

Meningococcal Disease



Meningococcal disease is an acute bacterial infection which can cause a number of serious life-threatening illnesses, such as meningitis and septicaemia. Meningococcal disease can begin suddenly and may lead to permanent disability or death if not attended to immediately.

What is Meningococcal?

Meningococcal disease is spread via respiratory droplets from the coughing and sneezing (and saliva) of an infected person, and by close contact (including kissing). In 10 - 20% of the population, the meningococci bacteria live naturally in the nose and throat without causing any illness; these people are known as "healthy carriers". In some cases however, the bacteria gets through the lining of the throat and enters the bloodstream, resulting in meningococcal disease. In Australia, most cases tend to occur during the late winter or early spring.

Meningitis is an inflammation of the membranes which envelop the brain and spinal cord and can be bacterial and viral. Viral meningitis is usually milder than the bacterial form, but does not respond to antibiotics. Bacterial meningitis is more severe and may be caused by diseases such as Hib (Haemophilus influenzae B), mumps, measles and polio. It can often follow an upper respiratory tract infection, and lead quickly to a number of life-threatening problems, so it is important that diagnosis is not delayed.

Signs and symptoms

These infections are extremely serious and must be treated as medical emergencies. If you suspect that a child in your care is exhibiting any signs of meningococcal, call 000 and request immediate medical assistance or go to your nearest emergency department, stating that you believe your child may have a meningococcal infection.

The signs and symptoms of meningococcal diseases, such as meningitis and septicaemia, may include: a general feeling of being unwell, fever, loss of appetite, nausea, extreme lethargy, severe headache and a fine red (or purple) skin rash, which does not turn white when the skin is pressed. In the early part of the disease, your child may not exhibit all of these symptoms. Later signs of infection are classic indicators, such as soreness and stiffness in the neck, back and joints, vomiting and light sensitivity. These symptoms can quickly become critical. Early detection of the symptoms of meningococcal infections can mean the difference between life and death.

In newborns and babies, the illness may be harder to detect due to an infant's inability to tell you about their symptoms. They can experience similar symptoms as older children, but they may also appear extremely agitated, be difficult to wake or seem excessively sleepy; they may refuse feeds and have a high-pitched cry. If any of these symptoms are present, it is better to err on the side of caution and have your infant seen by a doctor immediately.

Indeed, Meningococcal disease can be difficult to detect (as the early stages of the illness often begins similarly to other conditions) so it is critical to be aware of the symptoms, and the characteristic indicators of the disease. Those most at risk are children under 5 years (representing two-thirds of all cases), as well as the 15 - 24 age group, but Meningococcal disease can occur in any age group.



Septicaemia

Septicaemia is the most deadly of the two illnesses and exhibits similar symptoms. It is the result of bacteria which enters the blood stream, causing bleeding into the skin and can lead to death within hours. If left untreated, or if diagnosis is delayed, permanent disabilities can occur, such as sight and hearing problems or deafness, liver and kidney complications and even amputations (due to the lack of blood to the fingers, toes, arms and legs).

In Australia, vaccines are available for the Meningococcal C strain of the disease and are part of free routine immunisation. It is recommended that children be immunised with the vaccine at the age of 12 months, which may be given at the same time as other vaccines. The Meningococcal B sero-group is currently the most dominant strain in Australia however, accounting for 60% of all cases and there are currently no vaccines available for immunisation against this strain of the disease. Since the introduction of the Meningococcal C vaccine however, the Meningococcal C strain of the disease is now rare in NSW.

Risk times

Winter and early spring are higher risk times, because the many viruses around can weaken the body's natural immune system. There is also the risk of catching a virus first, followed a few days later by a meningococcal infection, making the illness much harder to identify.

Want more information?

For more information, talk to your doctor or contact Meningococcal Australia
www.meningococcal.org.au

Royal Melbourne Childrens hospital
- online resources www.rch.org.au

The Sydney Childrens hospital -
online resources
<https://www.schn.health.nsw.gov.au/>

Healthdirect
Phone 1800 022 222, 24 hours To
speak to a registered nurse
www.healthdirect.gov.au

Parentline NSW
Phone 1300 1300 52
9am - 9pm weekdays and
4pm - 9pm weekends for advice on
child health and parenting

Parents website
www.parents.com

Kids Health
<http://kidshealth.org>

Local Services

**Lismore Community Health - Child
and Family**
Phone 02 6620 7687
8am – 5pm, Monday to Friday to make
an appointment.

**Goonellabah Child and Family
Health Centre:**
Phone 02 6625 0111
9am – 4:30pm, Monday to Friday to
make an appointment.