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The Brain Invaders

The Meningitis and Meningococcal bacteria can be life-threatening

I'm not panic-mongering. This article is about a rare health issue; one that concerns me because many people don't know even exists until it hits. These diseases are neither wide-spread nor common (approximately 1,000 diagnosed cases of Meningococcal meningitis a year in the USA); yet judging by the occasional news report, they tend to strike without notice and are not always recognised because the initial symptoms are similar to other illnesses. Delay in treatment, however, can prove fatal. Knowing what to look for, especially with regard to infected children who are particularly vulnerable, is essential for any parent, carer, or health professional.

The Meningitis disease is perhaps better known than Meningococcal, but both are extremely serious infections of the meninges. These are the membranes that surround the brain and spinal cord. Once penetrated by the Meningitis virus or bacteria; or the Meningococcal bacteria; severe inflammation can occur causing not only discomfort, but in some cases death. Not to put too fine a point on it, although rare in comparison to other viruses and infections, these are two of the most dangerous illnesses anyone can contract.

Fortunately, neither are transmitted as readily as colds and flu; so casual and occasional contact with a carrier is unlikely to pass on the bacteria which cannot survive long outside of the host's body. The infecting bacteria would seem to linger in the back of the nose and throat, commonly being passed on via saliva from coughing, sneezing and kissing; however, infection is not thought to be instantaneous, requiring lengthy, direct exposure to the bacteria. Anyone having frequent close contact with an infected patient can be at risk: like a carer, an intimate partner, someone living in the same household, or by giving mouth-to-mouth resuscitation to another with the disease. Not all, though, are susceptible because apparently 1 in 10 people can have the bacteria in the back of the nose and throat without being ill at all. They can, however, be carriers able to pass the disease on to someone else.

The most common symptoms of Meningitis are fever, headache, vomiting, loss of appetite, tiredness, drowsiness or altered consciousness, irritability, stiff neck and sensitivity to light. Some sufferers can also have seizures, and may find their hearing or vision to be affected. The viral type of Meningitis can cause severe headache; but although there is no specific treatment, with rest and extra fluids a rapid and full recovery is usual for most. The bacterial kind, on the other hand, generally requires urgent treatment in hospital with intravenous antibiotics. Recovery from this kind of Meningitis

can take a long time and may lead to hearing loss or brain damage. It is definitely an illness to take very seriously.

In previous years, Australians were often publicly advised to guard against cases of Amoebic Meningitis, especially during the summer; and the disease is still around today. The source of this variety is amoeba flourishing in untreated, sometimes stagnant water when temperatures range from 25°C to 40°C; making waterholes, lakes and creeks prime breeding grounds. Children are at risk when diving or jumping into infected water; and this includes swimming pools that are insufficiently chlorinated. The problem is when infected water is thrust with force up the nose. In the young, the membrane deep within the nasal cavity which protects the brain is underdeveloped and ruptures easily. Despite being warned of the danger, kids will quickly forget; so, those splashers-pools for littlies need emptying and re-filling with fresh water before use. And it may be entertaining to watch kids running around laughing and squealing under garden sprinklers, or squirting each other with the hose; but both water sources should be flushed first. Water that has been sitting in them for some time will most likely be warm; and, make no mistake; it will be swarming with Amoebic Meningitis bacteria.

Sorry, but I haven't finished yet. On to arguably the far-more-serious form of Meningitis, the Meningococcal infection. Symptoms are quite similar to Meningitis and it can also cause blood poisoning and joint pain. An important indication of possible infection can be a red-purple, blotchy skin rash. The problem is that, if it occurs at all, it is usually in the latter stages of the disease, by which time any cure might be too late. Should a patient have a suspect rash, it is advisable to apply and release gentle pressure on the skin – using a clear glass tumbler is ideal. If the rash doesn't momentarily disappear, there is a high chance it is a result of Meningococcal infection, and the patient should be rushed immediately to hospital.



The same applies if they have been experiencing persistent fever, irritability, drowsiness or lethargy, have not been feeding normally, or their symptoms have come on or worsened very quickly; then it must be straight to emergency, no delays! Once there, please don't be put off by an over-taxed nurse saying you are fretting over nothing, and sending you and your child home with some Paracetamol. Some of our kids have died within 24 hours thanks to this ill-informed, irresponsible diagnosis. Should this happen to you, insist on a proper doctor's opinion immediately, and don't take 'NO' for an answer – your child's life could be at stake.

I don't expect too many of our visitors will bother reading this, believing it to be boring-boring and irrelevant to them. Well, it isn't, not to anyone! Not one of you can afford to put another at risk from either Meningitis or Meningococcal, especially not one of your own; and if you happen to become infected yourself, I reckon you'll want it diagnosed and sorted ASAP.

Please ensure you stay informed about these and any other deadly diseases so that you won't be living the rest of your life in regret should one of them come calling.

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