

# Meningitis:

## What every parent should know

The devastating illness that's been in the news recently...

Over the past couple of weeks, it's been impossible to miss the surge of media interest in meningitis – a sometimes fatal inflammation of the membranes protecting the brain and spinal cord.

Former England rugby star Matt Dawson has spoken out about how his two-year-old son Sami survived bacterial meningitis, which had left him on a life-support machine.

Matt's revelation followed the terrible news that two-year-old Faye Burdett had died from the infection on Valentine's Day, after an 11-day battle.

Her devastated parents Jenny and Neil backed a petition calling

on the Government to change its policy so that all children under the age of 11 could receive Bexsero, the new meningitis B vaccination that could have saved her life.

Inspired by the huge public response to the online campaign, Claire and Mark Timmins, parents of seven-year-old Mason, who died in 2013, released heartbreaking pictures of their son's final moments. Previously a healthy child, he died from meningitis B just one day after complaining of feeling unwell.

To date, the petition has received more than 800,000 signatures – making it the most signed petition in Downing Street history, and a parliamentary debate will be

scheduled once the House of Commons has heard from some of the families who have been affected by meningitis B and relevant medical experts.

### What is it?

Caused by an infection, meningitis is an inflammation of the protective membranes (meninges) that surround the brain and spinal cord, and can result in damage to the nerves and brain. It mostly affects young babies, children under the age of five and teenagers.

There are two types.

Viral meningitis is rarely life-threatening, although it can have life-changing effects. Sufferers

may need hospital care, plenty of fluids, pain relief and rest.

Bacterial meningitis can be fatal and requires rapid admission to hospital and urgent treatment with antibiotics. Most cases in the UK are due to an infection of meningococcal bacteria, which can cause meningitis or septicaemia (blood poisoning), and usually causes a combination of the two.

The septicaemia comes about when large numbers of the bacteria enter the bloodstream, multiply and then release toxins, which leak throughout the body. This can cause organ damage and the distinctive red and purple rash, and may lead to organ failure, gangrene and even death.

Even without septicaemia, meningitis can result in deafness, blindness and brain damage, and be fatal. And the rash may never appear – making

it all the more deadly, as the symptoms can easily be mistaken for other illnesses.

Bacterial meningitis originates from bacteria moving from the nose and throat into the body. While one in 10 people carry these germs at any given time, most people have natural immunity, though the bacteria can be spread through close contact such as kissing, sneezing and coughing.

### Peace of mind

Meningococcal bacteria fall into several different groups. Since September 2015, babies under the age of one have been offered vaccines for group B and C meningitis, but children born before that time are only offered the vaccination for meningitis C.

As a result of the online campaign, parents have been

year we saw the lowest rates in 10 years. We're hoping to continue seeing a decline. At the moment, we don't know how effective the new vaccine is.

'There's a case for using it in children under five who are at the highest risk, as in clinical trials it produced the relevant antibodies, but because it's a new type of vaccine we don't know how it will work in real life.

'As babies under the age of one are the highest risk group, they've had the first doses so we can monitor how effective it is. But it will take a year or so to determine this. If it proves to be effective, there will be grounds to consider rolling out the immunisation programme to older children too.

'It's understandable everyone is worried and parents want to protect their children, but being vigilant in watching out for the symptoms is probably the best advice at the moment.'

### Fast facts

According to the Meningitis Research Foundation, since the introduction of the meningitis C vaccine to babies in 1999-2000, cases of the illness have been very low across the UK, with the vaccine preventing more than 13,000 cases and 1300 deaths. It's proved more difficult to develop a vaccine for meningitis B, which is why Bexsero has only recently become available.

The current incidence of meningitis B among the under ones is around 22 per 100,000 children, reducing to five per 100,000 in the one to four age groups.

But vaccinations can't prevent all strains of meningitis and septicaemia and it can strike anyone of any age, so it's important to be aware of the symptoms and act quickly if you have any concerns.

About one in 10 cases of meningococcal disease are fatal, but quicker treatment improves the chances of surviving.

For more information visit Meningitis Now at [meningitisnow.org](http://meningitisnow.org) or the Meningitis Research Foundation at [meningitis.org](http://meningitis.org).

## Spot the signs

Meningitis and septicaemia (blood poisoning caused by the same infection) can progress quickly, so it's vital to catch the symptoms early.

'Parents need to trust their instincts,' says Dr Nadel. 'If your child's illness is different from anything they've experienced before, and if they're showing two or three of the symptoms [of either meningitis or septicaemia], seek urgent medical advice.'

'Medical guidelines state that treatment needs to start within an hour of suspecting meningitis, which shows how fast the infection can progress.'

### Signs of meningitis

- Fever and/or vomiting
- Severe headache
- Rash (anywhere on the body)
- Stiff neck (less common in young children)
- Dislike of bright lights (less common in young children)
- Drowsiness/unresponsiveness
- Confusion/delirium
- Seizures (fits)

### Signs of septicaemia

- Fever and/or vomiting
- Limb/joint/muscle pain (sometimes stomach pain/diarrhoea)
- Cold hands and feet/shivering
- Pale or mottled skin
- Fast breathing/ breathlessness
- Rash (anywhere on the body)
- Drowsiness/unresponsiveness
- Confusion/delirium



Sami Dawson and (right) Faye Burdett



### The glass test

Many of the pictures in the media show children covered in a purple and red rash, but not everyone gets the rash – and those who do start out with tiny marks. If you notice tiny red or brown pinpoint marks on the skin, press a glass firmly against them – if they don't vanish, seek medical advice immediately.

If a child has darker skin, the rash is even more difficult to spot, so check lighter areas of the body such as the palms of the hands, soles of the feet, inside the eyelids and the roof of the mouth.