

Meningitis – Your child's hospital stay and recovery

Information for parents and carers

Your child has been diagnosed with meningitis and is receiving care at one of our hospitals. We understand this is a worrying time. You are not alone; our team is here for you and your child every step of the way.

This information sheet is to explain what to expect during your child's hospital stay. If you have any questions or concerns, please speak to a member of the nursing team.

What is meningitis?

Meningitis is a serious infection that causes swelling in the protective layers (called meninges) that surround the brain and spinal cord. Meningitis can be caused by viruses or bacteria. Viral meningitis is more common and usually less severe. Bacterial meningitis is less common but often more serious, such as meningococcal and pneumococcal.

How do children catch meningitis?

Meningitis bacteria can be passed through close contact, such as coughing, sneezing, or kissing. Most people carry the bacteria without getting ill, but young children, babies and teenagers are more vulnerable due to their developing immune systems.

Vaccines are available for some of the bacteria that cause meningitis. However, no vaccine protects against all types, which means it is still possible for a vaccinated child to get meningitis.

How do doctors diagnose meningitis in children?

Doctors suspect meningitis when a child shows certain symptoms, which vary depending on age.

Symptoms in babies and toddlers

- High temperature.
- Vomiting or refusing feeds.
- Floppy or unresponsive behaviour.
- Rapid breathing.
- Pale or blotchy skin.
- Seizures or unusual movements.
- Bulging soft spot on the head (fontanelle).
- Unusual cry or drowsiness.

Symptoms in older children

- Fever and vomiting.
- Drowsiness or difficulty staying awake.
- Confusion or irritability.
- Muscle or joint pain.
- Severe headache or neck stiffness.
- Sensitivity to light.
- Seizures.
- A rash that doesn't fade when pressed.

One of the warning signs of meningitis is a non-blanching rash, which means it doesn't fade when you press a glass against it. Not all children with meningitis will develop a rash.

To confirm the diagnosis, doctors may perform a lumbar puncture to collect fluid from the spine (called cerebrospinal fluid or CSF) and test it for signs of infection.

How is meningitis treated?

If meningitis is suspected, your child will begin treatment straight away, often before a confirmed diagnosis to avoid delays.

- They'll be given antibiotics through a drip (cannula).
- They'll stay in hospital for a few days to be monitored and continue treatment – this may be in the children's ward or high-dependency unit.
- They may have blood tests, lumbar punctures, or scans.
- Other treatments may be given depending on their condition.

Viral meningitis is typically less severe and usually gets better without antibiotics. However, children are often treated with antibiotics at first, until it's clear whether the infection is viral or bacterial.

We will keep you informed at every stage, offer emotional support and encourage you to stay with your child where possible.

What can I do for my child?

- Bring comfort items in for your child such as a favourite toy, book or blanket etc.
- Let us know how you and your child are coping.
- Ask questions – we're here to help.

What happens after meningitis?

Most children make a full recovery, but some may experience complications such as:

- Hearing or vision problems.
- Speech difficulties.
- Learning challenges.
- Seizures (epilepsy).

We will monitor your child carefully and refer them for further support if needed.

Follow-up appointment

After discharge, your child will be offered a paediatric clinic appointment to check their recovery and screen for any complications, such as hearing or vision problems, development or behaviour concerns and neurological issues.

Even if your child seems well, this follow-up is important. You will be contacted with the appointment details after discharge. If you don't receive an appointment, please call the ward or paediatric secretary (see useful contact details below).

Hearing checks

All children who have had **bacterial** meningitis will be offered a hearing test within 4 weeks. Hearing loss often occurs early, and sometimes parents may notice it before the test. Your child may also need a follow-up test after a few months to track any changes.

Will my other children get meningitis?

Meningitis is rarely passed between people but close contacts (like siblings or parents) **might** be given antibiotics to reduce any risk. In some cases, a vaccine may be offered to household members. If another child at your child's school or nursery is affected, staff and families may also be given antibiotics as a precaution.

What if my child becomes unwell after going home?

If your child becomes unwell after going home, call NHS 111 or attend your nearest Emergency Department (A&E).

Further information

- **Meningitis Now** www.meningitisnow.org
Helpline 0808 80 10 388
Email - helpline@meningitisnow.org
- **NHS Website for England**
 - **Meningitis** - <https://www.nhs.uk/conditions/meningitis/>
 - **Vaccination information** (child immunisation schedule)
<https://www.nhs.uk/vaccinations/nhs-vaccinations-and-when-to-have-them/>

Useful contact details

East and North Hertfordshire Teaching NHS Trust:

- Website www.enherts-tr.nhs.uk
- Telephone 01438 314333

Bluebell Ward, Lister Hospital:

- Telephone 01438 284008

Paediatric Medical Secretary (Lisa Pridmore):

- Telephone 01438 286318
- Email - lisa.pridmore@nhs.net

Leaflet information

[You can request this information in a different format or another language;
please speak to your doctor or nurse.](#)

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