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.

**Absence of rash does not exclude meningococcal infection**

**IMMEDIATELY on clinical suspicion of meningococcal infection:**

1. **Give Antibiotics**
   - Benzylpenicillin*: 2.4 g (child 60 mg/kg up to 2.4 g) IV (or IM)
   - OR
   - Ceftriaxone: 2 g (child 1 month or older: 50mg/kg up to 2g) IV (or IM)

   *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.

2. **Call an Ambulance**
   Arrange urgent transfer to hospital.

3. **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.

4. **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.

5. **Infection Control**
   Surgical masks should be worn while intubating and during oropharyngeal suction.

6. **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 1300 232 272 24 hours/7 days**

**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.

**References**