

.even behind the ears or on the soles of the feet. It will be more difficult to see the rash on people with dark skin. The spots or bruises do not turn white when they are pressed.

Q What can you do about it?

A The important thing, for parents especially, is to be vigilant and get help quickly. If your child becomes unduly ill and you don't think it is the usual cold or snuffles or if you are worried about your child, then ask the doctor to see him/her quickly or take the child to the Accident and Emergency Department at your nearest hospital.

Stopping smoking is good for your health and research suggests that it may reduce the chances of getting meningitis in the family.

Q Can it spread to others?

A Yes, but you have to be in very close and regular contact with a case before you are at risk of picking it up.

Remember, about one person in every ten carries the germ in their throats without causing them any harm.

Q Should everyone who has been in contact with a meningococcal case receive antibiotics?

A No. The only persons at risk are the members of the same family living in the same house and intimate "kissing" contacts (boy/girlfriend of case). They are the only people who need antibiotics. School friends and workmates are rarely at higher risk and do not normally need antibiotics.

Q Can people who have had antibiotics still get the disease?

A Yes. Although antibiotics reduce the chances of infection they do not prevent it altogether, hence continued vigilance is important. You should contact your GP immediately if you develop any symptoms suggestive of meningitis.

Q Is there a vaccine against this disease?

A There is a vaccine but it is not active against all the strains of the infection. Your doctor will advise if you and/or your family members require the vaccine in addition to antibiotics. It can take 5-6 days before we know exactly which strain has caused a particular disease. At the moment there is no vaccine against the most common strain of the infection.

Q Where can I get further information?

A If you are worried about meningitis, talk to your family doctors or health visitor or you may wish to contact the -

Public Health Protection Unit of the Greater Glasgow and Clyde NHS Board (Tel: 0141 201 4917).

You can also contact the following national charities, which operate a 24 hour helpline for information and advice:

**Meningitis Trust
(Tel: 0800 028 1828)**

www.meningitis-trust.org

**Meningitis Research Foundation
(Tel: 0808 800 3344)**

www.meningitis.org

MENINGITIS

**ANSWERS
TO SOME
FREQUENTLY
ASKED
QUESTIONS**



**PRODUCED BY THE PUBLIC HEALTH
HEALTH PROTECTION UNIT**

Q What is Meningitis?

A Meningitis is inflammation of the outer covering of the brain. There are different kinds of meningitis caused by different types of germs. Some of the germs are called bacteria and some are called viruses.

Q What is the difference between bacterial and viral meningitis?

A Viral meningitis is normally less serious than bacterial meningitis. Viral meningitis is more common and is usually followed by a full recovery though tiredness and depression may persist for some time. **Antibiotics are not necessary for viral meningitis.**

Bacterial meningitis on the other hand is relatively rare, but it can be extremely serious. Most people with bacterial meningitis will respond to treatment with antibiotics.

Q How many different forms of bacterial meningitis are there?

A There are many different forms of bacteria which can cause meningitis but most of them are quite rare. There are two main types which account for about three quarters of all cases in the UK. They are named after the germs that cause the infection and are called meningococcal and pneumococcal.

Pneumococcal meningitis is usually seen in older adults and small children and it is not as common as the meningococcal type.

Before 1992 Hib (haemophilus influenzae type b) meningitis was the most common type of

bacterial meningitis in children. This type of meningitis has now almost been wiped out by the Hib vaccine which was in 1992. **But remember, this vaccine protects against this one type of meningitis only.**

MENINGOCOCCAL MENINGITIS

This is the most common form of bacterial meningitis in all age groups. It is a serious infection and can produce very rapid illness. It can usually be successfully treated with antibiotics.

Q Where do the meningococcal bacteria come from?

A They are around all the time. One of the strange things is that they can live quite happily in the back of people's throats without doing any harm at all. Then, when circumstances change, they can go through the protective barrier and cause meningitis. As yet, we don't know what causes the bacteria to change from a harmless state to one which causes meningitis.

Q Who gets meningococcal meningitis?

A It most commonly affects children under 5 years and teenagers, though persons of any age can be affected.

Q How would somebody know they are suffering from meningococcal meningitis?

A In the first instance it is very like getting flu or any other acute infection - the person feels off colour; then they develop a high temperature. They usually have a severe headache or shy away from bright lights. They may develop a stiff neck, back and joints pain, feel sleepy, vomit or become confused. Two thirds of people

also develop a rash of red and purple spots or bruises anywhere on the body. This rash does not disappear when pressed with an object such as a glass.

The symptoms may not all appear at the same time, they may be different in young babies.

Babies with meningitis can be very difficult to wake up, have a staring expression and a fever. They may refuse feeds or vomit or they may be distressed and make a shrill or moaning cry when you pick them up. The skin may be pale and blotchy and there may also be a rash of red and purple spots or bruises anywhere on the body.

Q What is septicaemia?

A Some bacteria that cause meningitis can also cause septicaemia (blood poisoning). Septicaemia is particularly associated with the meningococcal form of meningitis. The bacteria go through the throat into the bloodstream. In some cases the germs multiply uncontrollably while they are in the bloodstream and this causes septicaemia before the bacteria can infect the meninges. In other cases, the bacteria infect the bloodstream and the meninges at the same time, causing both septicaemia and meningitis.

Septicaemia can develop quickly. With meningococcal septicaemia a rash appears under the skin. The rash starts as a cluster of tiny blood spots, which look like pinpricks. If they are not treated they get bigger and look like fresh bruises with obvious bleeding under the skin. The rash can be anywhere on the body -