

(Continued)

Meningococcal ACWY – is offered for FREE to babies at 12 months and teenagers 14-19 years through the National Immunisation Plan.

Pneumococcal – Pneumococcal conjugate (13vPCV) given at 2 months, 4 months, 12 months through the National Immunisation Plan. 65+ years can get the Pneumovax 23 vaccine for FREE.

Haemophilus influenzae type B (Hib) – given at 2, 4, 6 and 18 months for FREE on the National Immunisation Plan.

Check with your GP if you are medically at risk and require more vaccines.



Raising awareness.
Every second counts.

For further information about meningitis/meningococcal visit:
meningitis.com.au

Signs and symptoms

| | Babies | Children & Adults |
|-----------------------------------|-------------------------------------|-------------------------------------|
| Fever, cold hands and feet | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Vomiting | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Tired/floppy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Blank expression | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dislikes being handled | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Rapid breathing/grunting | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Pale blotchy skin/spots/rash | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Unusual crying/refuses to feed | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Bulging soft spot on top of head | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Stiff neck/dislikes bright lights | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Severe headache | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Fitting/stiff jerking movements | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

These are common symptoms and can appear in any order. Some may not appear at all. Don't wait for a rash. **If concerned, see a doctor immediately.**



MENINGITIS CENTRE AUSTRALIA

Raising awareness.
Every second counts.

Free Call 1800 250 223
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Founding member of the Confederation of Meningitis Organisations (CoMO)
www.comomeningitis.org



Disclaimer: Meningitis Centre Australia is a 'not for profit' organisation based in Australia, not a professional medical authority. Meningitis Centre Australia's literature provides general information about meningitis, not medical advice. Please consult your doctor to discuss the information or if you are concerned someone may be ill.
Produced by Meningitis Centre Australia.

Meningococcal and Meningitis

Frequently Asked Questions



Free Call 1800 250 223

What should I do if I suspect someone I know has meningitis?

Seek medical care immediately.

Can you be tested for the disease?

There is no simple test. The diagnosis of meningitis requires the performance of a lumbar puncture (also known as a spinal tap) in which a small amount of fluid is removed through a needle placed in the spinal canal. The cerebrospinal fluid is examined to determine whether an infection is present. This procedure is conducted in hospital.

How can you catch this?

The bacteria causing meningitis live in the nose and throat of people who are immune to invasive disease, but can carry the germs and spread them to other people by talking, coughing, sneezing, deep kissing, or any other activity which can expose others to respiratory secretions. If a child lacks immunity to the germ then he/she is at high risk of suffering invasion by the germs from the nose and throat into the blood stream and from there to the cerebrospinal fluid.

Can my child catch it if they're playing with another child suffering meningitis?

Yes, it is possible to catch it. If it is bacterial meningitis, ensure your child is vaccinated against that strain. The infected child must see a doctor for medical attention and antibiotics.

Why is no one else in the family sick?

Most adolescents and adults have developed natural immunity to the meningitis germs so that, although they may carry the germs in the nose and throat, their immunity protects them against invasive disease such as meningitis.

How long does it take to recover from meningitis?

Antibiotic treatment is given for 7-10 days. Full recovery may take several weeks to a few months.

What are the long term effects?

Meningitis can damage the blood vessels going to and from the brain. As a result of this damage, nerve cells in the brain may suffer permanent damage and die. The most common complication of meningitis is deafness. Other long term effects include: learning problems, behaviour problems, muscle weakness or paralysis, seizures or epilepsy.

Can you get it more than once?

Meningitis rarely occurs more than once. The only situations in which it may recur are: newborns who suffer meningitis may get it again within a few weeks because of their inability to make a protective immune response; children with certain disorders of the immune system; children and adults with malformations of the inner ear or spinal canal.

Meningococcal vaccines

*National Centre for Immunisation Research & Surveillance 2019

ACW-135Y

| Age | Recommended Brand | Immunisation doses for healthy individuals | Interval between primary doses |
|--------------------|------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 6 weeks – 5 months | Menveo or Nimenrix | 3 doses | 8 weeks between 1st and 2nd doses; 3rd dose at 12 months of age |
| 6-8 months | Menveo or Nimenrix | 2 doses | 2nd dose at 12 months of age |
| 9-11 months | Menveo, Nimenrix or Menactra | 2 doses | 2nd dose at 12 months of age or 8 weeks after 1st dose, whichever is later |
| 12-23 months | Menveo | 2 doses | 8 weeks |
| | Menactra | 2 doses | 8 weeks |
| | Nimenrix | 1 dose | Not applicable |
| More than 2 years | Menactra, Menveo or Nimenrix | 1 dose | Less than 6 years of age, 3 years after completion of primary schedule. After 7 years of age, every 5 years after completion of primary schedule. |

MENINGOCOCCAL B

****Those with a specified medical condition should consult their GP for required doses.****

| Age | Number of doses required for primary immunisation | Recommended intervals between doses | Recommended for single booster dose |
|---------------------|---------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| BEXSERO | | | |
| 6 weeks – 5 months | 3 doses (healthy), 4 doses (increased risk) | 8 weeks | Last dose at 12 months |
| 6-11 months | 3 doses | 8 weeks | 8 weeks between 1st and 2nd doses; 3rd dose at 12 months or 8 weeks after 2nd dose, whichever is later |
| More than 12 months | 2 doses | 8 weeks | No booster required |
| TRUMENBA | | | |
| More than 10 years | 2 doses | 6 months | 3 doses for high risk groups (4 weeks between 1st and 2nd doses; 3rd dose at least 4 months after 2nd dose and at least 6 months after 1st dose) |

Whilst these are the recommended doses outlined by the Federal Health Department, Meningitis Centre Australia advises you discuss the suitability of vaccinations with your own GP or Paediatrician.

How do you minimise the risk of getting either viral meningitis or bacterial meningitis?

Bacterial Meningitis – Immunisation. Get your child or yourself immunised with the available meningitis vaccines. However vaccines do not immune you from all strains. If you or your child has contact with someone who gets bacterial meningitis, check with your doctor about prevention.

Do NOT share drink bottles or food. Cover your mouth and nose when sneezing. Wash your hands regularly especially after going to the bathroom or changing a nappy. Avoid deep kissing or sharing a drinking glass, eating utensils, lipstick, or other such items.

Viral Meningitis – Do NOT share drink bottles or food. Cover your mouth and nose when sneezing. Wash your hands regularly especially after going to the bathroom or changing a nappy. Avoid deep kissing or sharing a drinking glass, eating utensils, lipstick, or other such items.

Avoid bites from mosquitoes and other insects that carry viruses that can infect humans.

What appointments, consultations and specialists are likely to be attached with the recovery from meningitis?

All persons who have recovered from meningitis should have their hearing tested. Children should also be seen at regular intervals by the family physician or paediatrician to make sure that they are developing normally. If any problems are detected, then the child should be fully evaluated by a specialist in child development.

Other Vaccines Available

Meningococcal B – Bexsero or Trumenba vaccines require a private script and needs to be paid for out of pocket. However if you live in South Australia it is free for babies, toddlers and 15-21 year olds.

(Continued over)