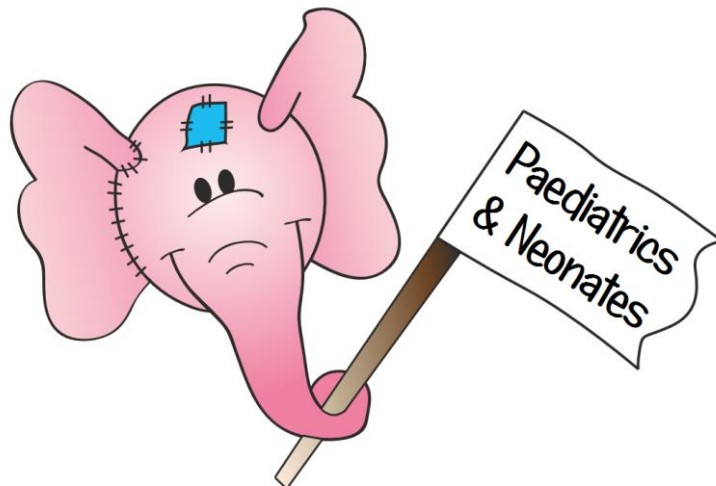


Bacterial meningitis

Children's Ward

Parent/Carer Information Leaflet



What is meningitis?

Meningitis is an infection that causes inflammation (swelling) of the meninges. The meninges are protective membranes that surround the brain and spinal cord. If not treated in time, meningitis can be very serious.

What causes meningitis?

Lots of different organisms can cause meningitis. The most common ones are bacteria and viruses. Bacterial meningitis is less common but usually more serious than viral meningitis. Many different types of bacteria, such as *Neisseria meningitidis* or *Streptococcus pneumoniae*, can cause meningitis.

How do doctors know that my child has meningitis?

Doctors may worry that your child has meningitis if they are showing the symptoms of it. The symptoms are different for babies compared to older children and adults.

In babies and toddlers, symptoms may include:

- Fever
- Refusing food and being sick
- Drowsy, floppy and unresponsive
- Breathing quickly
- Pale blotchy skin
- Rash (see section 'The rash')
- Fits, seizures
- Tense, bulging fontanelle (this is the soft spot on your baby's head)

In older children and adults, symptoms may include:

- Fever
- Being sick
- Drowsy, difficult to wake
- Confusion and irritability
- Severe muscle pain
- Pale blotchy skin
- Rash (see section 'The rash')
- Severe headache
- Stiff neck – they may be unable to touch their chin to their chest
- Dislike of bright lights
- Fits, seizures

The rash

One of the most distinctive symptoms of meningitis is a non-blanching rash. Non-blanching means that the rash does not fade when you press a glass against it (see figure 1).

If your child has a non-blanching rash and a fever (high temperature), it is a medical emergency. Seek medical help immediately.



Figure 1 – a non-blanching rash
(Photo courtesy of the Meningitis
Research Foundation)

However, the rash can appear late in the illness or not at all, so if your child has the other symptoms, do not wait for a rash to appear before taking them to the doctor.

To confirm the diagnosis as bacterial meningitis, doctors will do a test called a lumbar puncture. For this, a sample of cerebrospinal fluid (CSF) is taken from the base of the spine under local anaesthetic and checked for the presence of bacteria or viruses. CSF is fluid that surrounds the brain and spinal cord.

How did my child get meningitis?

Anyone can get meningitis but young children and babies are the most at risk. Teenagers and young adults are the next most at risk group. Many people carry the bacteria that cause meningitis without becoming ill as their immune system keeps it in check.

The bacteria can be passed from person to person by close contact, coughing, sneezing and kissing. If the bacteria gets into the body of a young child or baby, their immune system may not be developed enough to stop them getting ill.

But I thought my child was vaccinated against meningitis....

As part of the childhood immunisation programme, children are vaccinated for various bacteria that can cause meningitis. However, there are still a number of bacteria for which there are currently no effective vaccines.

What is the treatment?

Meningitis can become deadly very quickly so if the doctor suspects your child has it, they will begin treatment immediately. This may be before the diagnosis is confirmed. Your child will be given antibiotics either by injection or by using a little plastic tube called a cannula.

Your child will need to stay in hospital for a few days to continue receiving antibiotics through a cannula directly into a vein.

What happens after bacterial meningitis?

Most children recover fully after getting bacterial meningitis. However, some people who get it will be left with severe and often permanent disabilities. This is because this type of meningitis can damage parts of the brain.

The most common problems are loss of vision or hearing or speech problems. Some children may also develop epilepsy.

Hearing

All children who have had meningitis will be offered a hearing test within the first four weeks of their recovery. Any loss of hearing after meningitis usually happens early so you may notice it before the hearing test.

Hearing can change or get worse in the first few months after meningitis but should not get any worse after that period. Therefore, you will be given another appointment during the first few months to measure your child's hearing. There are different hearing tests available depending on your child's age and development.

Vision

Many children have temporary eyesight problems after meningitis due to swelling of the optic nerve after meningitis. This usually improves over time. If it does not improve, you should take your child to your GP who will refer them to an ophthalmologist (eye doctor) for more treatment and support.

Will my other children get meningitis?

Most cases of meningitis are isolated which means that they only affect one person. However, close contacts such as parents, brothers and sisters, may be given antibiotics to decrease the risk of them getting it. This will help kill bacteria that they may be carrying, to help prevent them from getting it. If the affected child is found to have a type of bacteria that there is a vaccine against, family members may be offered the vaccine.

If a second case of meningitis occurs in a child from the same school or nursery, the staff and other children may also be offered antibiotics.

A note about viral meningitis

Viral meningitis is caused by a virus instead of bacteria. It can have many of the same symptoms but is rarely as life threatening. It usually gets better by itself and as it is a virus, antibiotics will not be effective against it. However, your child may initially be given antibiotics anyway if the doctors are not yet sure if it is viral or bacterial meningitis.

Can I find out more?

Meningitis Now

Information about meningitis and the work of Meningitis Now.

www.meningitisnow.org

Their online information resources:

<https://www.meningitisnow.org/how-we-help/resources/read-our-information-online/>

NHS immunisation information

Information about vaccinations your child should be offered.

<http://www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx>

If you have any questions or if there is anything you do not understand about this leaflet, please contact:

Children's Ward on 01384 244271

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/c2-childrens-ward/>

If you have any feedback on this patient information leaflet, please email patient.information@dgh.nhs.uk

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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