Be alert for Meningococcal Disease!

Early recognition and prompt administration of empirical antibiotic therapy can be life saving.

- **Meningococcal septicaemia** is more common than meningococcal meningitis and has a greater mortality rate.
- Patients with a **systemic febrile illness**, particularly children, must be assessed promptly and reassessed as frequently as necessary for meningococcal disease, whether or not a rash is present.
- In early stages of infection the rash may be atypical or not present; during later stages of infection a petechial or purpuric rash may develop rapidly.

Absence of rash does not exclude meningococcal infection

maculopapular rash | petechial rash | purpuric rash

Signs and symptoms

- Fever, sweats, rigors, pallor, vomiting and/or nausea (non-specific signs and symptoms of a systemic illness).
- Prostration, drowsiness, irritability, altered conscious state.
- Headache, neck stiffness, photophobia, cranial nerve palsies and seizures (if meningitis).
- Joint pain, myalgia, backache, difficulty walking.
- Classic non-blanching petechial or purpuric rash, often in clusters where pressure occurs from elastic. However, in early stages the rash may blanch and resemble a viral exanthem. Less commonly the rash may be non-blanching and maculopapular.

In infants and children the following **may also** occur

- Irritability, dislike of being handled, refusal of food
- Tiredness, floppiness, drowsiness
- Twitching or convulsions
- Grunting or moaning
- Leg pain, cold extremities, and abnormal skin colour are frequently seen in the first 12 hours of disease (before classic symptoms and signs develop) in children under 16 years.

IMMEDIATELY on clinical suspicion of meningococcal infection:

1. Give Antibiotics

Benzylpenicillin*

2.4 g (child 60 mg/kg up to 2.4 g) IV (or IM)

OR

Ceftriaxone

2 g (child 1 month or older: 50mg/kg up to 2g) IV (or IM)

All general practitioners should always have benzylpenicillin in their surgeries and emergency bags.

***Benzylpenicillin should only be withheld in cases with a definite history of anaphylaxis following penicillin.** For these cases, if ceftriaxone is not available, seek urgent advice from the relevant on-call clinician at the referral hospital for possible alternatives.

2. Call an Ambulance

Arrange urgent transfer to hospital.

3. Take Blood

Take blood cultures, and also 5mls in EDTA (purple top) tube for PCR where possible, but this should not delay initiation of therapy.

4. Advise Hospital

Inform the relevant clinician at the referral hospital of the patient's impending arrival and document that benzylpenicillin (or an alternative antibiotic) has been given.

5. Infection Control

Surgical masks should be worn while intubating and during oropharyngeal suction.

6. Notification (URGENT)

Notify immediately, by telephone, clinically suspected cases of meningococcal infection to the Communicable Disease Control Branch so that appropriate public health measures can be taken.

Phone 1300 232 272 24 hours/7 days

Public-I3-A1