

## 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.



## Other signs in babies

- Unusual grunting sounds
- Tense or bulging soft spot on their head
- Refusing to feed
- Irritable when picked up, with a high-pitched, moaning or odd cry
- A stiff body with jerky movements, or else floppy and lifeless
- Fever is often absent in babies less than three months of age

## 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 them through the glass. If this happens get medical help immediately.

Remember, a very ill baby needs medical help even if they have only a few spots, a rash that fades or no rash at all.



For information and support our Freephone helpline is available 365 days a year

1800 41 33 44 (Ireland)  
info@meningitis-ireland.org  
www.meningitis.org



## About us



Our vision is for a world free from meningitis and septicaemia. That's why we fund research into the prevention, detection and treatment of the diseases, promote education and awareness amongst the public and health professionals and provide support to those affected.

Our Patron, Paralympic gold medalist Jonnie Peacock with Junior Ambassador Sofia Crockatt and her running coach Vicky Huyton

## We need your help

We are committed to saving lives and have invested over €24million in vital vaccine research and studies which speed up diagnosis and improve treatment. We also spend around €1.2m a year supporting families and raising awareness of the diseases among the public and health professionals with free information. If this leaflet has inspired you to help by donating or fundraising, please contact your local office or visit us online.

## Our office

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Also offices in Belfast, Bristol, Edinburgh and Blantyre, Malawi

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# AM I AT RISK ?



## Meningitis & septicaemia Answering your questions

Please keep this for reference

## Symptoms to watch out for

The first symptoms are usually fever, vomiting, headache and feeling unwell. **Red ticks show symptoms that are more specific to meningitis and septicaemia and less common in milder illnesses.** Limb pain, pale skin and cold hands and feet often appear earlier than the rash, neck stiffness, dislike of bright lights and confusion.

	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 (less common in young children) 		✓
Dislike of bright lights (less common in young children) 		✓
Very sleepy/vacant/difficult to wake 	✓	✓
Confused/delirious 	✓	✓
Seizures (fits) may also be seen 		✓

www.meningitis.org

This leaflet is about meningococcal meningitis and septicaemia, or meningococcal disease. It answers the most common questions and provides information you may need if someone you know becomes ill. For more information and to find out about other kinds of meningitis, visit our website [www.meningitis.org](http://www.meningitis.org) or call our Freephone 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 types of germs, but meningococcal bacteria cause the most common serious kind. Meningococcal disease 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?

Over the past decade, around two to five people in every 100,000 have had the disease each year in Ireland.

## Can meningitis and septicaemia be prevented?

Vaccines give excellent protection, but cannot yet prevent all forms. A new vaccine against meningococcal B disease is being considered for routine immunisation in Ireland. Check [www.meningitis.org](http://www.meningitis.org) for further information.

The meningitis vaccines in the routine immunisation programme are:

- The MenC vaccine, against meningococcal C disease.
- 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, for children and adults with 'at-risk' health conditions, and 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.

## 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 milder 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 uses national guidelines to 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 but sometimes another medicine. This is to kill the bacteria that cause the disease and so help stop it from spreading. 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. Public health action is sometimes also taken in cases of Hib meningitis, but it is not needed after a single case of any other kind of meningitis.

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

In Ireland antibiotics are usually only given to:-

- a. People living in the same household as the patient
- b. The patient's intimate contacts
- c. In certain circumstances, people who attended a house party with the patient
- d. Extended family in situations where there is greater than usual interactions with the patient.
- e. Those in the same pre-school child care facilities in certain circumstances

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.

Antibiotics may also be given when there are two or more cases of Hib meningitis, or if there are two or more pneumococcal cases in a nursery or nursing home.

## What about vaccines?

If someone gets meningococcal C disease, the same 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. If it's a case of meningococcal A, W or Y disease, those who had antibiotics will get a Men A C W Y vaccine.

If it's a case of meningococcal B disease, those who got antibiotics will be offered the MenB vaccine.

As the incubation period for the disease is 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 Freephone 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.

