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October 19, 2007

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Meningitis remains a serious threat

Meningitis is one of the most dreaded infections in children, because it attacks the tissues and fluid surrounding the brain. With so much recent media attention focused on meningitis, many parents are asking whether the disease has become more common and whether meningitis can be treated or prevented.

Vaccinations, which have been perfected over the last 20 years, are so effective that once--common cases of meningitis are now so rare as to be newsworthy. As a young physician, I saw and treated bacterial meningitis cases on a regular basis. But today's young physicians are likely to see few cases to none at all. And parents wonder if they should vaccinate their children for diseases that seem nonexistent.

One needs only to see a single devastating case of meningitis in an unvaccinated child or a child infected by bacteria for which no vaccine is available, however, to understand the impact of vaccination.

There are two general types of meningitis--bacterial and viral, also known as aseptic meningitis. Bacterial meningitis is the most serious and least common. Prevention is important, as, even with modern antibiotics, the death rate from bacterial meningitis remains at 10 percent, and 20 percent of those who survive may be seriously impaired.

Meningitis may first appear as a mild disease that is responsive to treatment or improves on its own. Viral meningitis is common and frequently occurs as a summertime epidemic in the Northeast. Lyme meningitis, which occurred frequently this past summer North of Boston, is caused by a bacteria and is frequently accompanied by Bell's palsy (facial paralysis), but is easily treated with antibiotics.

Symptoms of meningitis may come on rapidly at the beginning of an illness, or may develop after a child has had a cold, or vomiting and diarrhea for a few days. Warning signs in older children and adults include fever, headache, and extreme irritability or fussiness, vomiting, stiff neck, confusion, and seizures. The first symptoms are suggestive of many other illnesses, making early diagnosis difficult.

We worry most about children younger than 3 months of age, because they are more at risk than older children for serious infection, and they may exhibit vague symptoms, such as fever, sleepiness, poor feeding, a high-pitched cry, or a bulging soft spot on top of their head. These infants are extremely uncomfortable and seem to cry more instead of settling down when picked up.

If you are concerned that your child might have meningitis, contact your pediatrician or head for the emergency room. In the case of bacterial meningitis, early diagnosis and treatment are extremely important. Describe your child's symptoms to the doctor, and share your concern about possible meningitis. If the doctor agrees, she will order tests to determine a diagnosis. These include blood tests and a spinal tap or lumbar puncture, to determine whether inflammation or infection is present and if the cause is bacterial or viral. If you and the physician do not agree on the course of treatment, ask for a second opinion.

If your physician suspects a bacterial infection, your child will be hospitalized, and given multiple medications including fluids and antibiotics. The treatment course depends on test results and the response to care, and may last from two days to two weeks.

Children suffering from viral meningitis often recover without negative side effects. However, approximately one in 10 cases of bacterial meningitis ends in death, while one in five children suffer serious neurological damage.

Please have your children vaccinated, because even though vaccines are not perfect and don't guarantee complete protection from disease, they are our best available defense. Vaccines are currently available to protect against the following type of meningitis: meningococcal, pneumococcal, and haemophilus influenza. Ask your pediatrician today if your child's vaccines are up to date, for these and other equally important illnesses.

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