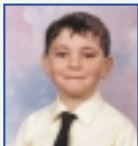


## In memory

Meningococcal disease is terrifying because of the incredible speed with which it can kill or maim, and the difficulty of early diagnosis, even by experienced doctors. Stephen, Paige and Amanda all died of meningococcal septicaemia. Their parents set up foundations to help fight the disease (see back page).



Stephen Sanig  
(14 hours)

Stephen was perfectly well at school that day, and full of energy when he arrived home. Later he put on a jumper and said he was cold. In fact, he was very hot. That evening his parents took him to the hospital with fever, rapid breathing and severe pain in his joints and chest – they thought he was having a heart attack. He was diagnosed with 'gastro-enteritis and flu symptoms'. He deteriorated during the night and at 4am his parents rushed him back to the hospital – but he died at 8.40 am.

Paige was about a month short of her third birthday when she became ill with a fever and slept the whole afternoon. Her parents put it down to a virus. Later that night Paige complained of very sore legs, and her mother noticed bruise-like spots. Alarmed, she took Paige to the doctor, but was reassured that it was just 'a respiratory virus'. Back home, her condition rapidly deteriorated and the bruising spread. Her parents rushed her to hospital – but she died at 3am.



Paige Weatherspoon  
(16 hours)

It was October 1997. Amanda had just returned from a Rowing Regatta in NSW, where one of the other rowers had contracted meningococcal disease. Back in Perth, she spent her Saturday rowing in the State Championships. That evening she complained of a headache and pain in her thigh. She also had cold hands and feet and a fever. After vomiting, she was taken to hospital where a test confirmed she did not have meningitis. The next morning she had severe diarrhoea and a rash. She died from septicaemia at 5pm.



Amanda Young  
(24 hours)

*If your doctor reassures you that it is not meningococcal disease, but it gets worse or you have a gut feeling it's serious, don't be afraid to go back, visit another doctor or go straight to hospital.*

## Symptoms

Meningococcal disease sometimes starts with flu-like symptoms – but this is not always the case. It could start with a sore leg or joint. \*Remember, not all of the following symptoms will appear – there may only be a few. And each case is different.

See a doctor if several or more of these symptoms occur and the patient is looking/feeling very unwell or deteriorates rapidly.

**DON'T WAIT FOR A RASH – this may not even appear at all. BUT DO BE VIGILANT. If a rash does appear, together with some of the following symptoms, then treat it as a medical emergency.**

## Possible symptoms in children and adults



Eliza, Kimberley and Thomas feature in the 30 minute companion video

- fever
- nausea or vomiting
- lack of energy
- tiredness or drowsiness
- confusion or disorientation
- dizziness
- irritability or agitation
- a sore throat
- severe headache
- backache
- stiff or painful neck
- sensitivity to light
- twitching or convulsions
- cold hands and feet
- cold shivers
- pain in muscles or joints
- pain in chest or abdomen
- pale, grey or blotchy skin
- rapid breathing
- diarrhoea
- a rash, which may start off as a spot, mark or blister, as a faint pink rash or as pinpricks on the skin, then develop into the distinctive purple bruising. (Usually won't fade when pressed.)

## In babies

- fever
- cold hands and feet
- vomiting
- diarrhoea
- pale or blotchy skin
- poor feeding
- moaning/high pitched cry
- blank, staring expression
- dislike of being handled
- fretful
- floppy or lethargic
- difficult to wake
- arching of body/ neck
- bulging fontanelle (soft spot on top of the head)
- pink, red or purple rash



## Contacts and support

Meningococcal Australia Inc:  
[www.meningococcal-australia.org.au](http://www.meningococcal-australia.org.au)

### • In NSW/ACT:

The Stephen Sanig Foundation  
Sue-Anne and Michael Sanig  
1 Keveer Close, Berkeley Vale, NSW 2261  
Tel: (02) 4389 8854 Fax: (02) 4389 8864  
[sasanig@ozemail.com.au](mailto:sasanig@ozemail.com.au)



### • In SA:

The Paige Weatherspoon Foundation  
Nicky and Dwayne Weatherspoon  
26 Westlake Street, Kadina, SA 5554  
Tel: (08) 8821 1164  
[paigewf@yp-connect.net](mailto:paigewf@yp-connect.net)  
[www.yp-connect.net/~paigewf](http://www.yp-connect.net/~paigewf)



### • In WA:

The Amanda Young Foundation  
Lorraine and Barry Young  
PO Box 855, West Perth, WA 6872  
Tel: (08) 9398 7275 Fax: (08) 9398 7625  
[www.amandayoungfoundation.org.au](http://www.amandayoungfoundation.org.au)



## HOW YOU CAN HELP

The member Foundations of Meningococcal Australia Inc raise money to educate the public about the disease (via brochures, posters, videos and other tools) and to provide ongoing support to victims and their families. If you would like to make a donation to help, please send a cheque to one of the Foundations listed above. Remember to include your name, address and contact details to receive a receipt and be placed on the mailing and/or email list. Donations over \$2 are fully tax deductible.

## NATIONAL REGISTER

If you or anyone in your family has had meningococcal disease or been affected by it, please contact one of the Foundations above. Sharing your experience would help gather more information and statistics to form a national network of support and communication.

NOTE: While this brochure contains information on meningococcal disease, you are advised to obtain professional medical assessment on individual cases. Media One accepts no responsibility for the actions of any people which are related in any way to the information contained in this brochure



This brochure was written, designed and produced by Media One as a community service, to help educate the public and to serve as a companion to our video "Fighting meningococcal disease".  
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# FIGHTING meningococcal disease

READING THIS COULD SAVE A LIFE



Paige, 2



Stephen, 7



Amanda, 18

*About three quarters of all deaths could have been prevented with earlier recognition and treatment.*

– Dr Clayton Golledge

Meningococcal disease is a relatively rare but life-threatening disease which can cause death within hours – if not recognised and treated promptly.

[www.meningococcal-australia.org.au](http://www.meningococcal-australia.org.au)  
[www.meningococcal.com.au](http://www.meningococcal.com.au)

## What is meningococcal disease?

Meningococcal disease is an acute bacterial infection that can cause death within hours if not recognised and treated in time. In Australia it's classed as a rare disease, affecting approximately 700 people each year. Although the majority will recover fully, 10% of those infected will die, and around 20% will have permanent disabilities, ranging from learning difficulties, sight and hearing problems, to liver and kidney failure, scars from skin grafts and loss of fingers, toes or limbs.



Meningococcal disease actually encompasses **two** different illnesses caused by the meningococcal bacteria: **meningitis** and **septicaemia**. *Meningococcal disease may take the form of one – or both – of these.*

### • Meningococcal meningitis (bacterial meningitis)

Inflammation of the lining of the brain and spinal cord (the 'meninges'). There are many different forms of meningitis – including fungal, viral and bacterial. The bacterial forms, such as meningococcal meningitis, are the most serious. This illness can result in permanent disabilities – such as deafness or brain damage – and even death. Symptoms may include a severe headache, fever, fatigue, stiff or painful neck, sensitivity to light or convulsions.

### • Meningococcal septicaemia (blood poisoning)

This is the more dangerous and deadly of the two illnesses. It happens when the bacteria enter the bloodstream and multiply uncontrollably, damaging the walls of the blood vessels and causing bleeding into the skin. Septicaemia can lead to death within hours, or permanent disabilities such as scars and amputations. Symptoms may include fever, fatigue, vomiting, cold hands and feet, cold shivers, severe aches or pain in the muscles, joints, chest or abdomen, rapid breathing, diarrhoea – and in the later stages, a pinprick or purple bruise-like rash.

*"I've seen cases where someone has been well at breakfast – and dead by dinner!"*

– Dr Clayton Golledge, Microbiologist and Infectious Diseases expert

## How do people get the disease?

Meningococcal bacteria live naturally in the throat and back of nose. Around 20% percent of people will be carrying them at any one time without ever becoming ill ('healthy carriers'). There are many different strains of meningococcus: the most common in Australia are B and C.

The bacteria are spread by saliva – via activities such as sneezing, coughing or kissing, and sharing food or drinks. Environments where people are in close contact, such as day-care centres, school camps, parties and nightclubs, make it easier for the bacteria to spread.

**But even if you pick up the bacteria, it doesn't mean you'll become ill.** The danger only occurs if you pick up a strain you're not immunised against, or don't have any natural immunity to – or if your immune system is for some reason weakened and cannot cope.

## Risk factors

Anyone can catch the disease, but those most at risk are:

- **babies and children up to the age of 5 years** (due to their less mature immune system and tendency to put toys in their mouth).
- **teenagers and young adults from 15 to 25 years** (primarily because of the social lifestyle they lead).

**Smoking** and passive smoking can increase the risk of infection. **Winter and early spring** are higher risk times, because the many viruses around can weaken the body's natural immune system.

## Don't share:

- food, dips, icecreams
- drinks, bottles, straws
- lipstick or lip gloss
- toothbrushes
- cigarettes
- mouth guards
- musical instruments with mouth pieces
- don't suck the end of a shared pen or pencil
- don't suck baby's dummy before putting it in their mouth



## Vaccination

While there is no vaccine yet available for **B-strain** (responsible for the majority of cases in Australia) there IS now a vaccine for **C-strain** – which is responsible for a third of cases, and the majority of deaths.

For adults and children over 12 months, one vaccination will provide long term protection against C-strain (but not against other strains). For babies under 12 months, a course of vaccinations is necessary. Children and teenagers aged 1-19 will be vaccinated free of charge (by a GP or their school, depending on age) from 2003 - 2006. For travellers, there's a short term meningococcal vaccine available.

## The septicaemic rash: a medical emergency

The appearance of the distinctive rash means that **immediate medical treatment is vital**. It could start off just as a faint pink rash, as a red or purple spot, blister or blotch, or as pinpricks on the skin. In the final, critical stage, it spreads rapidly into purple bruises, or haemorrhages, which cover the body. The person can go into shock, their blood pressure falls and circulation fails in the body extremities – the fingers, toes and limbs. Amputations or death may be a result.



If someone becomes ill, it's important to monitor them carefully for any early signs of a rash as it can easily be missed or mistaken for something else. The rash usually does not fade (like a harmless rash does) when pressed with a thumb or clear glass. *NOTE: This test is not always reliable, especially in the early stages.*



*The rash, which usually appears in the final stages of septicaemia, is actually blood leaking from damaged blood vessels into the skin.*

## Action to take

Recognising the disease in the early stages is critical, but can be very difficult, because it can easily be mistaken for common ailments such as gastroenteritis, the flu, a hangover or even muscle strain. Even experienced doctors can make mistakes in diagnosis – so it's vital to closely monitor the patient and use your gut feelings to decide whether the illness is in any way different or progresses more rapidly than what you'd normally expect. **Watch out for any sign of a rash.**

If you suspect meningococcal disease, rush the patient to a doctor or hospital. **Don't wait for a rash to appear – it may not.** Insist on seeing someone straight away, and clearly list all the symptoms. If it is meningococcal disease, antibiotics must be given as soon as possible.

The incubation period (time between picking up the strain and when the symptoms appear) is between 2–7 days. Anyone who's had close contact with the patient in the 7 days prior to symptoms appearing should be treated with antibiotics to kill any bacteria in their throat and nose. They should still watch carefully for any signs of the disease.

## Educational videos

Two excellent videos by film-maker Kay Stammers are available from some pharmacies, libraries, councils, schools and day care centres – and can also be purchased for educational or private use. They have both been produced in close consultation with the Foundations, as well as medical experts around Australia.



### FIGHTING MENINGOCOCCAL DISEASE

Silver medal winner, Summit International Awards, 2003



This 30 minute video is a comprehensive and practical guide to meningococcal disease for parents, teachers, child carers, sports people, medical students and health professionals. It clearly explains how to recognise the symptoms, what to do, and what precautions to take, with advice from people who have done

battle with the disease and pass on their tips for survival.

*"One of the best and most moving educational videos I've ever seen. It should be viewed by all medical professionals."*

– Dr John Vinen, Director of Emergency Support Services, Royal North Shore Hospital, Sydney.

Proudly sponsored by Baxter Healthcare Australia.

### DON'T CATCH THE KILLER

A punchy 20 minute video, aimed specifically at teenagers and young adults aged from 15- 25. This is a high risk group, mainly because of their social lifestyle and ignorance as to symptoms to watch out for and precautions to take.

Draws on the experiences of six students who have battled the disease, with varying outcomes – and who speak out frankly to fellow students. Ideal for classrooms and tertiary institutions.

Proudly sponsored by The Amanda Young Foundation.



With highly respected medical spokesperson, Dr Clayton Golledge – Snr Consultant in Clinical Microbiology and Infectious Diseases, Sir Charles Gairdner Hospital & PathCentre, Perth.

### TO PURCHASE VIDEOS:

By phone (credit card orders): **02 - 9904 1722**  
Or send cheque or Purchase Order to Media One Pty Ltd:  
49 Rangers Road, Cremorne NSW 2090 ABN: 49 078 919 123  
Fax: (02) 9904 1733 Email: [info@mediaone.com.au](mailto:info@mediaone.com.au)  
Cost for schools, hospitals, libraries: \$66 + \$11 pack/post (inc GST)  
Also available from your local Foundation (see back page).  
To preview video, please visit: [www.meningococcal.com.au](http://www.meningococcal.com.au)