Meningococcal disease

Recognise possible meningococcal disease early and give the right antibiotic. You could save a life.

The patient looks sick with acute fever and systemic symptoms. Rash is a common early sign: usually non-blanching, either petechial or purpuric. At first the petechiae may be only 1–2 mm in pressure areas. Undress the patient and look carefully all over the body.

Meningococcal disease does not always have a rash.

Features
Fever, lethargy, nausea, vomiting, headache, drowsiness, myalgia, arthralgia, stiff neck, photophobia.

Rash: petechial or purpuric, even maculopapular.

Young children may: be irritable, refuse feeds, be pale with high pitched/moaning cry.

In particular: rapid deterioration, repeat presentations.

Parents may notice: early, subtle conscious or cognitive changes. Do not ignore their concerns.

Signs and symptoms

Action

Immediately on clinical suspicion:

1. Call ambulance/alert referral hospital.
2. Give antibiotic (IM if IV not available) before transfer. Use benzylpenicillin or ceftriaxone. Withhold only if history of anaphylaxis or immediate hypersensitivity.
3. If possible, take blood culture but do not delay antibiotic.

Antibiotic before hospital

<table>
<thead>
<tr>
<th>Benzylpenicillin*</th>
<th>One IV dose (IM if IV not available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults and children 10 years or older</td>
<td>1200 mg</td>
</tr>
<tr>
<td>Children 1 to 9 years</td>
<td>600 mg</td>
</tr>
<tr>
<td>Children under 1 year</td>
<td>300 mg</td>
</tr>
</tbody>
</table>

*Mix 600 mg vial of benzylpenicillin powder with 1.6 mL water for injection to give 300 mg/mL (i.e. 600 mg/2 mL) or mix 1.2 g vial with 3.2 mL water for injection to give 300 mg/mL (i.e. 1.2 g/4 mL). Maximum IV injection rate: 300 mg/min.

or

<table>
<thead>
<tr>
<th>Ceftriaxone(^)</th>
<th>One IV dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>2 g (children: 50 mg/kg up to 2 g)</td>
</tr>
</tbody>
</table>

\(^\) If no IV access, can give same dose IM in lignocaine (1 ml for each 250 mg ceftriaxone).

4. Call your nearest public health unit to notify the suspected case.

Public Health Unit:

Phone: