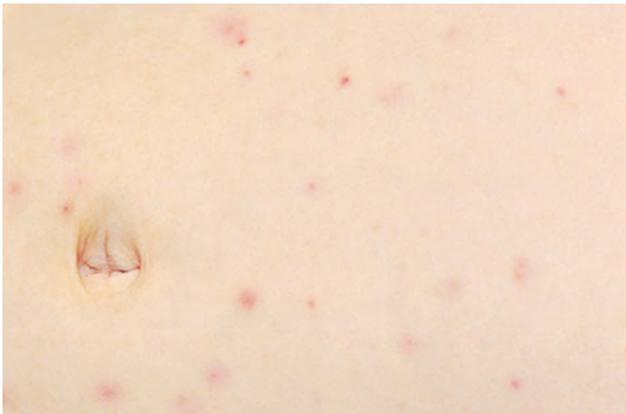
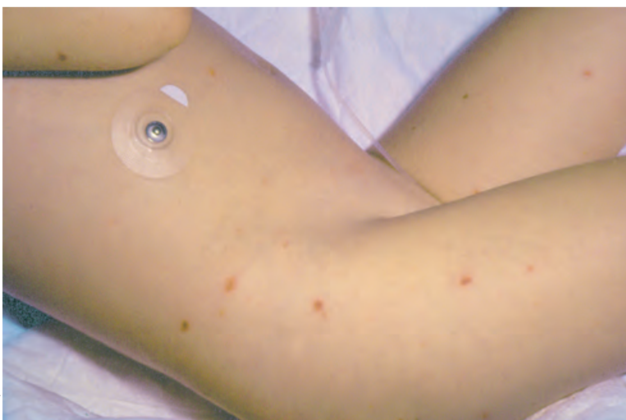
Meningococcal disease

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





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Queensland Government

Signs and symptoms

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.

Action

Immediately on clinical suspicion:

1. Refer to Clinical Pathway: Acute management of suspected meningococcal disease: **www.health.qld.gov.au/psq/pathways/docs/meningococcal-pathway.pdf**

   If possible, take blood for culture (regardless of prior antibiotic) and blood for PCR in EDTA tube. Consider lumbar puncture if not contraindicated.
   Tests must not delay antibiotic.

2. **Give antibiotic urgently (within 30 minutes).**

Infants under 3 months	Ampicillin 50 mg/kg every 6 hours IV **plus** CefOTAXIME 50 mg/kg every 6 hours IV
Anyone 3 months and over	CefTRIAXONE 2 g (children: 50 mg/kg up to 2 g) every 12 hours IV **or** CefOTAXIME 2 g (children: 50 mg/kg up to 2g) every 6 hours IV

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

Public Health Unit:

Phone: