

# Emergency Department Staff **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.

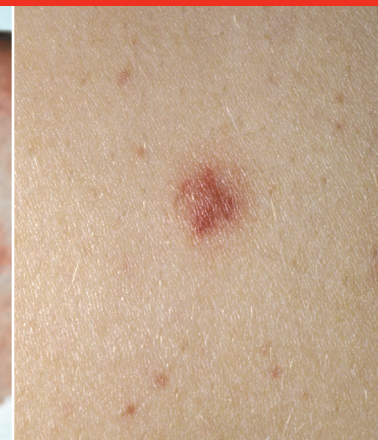
### Signs and symptoms

- > 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.

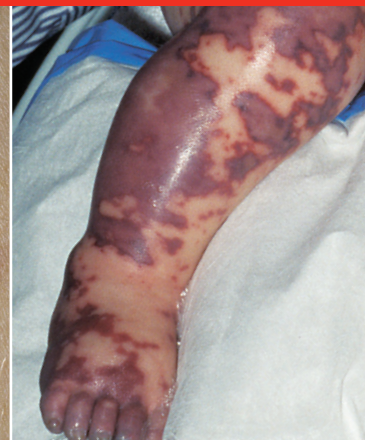
### Absence of rash does not exclude meningococcal infection



maculopapular rash



petechial rash



purpuric rash

### 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
- > Photophobia
- > 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, and REGARDLESS OF PRIOR ANTIBIOTIC THERAPY:

### 1. Treatment

Commence empirical antibiotic therapy immediately (without waiting for test results):

#### **Benzympenicillin:**

2.4 g (children: 60 mg/kg up to 2.4 g) IV, every 4 hours (penicillin should only be withheld in cases who have a definite history of anaphylaxis).

#### **PLUS either**

#### **Ceftriaxone**

2 g (children: 50 mg/kg up to 2 g) IV, every 12 hours

**or**

#### **Cefotaxime**

2 g (children 50 mg/kg up to 2 g) IV, every 6 hours.

### 2. Laboratory Tests

Take blood cultures, (2 sets - 4 bottles) EDTA blood for PCR, and, if indicated, CSF for microscopy, culture and PCR.

### 3. Infection Control

Additional precautions (patient isolation; staff wearing surgical masks) – continue for 24 hours after the commencement of recommended antibiotics.

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

The patient should wear a surgical mask during transport.

### 4. Notification (URGENT)

Notify immediately, by telephone, clinically suspected cases of meningococcal disease to the Communicable Disease Control Branch.

**Phone 1300 232 272**  
**24 hours/7 days**