

Am I at risk of bacterial meningitis and sepsis?

Answering your questions



Meningococcal meningitis and sepsis, sometimes called meningococcal disease, are life-threatening infections. If someone you know becomes ill in the UK with meningitis, or sepsis linked to meningitis, you may have lots of questions. Below are the most common things people want to know, including whether you, or those close to you, are at risk.

[#DefeatMeningitis](#)

meningitis.org



What is meningitis?

Meningitis is inflammation of the lining around the brain and spinal cord – the meninges.

What is sepsis?

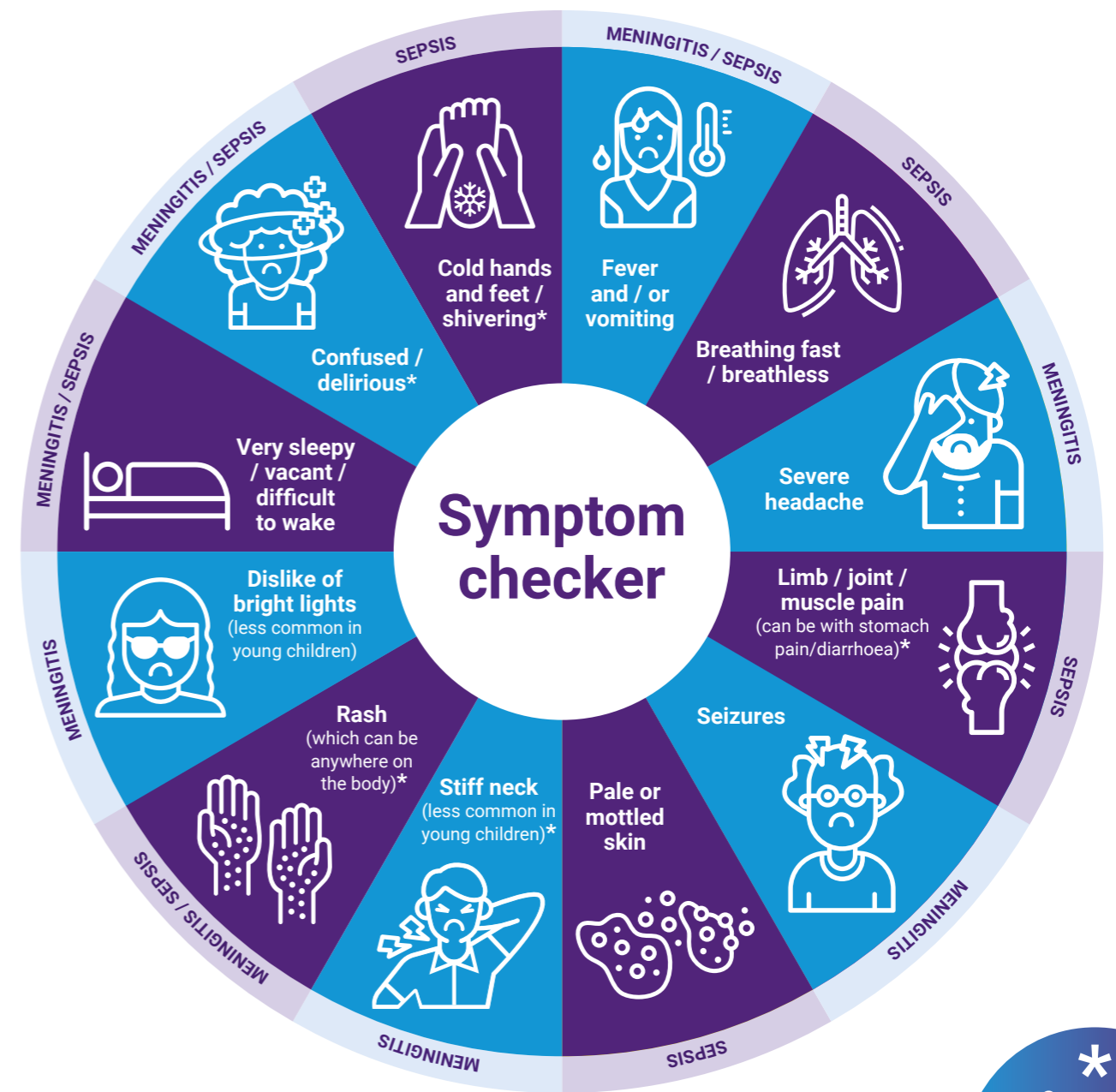
Sepsis is blood poisoning caused by the same germs as meningitis. It can occur with or without meningitis. Medically, sepsis is when bacteria enters the bloodstream, causing blood poisoning which can trigger sepsis. Sepsis is an overwhelming and life-threatening response to infection that can lead to tissue damage, organ failure and death.

Both meningitis and sepsis can kill in hours, so it is critical to know the symptoms so you can act fast.

The information in this leaflet is focused on meningococcal disease. This is because meningococcal bacteria are the most common cause of bacterial meningitis and sepsis in the UK and Ireland.

What are the symptoms of meningitis and sepsis?

Meningitis and sepsis are very serious infections which can kill in hours. Knowing the symptoms could save someone's life.



Remember:

- > Symptoms can appear in any order.
- > Not everyone gets all symptoms.
- > Don't wait for a rash to appear: a very ill person needs medical help even if there are only a few spots or no rash.
- > **Trust your instincts and always get medical help fast.**

Other signs to watch out for 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
- > High temperature (warning – could be normal or low in babies under three months)

* Symptoms with a * are more specific to meningitis and sepsis and less common in milder illnesses.

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Am I at risk?

The risk of getting the disease is very low.

Although meningococcal disease is infectious, around 97% of cases are isolated, with no link to any other cases.

The bacteria that cause meningitis and sepsis are common: at any time, about one in ten of us has them in our noses and throats without knowing. For most of us this is harmless. We pass the bacteria between each other through close physical contact such as coughing, sneezing or 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.

How do people get meningococcal disease?

People get meningococcal disease when the bacteria moves from the nose and throat and invade the body, causing some, or all, of the symptoms on page 3.

Why do some people get meningitis, and/or sepsis?

We do not know why a small number of people become poorly from germs that are harmless to most of us. This is why continued research into these diseases is vital, for prevention and for improved treatment.

Is there an incubation period?

Yes. Symptoms normally appear within three to five days of picking up the bacteria.

How common is meningococcal disease?

In recent years meningococcal infection has been the most common cause of meningitis and sepsis in the UK. Over the past decade around 1–2 people in every 100,000 have had meningococcal disease each year.

Can meningitis and sepsis be prevented?

Vaccines give excellent protection against meningitis, and sepsis, with a dramatic decrease in cases over the years because of the routine vaccinations offered in the UK. However, they do not yet protect against all strains of meningitis, which is why it's so important to be aware of the symptoms, to always trust your instincts if you think someone is unwell, and to speak to a health professional quickly such as your GP, NHS 111 or 999

In the UK, there are several vaccines in the routine immunisation programme that protect against different types of meningitis. It is important to be up-to-date with them all to keep you and those you care about safe.

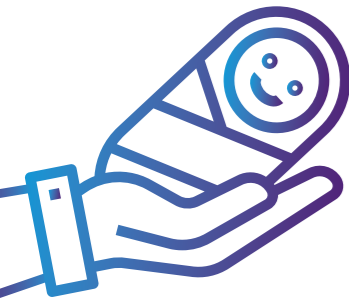
Read more about which meningitis vaccine and when on page 6.

For more information on risk groups:
meningitis.org/meningitis/are-you-at-risk

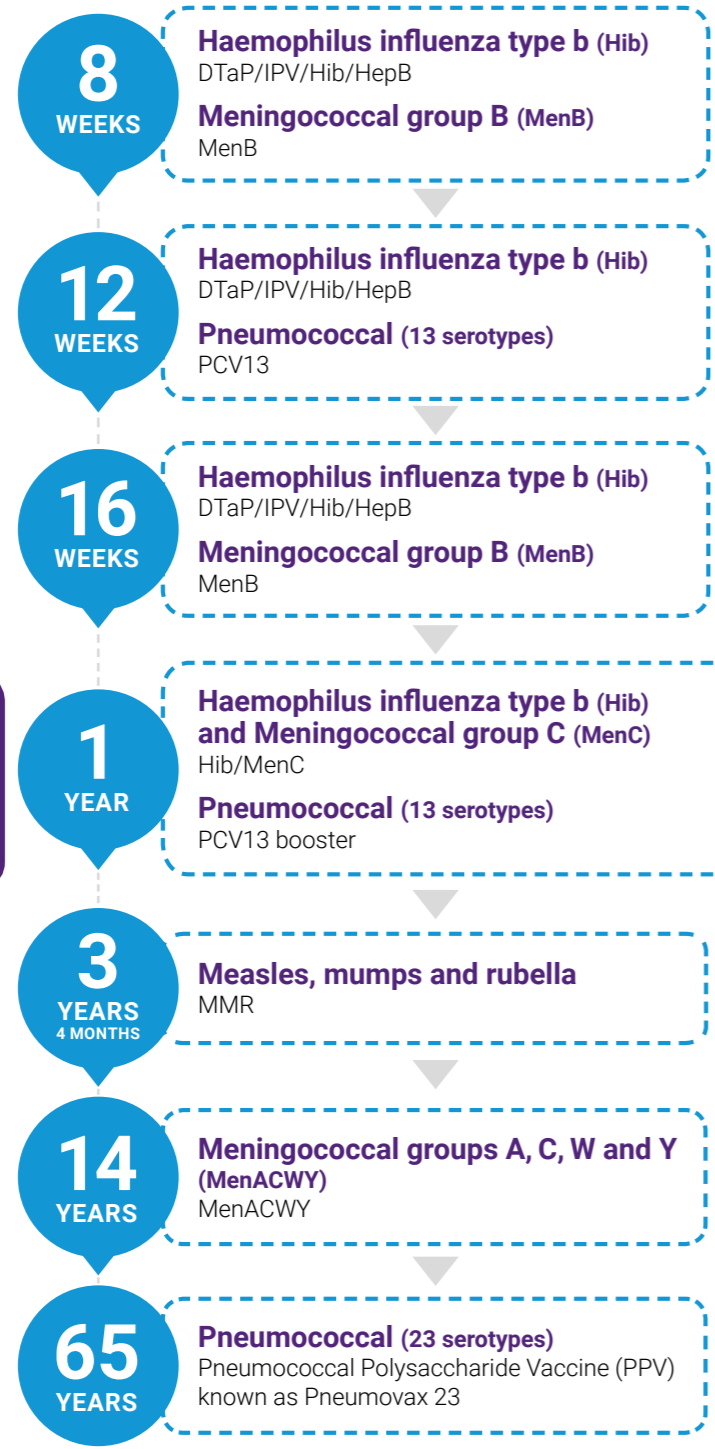
Which meningitis vaccine and when

Protecting you and your loved ones

Immunisations are offered to those at greatest risk to protect against bacterial and viral infections – two of the leading causes of the disease.



Vaccines save lives. Protecting the vulnerable and those around them.



Working towards a world free from meningitis and sepsis



* Routine immunisation schedule for the UK, 2022. Check global vaccine schedules on the [World Health Organization website](https://www.who.int).

Have questions on meningitis vaccines?
meningitis.org/meningitis/vaccine-information



FAQs

Can meningococcal disease be treated?

Yes, there are treatments available. Most people will need urgent treatment in hospital but will recover. For some, they may be left with disabilities or other life-changing after-effects.

How will I know if I've got meningococcal disease?

In the early stages, it can be very difficult to tell meningitis and sepsis apart from milder diseases, such as the flu. It is vital to know the symptoms and to get medical help immediately if you are worried that you or someone else may have meningitis. If you suspect meningitis and / or sepsis, call 999 in an emergency, NHS 111 or your GP.

Who decides what needs to happen for people who have been in contact with someone who has meningococcal disease?

All cases of meningitis and meningococcal sepsis are reported to the UK's Health Security Agency (UKHSA). They use national guidelines to decide what needs to be done to protect the community.

They will make sure that anyone at increased risk of meningococcal disease is contacted and offered strong antibiotics, usually ciprofloxacin but sometimes rifampicin (or certain other medicines). This is to kill the bacteria that cause the disease, and help stop it from spreading.

As it takes time for these antibiotics to take effect, 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 meningitis. Do I need antibiotics?

The antibiotics are usually only given to people living in the same household as the person (which includes those at university sharing a kitchen in a hall of residence) and to their partner where relevant.

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, UKHSA may decide that antibiotics should be given to a wider range of contacts as well, usually to the particular class or school year affected.

This may also happen 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.

Someone I know has meningitis. What vaccines will I get?

If someone becomes poorly with a case of meningococcal A, W or Y disease (different strains of meningitis), the same people who had antibiotics will be offered a MenACWY vaccine (if they have not been immunised against these strains within the past 12 months). If the case was caused by a MenC strain of meningitis, an alternative MenC containing vaccine may be offered instead.

If there are two or more cases of MenB disease within the same household, school, residential home or other shared living setting within a four-week period, the MenB vaccine is usually offered to the same people who got antibiotics.

After a single case of MenB, MenB vaccination is not recommended for close contacts, although further precautions may be taken for those with certain medical conditions which put them at increased risk.

As the incubation period for the disease of 3–5 days is less than the time it takes for the vaccine to work, it is still vital to know the symptoms.

FAQs (continued)

My family member has meningitis. Where can we get support?

Meningitis Research Foundation offers on-going support to people affected by meningitis around the UK, through our dedicated, specialist Support Services.

You can call us for free on 080 8800 3344, email helpline@meningitis.org or use our online chat at meningitis.org.

We answer questions and are here to listen Monday – Friday, 9am to 5pm UK time. We also give long-term emotional support for those affected by meningitis, disabilities (visible and hidden) and bereavement.

The partner of a family member has had a case of meningitis at their place of work. Should I stop my family member seeing their partner?

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.

Is it safe for my child to play with someone who has had meningitis?

Yes, it is perfectly safe for your child to play with them. The antibiotics they had in hospital have killed the bacteria, meaning they are not infectious.

What should I do if I am worried about someone who is ill?

Always trust your instincts. Someone who has meningitis, or sepsis, could become seriously ill very quickly. Get medical help immediately if you are worried about someone who is ill. Call your GP, NHS 111 or 999 in an emergency. Minutes could save a life so always act fast.

The Tumbler Test

If you are seriously worried about someone who is ill, **don't wait for a rash to appear – get medical help**. But if they are already ill and get a new rash or spots, use the Tumbler Test.

Press a clear glass tumbler firmly against the rash. If you can see the marks clearly through the glass, **get urgent medical help immediately**.

Check the entire body. Look out for tiny red or brown pin-prick marks which can change into larger red or purple blotches and blood blisters.

The darker the skin, the harder it is to see a sepsis rash. So, check lighter areas like palms of the hands and soles of the feet, or look inside the eyelids and the roof of the mouth.

Remember, a very ill person needs medical help even if there are only a few spots, a rash that fades or no rash at all.



Where can I get support?

If you are affected by meningitis, or sepsis, we are here to answer your questions and to provide support. Whether for a one-off call or ongoing help, our free, specialist Support Services are here for you.

When: Monday to Friday 9am-5pm

How: Call free on 0808 800 3344

Email: helpline@meningitis.org

Live chat: meningitis.org (where you can also find a range of guides and resources)

We need your help

We are committed to saving lives and have invested over £19.5million in breakthrough scientific research to improve meningitis prevention and treatment. We give one-to-one support for anyone affected by meningitis, raise awareness across the world of the impact of the disease, and what needs to be done to defeat it in our lifetimes.

If this leaflet has helped you, please help us to continue our work by donating or fundraising for us. Start your supporter journey by visiting meningitis.org/shop/donate or emailing fundraising@meningitis.org.



Join our community

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