

If you require a translation please contact:

Se avete bisogno di una traduzione si prega contattare:

Si usted requiere una traducción de esta información por favor contacte a:

اگر آپ کو اس کے ترجمے کی ضرورت درپیش ہو تو آپ ہم سے رجوع فرمائیں۔

আপনার যদি এই পত্রের অনুবাদের দরকার হয়,
তাহলে দয়া করে যোগাযোগ করুন :

Patient Advice and Liaison Service (PALS)
01932 723553

MENINGITIS

Infection Control

Ashford Hospital London Road, Ashford, Middlesex, TW15 3AA
Telephone **01784 884488** Facsimile **01784 884017**
St. Peter's Hospital Guildford Road, Chertsey, Surrey, KT16 0PZ
Telephone **01932 872000** Facsimile **01932 874757**
Website: www.ashfordstpeters.nhs.uk

PATIENT INFORMATION

Unfortunately at the moment the vaccine does not work in small children under 18 months who are most at risk from the rarer strains. Immunisation may be offered to certain travellers going abroad.

FURTHER INFORMATION

Support, help and advice is available from The National Meningitis Trust. 24hr support line **01345 538118**. 24hr information line **01891 715577**.

Additional advice can also be obtained from the Infection Control Team on **01932 722128/ 723052**.

Further information can be obtained by logging on to www.hpa.org.uk

Author:	Infection Control
Department:	Infection Control
Version: 2	Published: 22/09/2006 Review date: 22/09/2007

who are in very close contact with a patient with the meningococcus. Antibiotics are not used for viral meningitis.

PREVENTION

Apart from vaccines there is no known way to protect against meningitis. However, only very close household contacts of the patient are at an increased risk of contracting meningitis or septicaemia. Other contacts such as school friends and workmates are only very rarely at higher risk and do not normally need special treatment or investigation.

Stopping smoking helps your health generally and research has indicated that it may reduce the chances of getting meningitis in the family: we know that in a smoky atmosphere, meningococcus is more contagious i.e. more easily caught.

IMMUNISATION

There is, as yet, no vaccine against the most common strain of the meningococcus germ, group B. The Hib vaccine is already in routine use and is very effective but it does not protect against the other types of germs. There is also a vaccine against some of the rarer types of the meningococcus germ, groups A & C. When there are connected cases of meningococcus A or C infection in a school, college or university, some people may be offered this and it is routine to offer meningococcus C vaccine to students when they start University, if they have not already had the vaccine.

WHAT IS MENINGITIS?

Meningitis is the inflammation of any of the three layers of membranes that surround the brain and spinal cord (Meninges). It can be caused by several different germs, mainly bacteria and viruses.

HOW SERIOUS IS IT?

Bacterial meningitis is quite rare but it can be very serious and needs urgent treatment with antibiotics. There are two main bacterial forms:

Meningococcal
Pneumococcal

If bacterial meningitis is diagnosed early, and treated promptly, most people make a full recovery. However, in some cases it is fatal, or leads to permanent handicaps like deafness and brain damage.

There are several different strains of meningococcus causing meningococcal meningitis and the group B strain is the commonest in the UK. It accounts for more than half the cases. There is no vaccine available for Group B meningococcus at present.

Hib (Haemophilus influenzae type b) meningitis was one of the most common bacterial causes in infants and young children. This type of meningitis is now very rare because the Hib vaccine that was introduced into the routine child immunisation programme in 1992 has almost eliminated it.

Viral meningitis is more common than bacterial. Although rarely life threatening, it can severely weaken a person. Viral meningitis can be caused by many different viruses, but the commonest ones are coxsackie viruses and Echoviruses. These are known as enteroviruses because they are taken in by mouth then spread to the meninges.

Some are spread between people by coughing or sneezing or through poor hygiene. Other germs can also be found in sewage-polluted water.

Viral meningitis cannot be helped by antibiotics and treatment is based on good nursing care. Recovery is normally complete but headaches, tiredness and depression may persist.

In mild cases of viral meningitis, people may not even go to their doctor. However, the symptoms are similar to the bacterial form. Someone with severe symptoms will need to be admitted to hospital for tests to find out if it is bacterial or viral meningitis. If you are worried, get medical advice.

HOW IS BACTERIAL MENINGITIS SPREAD?

The germs that cause meningococcal meningitis are very common in the population and live naturally in the back of the nose and throat. People of any age can carry these germs without becoming ill. It is only rarely that they overcome the body's defences and cause meningitis.

They spread between people by coughing, sneezing and kissing, but they cannot live outside the body for long so they cannot be picked up from water supplies, swimming pools, buildings or factories.

WHAT IS SEPTICAEMIA?

Some bacteria that cause meningitis can also cause septicaemia (blood poisoning) as well.

Septicaemia is particularly associated with the meningococcus. The bacteria enter the body from the throat and travel round the body in the blood. In some cases, the germs multiply uncontrollably in the bloodstream which results in septicaemia before the bacteria can infect the meninges. In other cases, infection in the bloodstream and in the meninges develops at the same time, causing both septicaemia and meningitis.

Septicaemia can develop quickly. A rash appears in the skin. This starts as a cluster of tiny blood spots, which look like pinpricks in the skin. If untreated they get bigger and become multiple areas of obvious bleeding under and in the skin surface, like fresh bruises. The rash can appear anywhere on the body - even behind the ears or on the soles of the feet. It will be more difficult to see the rash if you have darker skin.

The spots or bruises do not turn white (i.e. do not blanch) nor disappear when pressed. We call this a non-blanching rash. It can be tested for by pressing the skin with a glass: if the spot/bruise persists under the glass it could be septicaemia. Although septicaemia is not the only cause the rash must be taken seriously - a doctor should be called immediately because delay could be fatal.

HOW IS MENINGITIS TREATED?

Antibiotics are used to treat bacterial meningitis. They are also prescribed for immediate family members or any others