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Medical review Drugs.com. Last updated on February 25, 2020. What is meningitis? Meningitis is an inflammation of the coatings (meninges) of the brain and spinal cord. It is most often caused by a viral or bacterial infection. Other infectious agents such as fungi can also cause meningitis. Rare causes of meningitis include atypical drug reactions and systemic lupus erythematosus. Viral, or aseptic, meningitis is the most common type. Generally, viral meningitis is not directly contagious. Anyone can get viral meningitis, but it happens most often in children. Many different viruses can cause meningitis; enterovirus is usually the viral culprit. Viral meningitis due to enterovirus peaks in midsummer until early autumn. But it can happen at any time of the year. With the exception of a rare case of herpes meningitis, viral meningitis will resolve itself after 7-10 days. Bacterial meningitis, formerly called cerebrospinal meningitis, is a very serious and potentially fatal infection. It may affect very healthy people, but infants and seniors are more susceptible. In the past, the three most common types of bacterial meningitis have been caused by Neisseria meningitidis, hemophilus influenzae and streptococcal pneumonia. Now that we have a very effective vaccine to help prevent all three types, bacterial meningitis in otherwise healthy children and adults occurs less frequently. In addition to infants and the elderly, people with chronic diseases and/or immune system disorders are most at risk of developing meningitis caused by bacteria and fungi. Symptoms of meningitis vary, but often include: Headache Fever Stiff Neck Other symptoms may include: Sensitivity to light Nausea Vomiting Drowsiness Confusion May be Milder in Cases of Viral Meningitis, while in cases of bacterial meningitis, symptoms can occur quite suddenly. In very young children, the symptoms can be particularly difficult to detect. Babies with meningitis may be less active, vomiting, refusing to eat or being irritable. A person in the later stages of bacterial meningitis may have seizures and lose consciousness (as a result). Meningitis diagnosis is diagnosed by testing some of the fluid that surrounds the spinal cord for pathogenic bacteria or infection of combat cells. This fluid is removed from the spinal cord using a needle in a procedure known as a spinal tap or lumbar puncture. The expected duration of viral meningitis is usually better on its own in 7 to 10 days. In contrast, if bacterial meningitis is not diagnosed and treated early, it can lead to permanent disability or death. The length of time that medication for bacterial meningitis depends on the age of the person, the response to medication and other factors. Prevention of bacteria and viruses that cause meningitis are found in bodily fluids such as saliva and mucus, and are spread through direct contact. Some people carry germs in and throat and can pass them on to other people, even if those carriers are not sick. If you are in close contact with someone who has been diagnosed with bacterial meningitis, you can get antibiotics to prevent you from getting the disease. Vaccination against streptococcal pneumonia (pneumonia shot), hemophilus flu and Neisseria meningitidis is the best way to prevent bacterial meningitis. There is no vaccine to prevent common types of viral meningitis. Treatment for viral meningitis is treated in the same way as the flu, with rest and plenty of fluids, and you should recover in a week to 10 days. Bacterial meningitis is a medical emergency. This requires high doses of intravenous antibiotics in hospital settings. Depending on the patient and the suspected type of bacterial meningitis, intravenous dexamethasone, corticosteroid, can be given at the time of diagnosis. When you call a professional if you or your child shows symptoms of meningitis, see your doctor immediately. The prognosis for people with viral meningitis, the prospects are excellent. The prognosis for bacterial meningitis depends on the age of the person, which bacterium causes the disease, and how early the disease has been diagnosed. Up to 10% of people with the disease will die, and a larger percentage of survivors have long-term effects such as hearing loss or neurological problems. Learn more about Meningitis Associate DrugsMay Clinic Reference Centers for Disease Control and Prevention (CDC) More informationAll consult with your health care provider to make sure that the information displayed on this page relates to your personal circumstances. Medical failure of meningitis is inflammation of the membranes that surround the brain and spinal cord. Meningitis can also be associated with inflammation of the brain tissue itself, known as encephalitis. Meningitis can be caused by infections of various viruses, bacteria, fungi and parasites. It may also be associated with noncommunicable diseases. Diseases and conditions that can lead to widespread inflammation of the body's tissues without infection, such as lupus, can cause aseptic (non-bacterial) meningitis. Some medications may also cause noncommunicable or aseptic meningitis. Characteristic symptoms and signs of meningitis include headache, fever and stiff neck. There is usually a painful sensitivity to light, known as photophobia. Related symptoms may include nausea, vomiting, and behavior changes like confusion, drowsiness, and difficulty waking up. RELATED: Casper, D.L., et al, eds. Harrison Principles of Internal Medicine, 19th Ed. USA: McGraw-Hill Education, 2015. CONTINUE SCROLLING FOR RELATED SLIDESHOW PERSPECTIVE FROM RICHARD F. JACOBS, MD ADD TOPIC TO EMAIL ALERTS couldn't process your request. Please try again later. If you're still still Please contact customerservice@slackinc.com. The Karen M. Puopolo Clinical Report, recently published in the Pediatrics Management and Prevention Of Streptococcal Disease Group B Newborns confirmed AAP's support for testing all pregnant women on GBS, so that antibiotic therapy can be provided during childbirth to prevent transmission to newborns. The report, along with recent maternal guidelines published last month by the American College of Obstetricians and Gynecologists, or ACOG, replaces the CDC's 2010 guidelines on perinatal GBS prevention. Karen M. Puopolo, MD, PhD, co-author of the clinical report and head of the neonatal medicine department at The Pennsylvania Hospital, said infectious diseases in children that previous CDC guidelines included a widely adopted neonatal control algorithm that has been shown to expose otherwise well-emerging term infants to high rates of infection testing. The guidelines have also been shown to increase prescriptions for antibiotics in uninfected infants because of the perceived risk of infection. While it is designed to protect children from potentially life-threatening infections, such approaches also expose many children to non-embodied medical interventions and antibiotics, she said. The new AAP GBS recommendations are consistent with the recently updated AAP management guidelines for all bacterial causes of early onset of infection. ACOG and AAP recommend universal maternal screening and, if necessary, antibiotics to prevent the transmission of GBS to infants before or during childbirth. AAP's recommendations for infant care include: Source: Shutterstock The risk of infection should be treated differently in preterm babies born at 34-67 weeks gestational age and younger because these babies are at a higher risk of early onset sepsis, including GBS. Diagnosis of GBS should be made with blood or cerebrospinal fluid culture. Diagnosis of late onset of GBS should be made using clinical signs of the disease. Penicillin G should be given to infants with confirmed GBS, with ampicillin as the second choice. We hope that by working together to update these important recommendations, ACOG and AAP will further reduce infection among newborns by helping more children to have a healthy start to their lives. Ted L. Anderson, MD, PhD, President of ACOG, said in a press release. Recommendations for the prevention of GBS among newborns were first issued in 1990. Since their introduction, the incidence of EARLY GBS in the United States has decreased from 1.8 cases per 1,000 live births in 1990 to 0.23 cases per 1,000 live births in 2015, according to AARP. However, a number of studies published in clinical Diseases in 2017 suggested that GBS colonization of pregnant women remains high in the U.S. Anna C. Seale, MBChB, PhD, associate professor at the London School of Hygiene Tropical Medicine and colleagues calculated that in 2015, 942,800 pregnant women were colonized with bacteria. This means that the United States ranks fourth in the number of pregnant women colonized by GBS, after India, China and Nigeria. In addition, the researchers calculated that GBS can contribute to approximately 90,000 infant mortality and 57,000 stillbirths each year worldwide. The revised recommendations, of course, are still aimed at safety in the first place, but should lead to fewer low-risk children having medical testing and antibiotics. Puopolo said. It also means that fewer babies will be separated from their mothers after birth for medical interventions that should help support breastfeeding, which is a critical part of newborn health. - Katherine Bortz Links: Obstet Gynecol. 2019;doi:10.1097/AOG.0000000000003334. Puopolo KM, et al. Pediatrics. 2019;doi:10.1542/peds.2019-1881. Seale AC, et al. Clin Infect Dis. 2017;doi:10.1093/cid/cix657. Verani JR, ET MMWR Recomm Public 2010;Dec:59:1-32. Disclosure: Anderson and Puopolo did not disclose any financial disclosures. Back to Top Richard F. Jacobs, MD Revised Guidelines from AAP and ACOG on GBS Prevention are refinements to better target the highest at-risk infants. The significant reduction in early onset of the disease, which followed the 2010 recommendations for maternal screening, preventive care and treatment, has been impressive. These new changes in the guidelines give all care providers of mothers and infants the opportunity to focus our efforts on continuing to reduce the incidence of this potentially fatal infection in high-risk children. As with all AARP and ACOG guidelines, it also emphasizes the need for all pregnant women to have good antenatal care, a national goal. The adoption and implementation of these new guidelines are exciting and can lead to further reductions in this potentially deadly disease. Richard F. Jacobs, MD of Infectious Diseases in Children, Medical Editor emeritus at the University of Arkansas for Disclosure of Medical Sciences: Jacobs does not report relevant financial disclosures. ADD TOPIC TO EMAIL ALERTS We were unable to process your request. Please try again later. If you continue to have this problem, please contact customerservice@slackinc.com. customerservice@slackinc.com.

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