

Patient information

Meningitis Information

Tropical and Infectious Diseases Speciality

What is meningitis?

Meningitis is the name for inflammation of the lining of the brain and spinal cord (the meninges).

There are many different causes of meningitis, of which the two main causes include:

- **Bacterial** causes are usually more serious and can leave the affected with long term problems.
- **Viral** causes are unpleasant but not usually life threatening. However, it can very occasionally leave people with long term complications.

What causes meningitis?

Sometimes an infection from another part of the body can spread to the lining of the brain and the spine. Vaccines are available to protect against some of the most common causes of meningitis.

Symptoms of meningitis:

- Severe headache.
- Neck stiffness.
- Disliking bright lights.
- Confusion.
- A rash which doesn't disappear when a glass is pressed against it.
- May be associated with septicaemia/ sepsis.

What is septicaemia?

Septicaemia is a condition where the same bugs which cause meningitis infect the blood. This can cause a rash, make people severely unwell and in severe cases may result in the need for amputations.

Who is at risk?

Anybody, of any age, can develop meningitis. However, there are certain groups that are at an increased risk:

- Teenagers.
- Children under the age of five.
- People who are immunocompromised.

How is meningitis diagnosed?

When meningitis is suspected you will be assessed by a health care professional who will take a thorough history of your symptoms, examine you and then organise tests. If the health care professional thinks meningitis is likely you may be treated before all of the tests have come back.

A number of different tests also help to make a diagnosis, for example:

- Blood tests – to look for signs of infection.
- Imaging of the head - usually CT scans.
- Lumbar puncture – to look for signs of infection.
- Blood cultures - blood is checked to see if there are any bacteria in it.

What is a lumbar puncture?

A lumbar puncture involves inserting a small needle into the bottom of the back. This allows the team looking after you to collect samples of the fluid surrounding the brain and spinal cord to see if there are any signs of infection. It can also help find out which bug is causing the meningitis allowing the right antibiotics to be used.

Treatment

It is important to recognise meningitis as quickly as possible. Once it is recognised antibiotics are given. The antibiotics are usually given into the veins.

Who else will be involved in my care?

You may come across lots of different doctors who will help diagnose and treat your infection. There will also be a team of medical and nursing staff, healthcare assistants and physiotherapists caring for you.

How long will I be in hospital for?

The length of time you have to stay in hospital will depend on how unwell you are, which type of 'bug' is causing the infection and how you recover during treatment. If you require care on the Intensive Care Unit or a long course of intravenous antibiotics, you may be in hospital for several weeks.

Should I be worried about my friends or family catching it?

On occasions people in close contact may need medications to prevent infection. Let the team looking after you know about the people you come into close contact with. They can then arrange for them to be contacted and given medication if needed. This is usually carried out by public health doctors.

What are some long term effects of meningitis?

Most people who have had bacterial or viral meningitis make good recoveries, but some may suffer physically or emotionally afterwards. Common effects, following viral or bacterial meningitis, can include: headaches, fatigue, concentration and memory problems, and emotional difficulties including mood problems.

Whilst, these usually reduce over time they can impact on daily life. On occasion, the recovery process can be slow, taking weeks or months.

Serious effects are usually identified whilst still in hospital and can include: hearing loss or problems with balance dizziness or ringing in the ears, brain damage including fits, skin damage and limb loss.

Should I get a hearing test?

Anyone who has had meningitis or septicaemia can suffer from hearing loss. If you are concerned about your hearing you should have a hearing test or talk to the team looking after you about arranging one.

Will I be followed up?

- Yes all patients with bacterial meningitis should be seen within six weeks of discharge.
- Family Doctors (GPs) are also an excellent resource if you have any questions or concerns.

Am I at risk of having further attacks of meningitis?

Most patients are not at an increased risk of getting meningitis again.

There are some rare conditions where there may be an increased risk or another episode of meningitis for example:

- Previous brain surgery or trauma.
- Chronic sinus infections.
- Certain conditions when the immune system does not work correctly such as HIV.

Are there any organisations I can contact for support?

Yes the following organisations can provide specialist support and have numerous resources available

<https://www.meningitisnow.org/>

Meningitis Helpline 08088010388

<https://www.meningitis.org/>

Helpline 080 8800 3344

Further information

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Review date: November 2020

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