

ADULT BACTERIAL MENINGITIS

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Bacterial meningitis in adults is relatively uncommon, with about 900 cases reported each year in the UK. The importance lies with the fatality rate, currently approaching 20%, and the speed with which it can kill previously healthy individuals.

Meningococcal disease, although more common in children, has recently accounted for over 850 adult cases annually and is caused by equal proportions of serogroup B and C meningococci, with clusters most often being caused by group C organisms. Patients with a meningitic presentation of meningococcal disease have a mortality rate of 5% or less, whereas those presenting with septicaemia, unaccompanied by meningitis, have a mortality rate of 15-40%. There are about 250 confirmed cases of pneumococcal meningitis each year, about 40 of staphylococcal meningitis, about 20 of listeria meningitis, only 15 of tuberculous meningitis, about ten of *E. coli* meningitis, and about ten episodes caused by *Streptococcus pyogenes*.¹

In 1995 the British Society for the Study of Infection published a report² which, although retrospective and based on experiences of their members of management of patients who may not have been under their direct care, identified many areas of concern. No pre-admission antibiotics had been given to 83% of the 305 patients studied, and blood cultures and throat swabs had not been obtained in all patients. In response to these and other concerns a Working Party of the British Infection Society published a consensus statement on the management of adult bacterial meningitis in 1999.¹ The title 'Consensus Statement' was used because many of the recommendations could not be based on evidence-based medicine criteria due to the scattered nature of patients making it difficult to conduct formal prospective trials, never mind meta-analyses.

The contributors of the following series of papers (totalling six, with two published in this current edition of *Proceedings* and subsequently two each in the August and November issues) were members of the British Infection Society Working Party.

(Reprints of the Consensus Statement are available from Dr P.D. Welsby, Infectious Diseases Unit, Western General Hospital, Edinburgh EH4 2XU, Scotland.)

REFERENCES

- ¹ Begg N, Cartwright KAV, Cohen J *et al.* (Co-ordinator: Welsby PD). Consensus statement on diagnosis, investigation, treatment and prevention of acute bacterial meningitis in immunocompetent adults. *J Infect* 1999; 39:1-15.
- ² Research Committee of the British Society for the Study of Infection. Bacterial meningitis: causes for concern. *J Infect* 1995; 30:89-94.