**Meningococcal Disease**

**Thinking Meningococcal Disease?**

**Typical symptoms and signs may include:**
- headache, drowsiness
- fever, prostration
- nausea, vomiting
- rash: usually petechial, but may be purpuric or, less commonly, a maculopapular rash
- in young children: irritability, refusing feeds, pallor and a high pitched moaning cry may be present.

**Administration of intravenous antibiotics before transfer to hospital**
- Blood cultures should be taken wherever possible, but should not delay the initiation of therapy.
- If venipuncture is difficult, administer antibiotic by intramuscular route and omit the blood cultures.
- If patient is allergic to penicillin give IV ceftriaxone or cefotaxime (monitor closely due to risk of cross-reactivity).
- If allergic to penicillin and cephalosporins consult Therapeutic Guidelines: Antibiotic for alternatives.

**Urgently notify** your local public health unit

**Immediately on clinical suspicion**
- **Ensure urgent** admission to hospital
- Notify Registrar

**Antibiotic doses**
- **Benzylicillin** (max IV admin rate 300 mg/min)
  - Children aged < 1 year: 300mg
- **Ceftriaxone**
  - 50mg/kg (for all ages) up to 2g IV
  - Children aged 1 to 9 years: 600mg
  - Adults & children aged 10 years & over: 1200mg