

# Bacterial meningitis and meningococcal disease (in general practice)

(NICE 2024 NG240)



# Red Whale

GEMS

Guidelines & Evidence Made Simple

**STOP! Call 999 ambulance NOW if you have any suspicion of BACTERIAL MENINGITIS or MENINGOCOCCAL DISEASE. When ambulance confirmed: Decide whether to give prehospital antibiotics in general practice**

**Meningococcal disease =**  
meningococcal sepsis WITH or WITHOUT meningococcal meningitis

**Bacterial meningitis =**  
meningitis caused by meningococcus or other bacteria

**STRONGLY SUSPECT MENINGOCOCCAL DISEASE IF any of:**

- Think 'rash'
- Haemorrhagic, non-blanching rash with lesions >2mm
- OR
- Rapidly-progressive, non-blanching petechial or purpuric rash
- OR
- Symptoms or signs of bacterial meningitis AND non-blanching rash

REMEMBER: do not rule it out if there is no rash...see SUSPECT

**SUSPECT BACTERIAL MENINGITIS or MENINGOCOCCAL DISEASE**

if person does not meet the criteria for STRONGLY SUSPECT

**DO NOT give prehospital antibiotics**

CONSIDER these diagnoses based on a combination of:

**STRONGLY SUSPECT BACTERIAL MENINGITIS IF:**

- Fever AND Headache AND Neck stiffness AND Altered consciousness or cognition

REMEMBER: can still be strongly suspected without ALL these symptoms

**GIVE prehospital antibiotics:**  
IV or IM ceftriaxone (or benzylpenicillin) (see BNF for doses) BUT don't delay transfer

**ONLY give prehospital antibiotics IF significant delay in transfer likely** (NICE doesn't specify time): IV or IM ceftriaxone (or benzylpenicillin) (see BNF for doses)

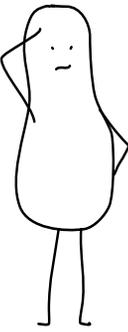
**Risk factors**  
*Missed immunisations, impaired immunity, personal/family history, student in shared accommodation, case contact*

**Symptoms and signs that may be suggestive** (the more that are present, the more likely a person has the diagnosis)

**Parental concern:**  
take this seriously

**In children, young people and adults, look for...**

- Altered consciousness or cognition
- Irritability, lethargy
- Unusual behaviour (agitated, aggressive, subdued)
- Neurological features: headache, neck stiffness, focal neurological deficit, photophobia, seizures
- Ill appearance, fever, sepsis, shock or vomiting
- Pale, mottled skin or cyanosis
- Non-blanching, petechial or purpuric rash (mainly in meningococcal disease)
- Limb, back, abdominal or other body pain



**..and in babies**

- Reduced feeding
- Weak, high-pitched or continuous cry
- Bulging fontanelle
- Tachypnoea, apnoea or grunting



**NOTE: In babies: photophobia is harder to identify. In babies/older adults: fever is less common, and neck stiffness is less common and harder to identify**

**AND NICE lists these signs and symptoms specifically for MENINGOCOCCAL DISEASE** (but not for bacterial meningitis)

- Cold hands and feet, leg pain
- Raised HR (or HR <60 if age <12y)
- Low BP, cap refill >3sec, temp <36°C
- Reduced urine output
- Diarrhoea

**...and in babies**

- Grunting or raised respiratory rate
- Temperature: ≥38°C <3m, ≥39°C 3–6m



We make every effort to ensure the information in these pages is accurate and correct at the date of publication, but it is of necessity of a brief and general nature. The information presented herein should not replace your own good clinical judgement, or be regarded as a substitute for taking professional advice in appropriate circumstances. In particular, we suggest you carefully consider the specific facts, circumstances and medical history of any patient, and recommendations of the relevant regulatory authorities. We also suggest that you check drug doses, potential side-effects and interactions with the British National Formulary. Save insofar as any such liability cannot be excluded at law, we do not accept any liability for loss of any type caused by reliance on the information in these pages. September 2024. For full references see the relevant Red Whale articles.