Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Meningococcal Disease

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Meningococcal Disease

Patient Information

Child Health Department

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What is Meningococcal Disease?

Meningococcal bacteria cause most childhood cases of bacterial meningitis and septicaemia in the UK and Ireland. Septicaemia (blood poisoning) happens when the meningococcal bacteria in the blood multiply and produce poisons. These poisons attack the walls of the blood vessels so that blood leaks out causing a non-blanching (does not fade when pressed firmly) rash typical of meningococcal septicaemia. Meningitis occurs when the meningococcal bacteria cross from the blood into the lining of the brain. Meningococcal septicaemia and meningitis can occur separately or together. Together they are known as meningococcal disease.

How do we catch Meningococcal Disease?

Many of us carry the bacteria which causes meningococcal disease without ever becoming ill. We pass these bacteria between each other through regular, close and prolonged contact. In very few people, the bacteria overcome the body's immune defences and get into the bloodstream, causing meningitis and septicaemia. Babies are at higher risk of getting meningitis and septicaemia because they do not have fully developed immune (defence) systems. The disease most commonly affects children under five years of age.

What are the symptoms?

The symptoms can appear in any order and not everyone gets all of these symptoms.

Meningitis

- Severe headache and stiff neck, babies may be irritable when picked up with a high-pitched cry.
- Dislike of bright lights.
- Drowsy and less responsive or vacant, babies may hold their body stiff, have jerky movements or feel floppy.
- High temperature (fever), vomiting and poor feeding.
- Babies may have a bulging soft spot (fontanel) on their head.

- Diarrhoea.

Septicaemia

- Rash anywhere on the body either non-blanching or sometimes blotchy red.
- Cold hands and feet.
- Rapid or unusual breathing.

What is the treatment?

Meningococcal disease is treated as an emergency because it can be life-threatening.

- Antibiotics to kill the bacteria are given intravenously (into a vein) for seven days or sometimes longer.
- Fluid is given intravenously (by a drip) if your child is not taking feeds, has been vomiting or is in shock due to the blood poisoning (septicaemia).
- Your child is initially nursed in the High Dependency Unit where his/her condition can be monitored closely. Some children will need to be transferred to a Children Intensive Care Unit for specialised care.
- Paracetamol is given to your child to ease any pain and reduce the temperature (fever).
- Blood tests are done to determine diagnosis and treatment.
- A nasal swab is taken to test for bacteria, which will be killed by the antibiotics.

Treatment for close family and friends

All close family and friends of a child with suspected or confirmed meningococcal disease will need treating with prophylactic (just in case) antibiotics. The usual antibiotic is called Ciprofloxin. This will help to kill any meningococcal bacteria you may be carrying. You will need to inform the doctor if you are taking other medication, have any medical complaints or are pregnant before your prescription is issued.

Public Health involvement

It is a requirement that we inform the Public Health Department of all cases of meningococcal disease. They will then assess and inform all those who need prophylactic antibiotic treatment. This may include children at the nursery or school that your child attends.

Follow up care

Following discharge from hospital, the Consultant will see your child in the outpatients department. Your child will have a hearing test to make sure there is no damage as a result of the infection. This test is usually done 8 to 10 weeks after discharge from hospital.

Please feel free to ask

If you have any questions or queries which we have not covered in this leaflet, the staff will be pleased to answer your questions as clearly and honestly as they can.

Rainbow Ward Telephone Number: 01942 778762 or 778763

Ward open 24 hours per day.

Please note that we can only give specific advice where we have recently been involved in the care of a child.



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