



## FACTSHEET

# Meningitis

Meningitis is an infection of the meninges, the protective membranes covering the brain and spinal cord.

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### Who is affected?

Meningitis can present in all ages but is most common in babies, children and young adults.

### Symptoms

Whilst symptoms of meningitis do vary, they commonly include: Fever, vomiting, severe headaches, rashes, neck stiffness, aversion to bright lights, confusion, drowsiness, rapid breathing, muscle ache and seizures.

### Spread

The bacteria and viruses which cause meningitis commonly reside in parts of the body where they cause no harm, meaning that they can be spread from healthy individuals. This is often via sneezing, coughing, kissing and the sharing of cups and cutlery.

### Treatment

Treatment of meningitis is largely dependent upon whether it is of viral or bacterial source. This is determined using tests such as blood tests, lumbar punctures and CT scans. Whilst viral meningitis is generally self resolving requiring bed rest, time, painkillers and fluids, bacterial meningitis requires rapid treatment with intravenous antibiotics reducing the risk of later complications, and sometimes steroids, such as in the case of tuberculosis meningitis.

## What causes it?

Meningitis can be caused by a bacterial or viral infection, or in rare cases fungi, chemicals and amoebae. Whilst viral infections are most common, it is bacterial infections which are potentially more serious. Common bacteria include streptococcus pneumoniae and neisseria meningitidis (meningococcus). Myobacterium tuberculosis causes tuberculosis meningitis. In neonates, meningitis is often caused by Group B streptococcus, e. coli and listeria.

## Protection

Vaccinations are used as a partial protection against some forms of bacterial meningitis. These form a fundamental part of the routine NHS infant vaccination schedule and include the MenB vaccine, Hib (Haemophilus influenza B) /MenC vaccine and the Pneumococcal vaccine. Students are also offered the MenACWY vaccine prior to starting university.

## Complications

Without adequate and rapid treatment of bacterial meningitis, there is a greater risk of complications including brain injury, hearing loss, seizures and cognitive and behavioural problems as well as progression to septicaemia, a life threatening infection of the blood. Meningococcal septicaemia can subsequently lead to organ failure, loss of limbs and death, with an overall 1 in 10 cases of bacterial meningitis thought to be fatal.

## Clinical Negligence arising from delay in diagnosing meningitis

Moore Barlow has considerable experience in dealing with cases involving a delay in diagnosis of meningitis, usually by a general practitioner, including this case where we successfully recovered a substantial award of damages for our client after a 16 day trial.



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