

# Meningitis

Information and advice for parents and carers

## *Paediatrics*

### **What is meningitis?**

Meningitis means inflammation of the meninges (the membranes that cover the brain).

There are 2 types of meningitis:

- Viral meningitis, which is rarely life-threatening
- Bacterial meningitis, which is potentially life-threatening

### **What causes meningitis?**

Both bacteria and viruses can cause meningitis. The reason why some children develop meningitis is unclear as many people carry the germs that cause bacterial meningitis in their nose and throat, without it ever doing them any harm. Meningitis is more common in areas of overcrowding and households where people smoke.

### **What are the symptoms of meningitis?**

In the beginning, the symptoms of meningitis may look like the symptoms of a virus. Not all the symptoms will necessarily show up at once and meningitis can become worse very quickly.

#### **Symptoms in babies:**

- Refusing to take feeds – your baby may be vomiting
- Irritability – your baby is irritable and may not like being handled
- A high-pitched cry or moaning whimper
- Difficult to wake
- Skin that is pale, blotchy and maybe clammy
- Your baby may be drowsy and their arms and legs either floppy or stiffer than normal
- Their fontanelle (the soft spot on the top of the head where the skull bones do not meet) may be tense and bulging
- Lying with their neck extended
- Dislike of bright lights
- Fever – though hands and feet may remain cold
- Blank expression

#### **Symptoms in children:**

- Stiff neck
- Severe headache

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- Dislike of bright lights
- Loss of energy
- Fever
- Confusion
- Drowsiness
- Flu-like aches and pains
- Convulsions (shaking rapidly)

A rash is also another major sign of meningitis and needs to be taken very seriously. It may not appear until late in the progression of the illness. The rash can be red/purple pin point spots or large bruises and purplish/red marks. If the rash can still be seen through a glass that is pressed against it, this suggests a particular type of meningitis called meningococcal meningitis, although not all children with this type of meningitis will have a rash.

You should seek medical advice should any of these symptoms occur, if you have not already done so.

### **How is meningitis diagnosed?**

To diagnose meningitis the doctor will examine your child and ask you about their symptoms. They may then carry out blood tests and a lumbar puncture test (see the 'lumbar puncture' leaflet for more information).

If the doctor thinks that your child has meningitis, treatment may be started before the results of the tests are available.

### **How is meningitis treated?**

#### **Bacterial meningitis**

If your child is diagnosed with bacterial meningitis they will be admitted to hospital and given antibiotic treatment through a drip for a minimum of 1 week. They may also be given steroids, oxygen and painkillers. The antibiotic treatment for bacterial meningitis kills the germ causing the illness and the steroids reduce inflammation in the brain.

If your child has a specific type of bacterial meningitis, such as meningococcal or more rarely haemophilus meningitis, then antibiotics will be given to anyone who has recently been in close contact with them. This is to clear the bacteria they may be carrying and to reduce the risk of them developing the illness and passing it on to others. People in close contact include those who live with your child and people who have stayed overnight with them for the last 7 days.

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Viral meningitis and other types of bacterial meningitis are not infectious so preventative antibiotics do not need to be taken by close contacts.

If your child is diagnosed with bacterial meningitis, they may be treated in a side room to reduce the risk of passing the germ on to other patients. They may be moved out onto the main ward after 48 hours when there is no risk of your child passing the infection onto others.

### **Viral meningitis**

There is no specific treatment for viral meningitis. Unfortunately, it is impossible to tell from the initial lumbar puncture results whether meningitis is caused by a viral or bacterial germ and therefore antibiotic treatment is started whilst awaiting the final results from the laboratory, which take 48 – 72 hours. If these results confirm viral meningitis then the antibiotics are often stopped as they have no effect on viruses and the meningitis will usually get better by itself.

### **What are the benefits of the treatment?**

The benefit of the antibiotic treatment is that it will improve the symptoms and reducing the risk of complications. In very mild cases of bacterial meningitis that are treated early, a child may completely recover over the course of a few weeks. Most children with viral meningitis get better within 2 weeks.

### **What are the risks of the treatment?**

There is very little risk with the treatments for meningitis. The antibiotics may cause your child to have some diarrhoea and the steroids could possibly cause stomach inflammation and bleeding, but this is very rare with the doses we use.

### **What are the risks of not having treatment?**

If a child with meningitis is not treated they can become very seriously ill and could die as a result.

### **Are there any alternative treatments?**

There are no alternatives to antibiotic and steroid treatment for bacterial meningitis.

### **Follow-up**

When your child is discharged from hospital, a hearing test will be arranged for them. This is because one of the most common complications after meningitis is hearing loss. An outpatient appointment will also be made for your child to see a consultant.

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### **Can meningitis be prevented?**

There are vaccines which can protect against some types of meningitis but not all, and your child will be offered these as part of the UK childhood vaccination programme. It is therefore extremely important your child is up-to-date with their vaccines. The vaccines are extremely effective and there have only been a few reports of the vaccine failing, usually in children who have not completed the vaccine schedule.

### **Contact details**

If you have any concerns within 24 hours of your child being discharged please contact the ward on which they were cared for. Following this please contact their GP.

#### **Priory Ground**

0121 507 3927

#### **Lyndon Ground**

0121 507 3717

#### **Lyndon 1**

0121 507 3800

#### **Paediatric Assessment Unit (City Hospital)**

0121 507 4019

### **Further information**

#### **Meningitis Research Foundation**

[www.meningitis.org](http://www.meningitis.org)

080 8800 3344 (24 hour freephone helpline)

#### **Meningitis Trust**

[www.meningitis-trust.org](http://www.meningitis-trust.org)

0800 028 18 28 (24 hour freephone helpline)

For more information about our hospitals and services please see our websites [www.swbh.nhs.uk](http://www.swbh.nhs.uk) and [www.swbhengage.com](http://www.swbhengage.com), follow us on Twitter @SWBHnhs and like us on Facebook [www.facebook.com/SWBHnhs](http://www.facebook.com/SWBHnhs).

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### Sources used for the information in this leaflet

National Institute for Health and Clinical Excellence, CG102 'Bacterial Meningitis and Meningococcal Septicaemia', June 2010 (amended September 2010)

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5495 or email: [swb-tr.swbh-gm-patient-information@nhs.net](mailto:swb-tr.swbh-gm-patient-information@nhs.net)



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