

Am I at risk of meningococcal 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 Ireland with meningitis, or sepsis, 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.

meningitis.org



**Meningitis
Research
Foundation**

What is meningococcal disease?

Meningococcal disease is a leading cause of bacterial meningitis around the world. People with meningococcal disease can have meningitis, sepsis or both at the same time. Meningococcal disease can kill in hours, so rapid treatment saves lives.

What is meningitis?

Meningitis is the swelling of the lining of the brain and spinal cord (called meninges) caused by germs infecting the body.

What is sepsis?

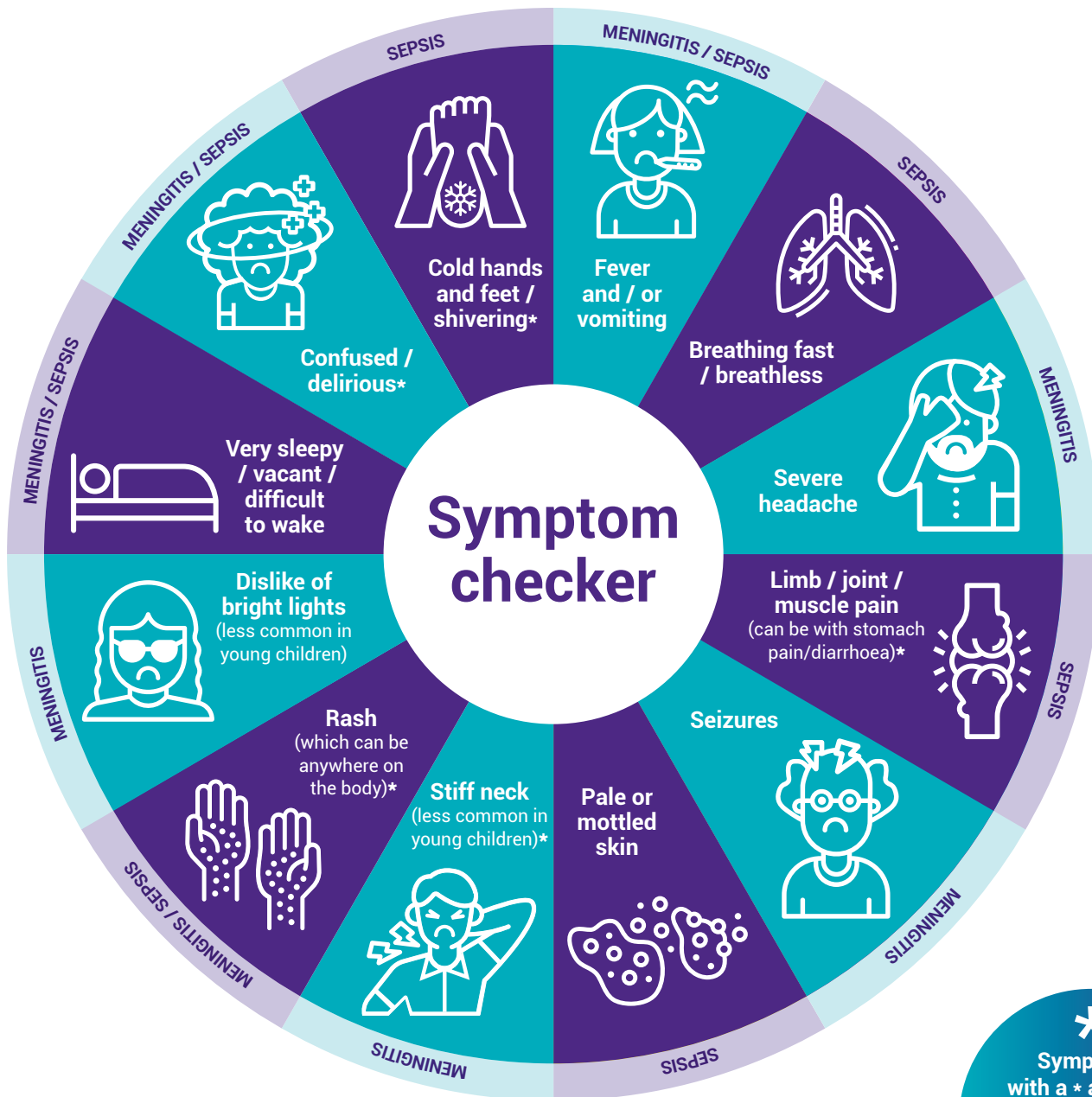
Sepsis is a life-threatening reaction to germs in the bloodstream. Sepsis is sometimes called septicaemia or blood poisoning.

What are the symptoms?

The symptoms of meningitis and sepsis can be different. Sepsis symptoms often appear early in a case of meningococcal disease, so being aware of the symptoms for both meningitis and sepsis can save lives and ensure people get life-saving treatment fast.

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.**



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

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
- > Fever is often absent in babies less than three months of age.

#DefeatMeningitis

Am I at risk?

The risk of getting meningococcal 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 meningococcal disease are common: at any time, about one in ten of us has them in our noses and throats without ever knowing. For most of us this is harmless. We pass the bacteria between each other by 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 move from the nose and throat and invade the body, causing some, or all, of the symptoms on page 3.

Is there an incubation period?

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

Why do some people get meningitis while others carry the bacteria harmlessly?

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.

We do know that certain age groups have a higher risk of getting bacterial meningitis. Babies and young children are particularly at risk because they have less developed immune systems. Other at-risk groups include teenagers and young adults, and adults over the age of 65.

How common is meningococcal disease?

Over the past decade around 1–2 people in every 100,000 have had the disease each year in Ireland.

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

Can meningitis be prevented?

Vaccines give excellent protection against meningitis, with a dramatic decrease in cases over the years because of the routine vaccinations available in Ireland.

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, 112, or 999).

In Ireland, several vaccines in the routine immunisation programme protect against different types of meningococcal disease. MenB and MenC vaccines are given to children aged 1 and under. MenACWY vaccine is given to teenagers.

Other meningitis vaccines in the routine programme are:

- > The Hib vaccine against the Hib germ. It is given in an injection that also protects against some other childhood diseases.
- > The pneumococcal vaccine against 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.

Ireland's routine vaccination schedule:
hse.ie/eng/health/immunisation/pubinfo/currentschedule.html



Free helpline:
UK 0800 8800 3344
Ireland 1800 41 33 44
www.meningitis.org

We provide healthcare professionals with essential resources to help prevent, diagnose and treat meningitis.

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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 112 or 999.

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

All cases of meningococcal disease are reported to the Public Health Doctor. 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 rifampicin or ciprofloxacin (or certain other medicines). This is to kill the bacteria that cause the disease, stopping it 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 normally needed after a single case of any other kind of meningitis.

Someone I know has meningitis. Do I need antibiotics?

In Ireland, in addition to the person diagnosed with meningitis, antibiotics are usually only given to household contacts. Examples of such contacts would be:

- > Those who share living or sleeping accommodation with the case (this includes university students sharing a kitchen in a hall of residence, and child-minders and baby-sitters).
- > Partners and those who have had mouth-kissing contact with the case.
- > Those who were in the same pre-school / nursery / crèche as the case, where the nature of contact is similar to household contacts. This includes adult carers.
- > In certain circumstances, people who attended a house party with the case.
- > Extended family in situations where there is greater than usual interactions with the case.
- > In some circumstances, health care workers, depending on their exposure.

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

If someone gets meningococcal C disease, the same people who got antibiotics will be offered the MenC vaccine, if they have not already had it.

Even if they have had the MenC vaccine in the past, if it was more than 12 months ago, they should be offered a MenC vaccine booster dose.

If it's a case of meningococcal A, W or Y disease, those who are unvaccinated and had antibiotics will get a MenACWY vaccine.

If it's a case of meningococcal B disease, those who got antibiotics will be offered the MenB vaccine (if they are unimmunised or only partially immunised).

As the incubation period for the disease is 3-5 days, and 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 all over the UK and Ireland, through our dedicated, specialist Support Services.

You can call us for free on 1800 41 33 44 , 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 GMT / BST. 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 them 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, 112 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**.

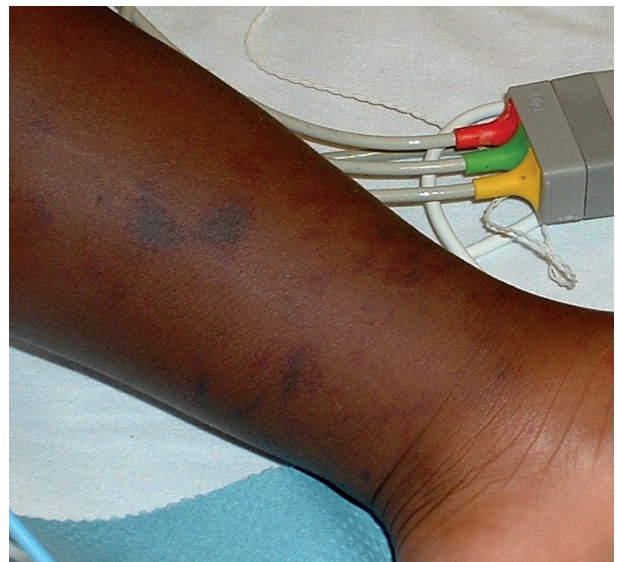
Check the entire body. Look out for tiny red or brown pin-prick marks which can change into larger red or purple blotches and blood blisters.

The darker the skin, the harder it is to see a 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.

HSE Guidance

For HSE government guidance on meningitis: hse.ie/eng.



Where can I get support?

If you are affected by meningitis, 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 1800 41 33 44

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 £19million 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.



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