

MENINGITIS AND MENINGOCOCCAL SEPTICAEMIA

Updated December 2018

MANAGEMENT

- Antibiotic treatment should be given to all patients with suspected meningitis or meningococcal septicaemia, while awaiting transport to hospital (if this does not delay transfer).
- Immediately refer all people with suspected meningitis or meningococcal septicaemia to hospital.
- Record observations, including neurological assessment, at least every 15 minutes while awaiting transfer.
- The first stage of meningococcal disease is associated with non-specific influenza-like symptoms and signs.
- Specific signs and symptoms of bacterial meningitis include: photophobia, severe headache, neck stiffness and focal neurologic deficit.
- Meningococcal septicaemia may be indicated by features such as non-blanching rash, unusual or mottled skin colour and rapidly deteriorating condition.
- Most patients will not display specific signs within the first four to six hours of illness (up to eight hours for adolescents) and infants may not display typical signs at all.
- Meningococcal disease is notifiable on suspicion.

COMMON PATHOGENS

- *Neisseria meningitidis*, *Streptococcus pneumoniae*. Viral: enteroviruses, *Herpes simplex virus*, *Varicella zoster virus* and other viruses
- Rare: *Listeria monocytogenes*, *Haemophilus influenzae*

- Infants: *Group B Streptococcus*, *L. monocytogenes*, *E.coli*

ANTIBIOTIC TREATMENT – SUSPECTED MENINGITIS OR MENINGOCOCCAL SEPTICAEMIA

First Choice

Ceftriaxone

Child: 100 mg/kg (up to 2 g) IV (or IM)

Adult: 2 g IV (or IM)

N.B. patients allergic to penicillin who **do not** have a documented history of anaphylaxis to penicillin can be given ceftriaxone.

Alternatives

Benzylpenicillin (penicillin G)

Child: 50 mg/kg (up to 2 g) IV (or IM)

Adult: 2.4 g IV (or IM)

N.B. The treatment dose of benzylpenicillin is higher than previously recommended. Almost any parenterally administered antibiotic in an appropriate dose will inhibit the growth of meningococci, so if ceftriaxone or benzylpenicillin are not available, give any other cephalosporin or penicillin antibiotic.