

# 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.

### 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.

### Absence of rash does not exclude meningococcal infection



maculopapular rash

petechial rash

purpuric rash

## IMMEDIATELY on clinical suspicion of meningococcal infection:

### 1. Antibiotic Treatment and Transfer

Administer one dose of parenteral **Benzylpenicillin\*** (preferably IV, otherwise IM)

Children aged < 1 year: 300 mg  
Children aged 1-9 years: 600 mg  
Adults or children aged 10 years or over: 1200 mg

### OR Ceftriaxone

50 mg/kg (up to 2 g) IV or IM (all ages)

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.

**AND call an ambulance to arrange urgent transfer to hospital.**

### 2. 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.

### 3. 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.

### 4. Infection Control

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

### 5. 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 (08) 8226 7177  
24 hours/7 days**



Government of South Australia

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