception while taking Rifampicin.

Remember

- The great majority of children with fever and rash do not have meningococcal disease.
- However, as meningococcal infection is serious, if you suspect your child may have meningococcal infection because of the symptoms mentioned here, take to your child to your doctor or hospital straight away.

This fact sheet is for education purposes only.
Please consult with your doctor or other health professional
to make sure this information is right for your child.

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