



RACE AGAINST TIME

A large, clear glass hourglass is the central visual element. It is oriented vertically with the narrow neck in the middle. The top bulb is mostly empty, while the bottom bulb is filled with a mound of brown sand. The sand is falling from the top bulb into the bottom bulb, creating a thin stream in the neck. The background is white.

**MENINGITIS & SEPTICAEMIA
CAN KILL IN HOURS**

Know the symptoms

Symptoms to watch out for

Septicaemia can occur with or without meningitis. Not everyone gets all the symptoms and they can appear in any order.

The first symptoms are usually fever, vomiting, headache and feeling unwell. **Red ticks show symptoms more specific to meningitis and septicaemia and less common in milder illnesses.** Limb pain, pale skin and cold hands and feet often appear earlier than the rash, neck stiffness, dislike of bright lights and confusion.

	Septicaemia	Meningitis
Fever and/or vomiting 	✓	✓
Severe headache 		✓
Limb/joint/muscle pain <small>(sometimes stomach pain/diarrhoea)</small> 	✓	
Cold hands and feet/shivering 	✓	
Pale or mottled skin 	✓	
Breathing fast/breathless 	✓	
Rash <small>(anywhere on the body)</small> 	✓	✓
Stiff neck <small>(less common in young children)</small> 		✓
Dislike of bright lights <small>(less common in young children)</small> 		✓
Very sleepy/vacant/difficult to wake 	✓	✓
Confused/delirious 	✓	✓
Seizures (fits) may also be seen 		✓

Other signs in babies:

- Tense or bulging soft spot on their head
- Refusing to feed
- Irritable when picked up, with a high pitched or moaning cry
- A stiff body with jerky movements, or else floppy and lifeless
- Fever is often absent in babies less than three months of age

What should I do if I am worried about someone who is ill?

Trust your instincts. Someone who has meningitis or septicaemia could become seriously ill very quickly. Get medical help immediately if you suspect meningitis or septicaemia – it's a race against time.

The tumbler test

If you are seriously worried about someone who is ill, **don't wait for a rash to appear – get medical help**. But if they are already ill and get a new rash or spots, use the Tumbler Test.

Press a clear glass tumbler firmly against the rash. If you can see the marks clearly through the glass **seek urgent medical help immediately**.

Check the entire body. Look out for tiny red or brown pin-prick marks which can change into larger red or purple blotches and blood blisters.

The darker the skin the harder it is to see a septicaemic rash so check lighter areas like palms of hands and soles of the feet or look inside the eyelids and the roof of the mouth.

Remember, a very ill person needs medical help even if there are only a few spots, a rash that fades or no rash at all.



You need to know

Meningitis is inflammation of the lining around the brain and spinal cord – the meninges. Septicaemia is blood poisoning caused by the same germs, and is the more life-threatening form of the disease.

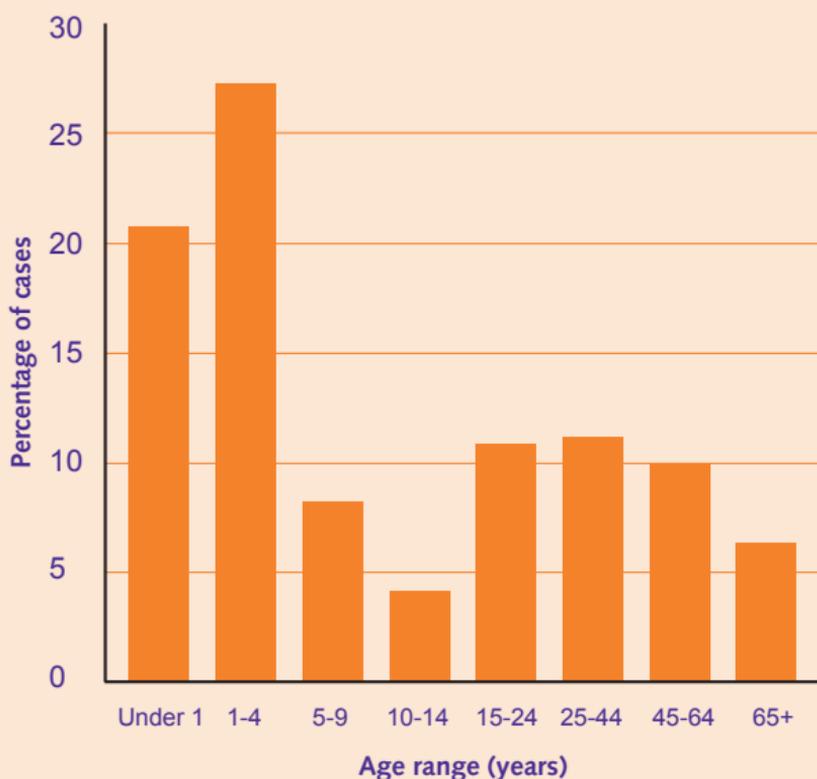
Learn the symptoms quiz

Q&A

Q1 Only children and college students get it.

True/False?

A1 **False.** Babies, children and young people are most at risk, but anyone of any age can get meningitis and septicaemia, as the graph shows.



Typical distribution of bacterial meningitis and meningococcal septicaemia by age

- Q2** You won't get it if you've had a meningitis vaccine.
True/False?
- A2** **False.** Meningitis vaccines give excellent protection, but can't prevent all forms. You still need to know the symptoms. For more information call the charity's Freefone* helpline
080 8800 3344 (UK)
1800 41 33 44 (Ireland)
or visit our website www.meningitis.org
- Q3** If you feel ill, you should wait and see if you get a rash. **True/False?**
- A3** **False.** The rash is mostly seen with septicaemia, but it might not appear until someone is already very ill, and in some cases may not appear at all.
- Q4** You always get a stiff neck, and can't stand the light. **True/False?**
- A4** **False.** Neck stiffness and dislike of bright lights are symptoms of meningitis but do not appear in every case and are unusual in young children. They are not symptoms of septicaemia - the more dangerous form.
- Q5** With meningitis and septicaemia you always get ill quickly. **True/False?**
- A5** **False.** The main type of meningitis and septicaemia usually comes on very fast and the person will get worse very quickly. However, there are some types where the onset of illness is slower.

About us



Our vision is for a world free from meningitis and septicaemia. That's why we fund research into the prevention, detection and treatment of the diseases, promote education and awareness amongst the public and health professionals and provide support to those affected.

Our Patron, Paralympic gold medallist Jonnie Peacock with Junior Ambassador Sofia Crockatt and her running coach Vicky Huyton



MENINGITISWISE

For information and support our Freephone helpline is available 365 days a year*

080 8800 3344 (UK)

1800 41 33 44 (Ireland)

Email helpline@meningitis.org

Visit our website www.meningitis.org

Download our iPhone app
meningitis.org/iphone

The Helplines Association

Member

Quality Standard



*Free from landlines and most mobiles

We need your help

We are committed to saving lives and have invested around £17m/€21m in vital vaccine research and studies which speed up diagnosis and improve treatment. We also spend around £1m/€1.2m a year supporting families and raising awareness of the diseases among the public and health professionals with free information. If this leaflet has inspired you to help by donating or fundraising, please contact your local office or visit us online.

Our offices

Bristol

Tel 01454 281811

info@meningitis.org

Edinburgh

Tel 0131 510 2345

info@scotland-meningitis.org.uk

Belfast

Tel 028 9032 1283

info@meningitis-ni.org

Dublin

Tel 01 819 6931

info@meningitis-ireland.org

A charity registered in England and Wales no 1091105, in Scotland no SC037586 and in Ireland CHY 12030

Registered Office: Midland Way
Thornbury Bristol BS35 2BS

Tumbler test photographs courtesy of
Prof P Brandtzaeg and Dr A Riordan.

© Meningitis Research Foundation 09/2013

