



The Amanda Young Foundation

fighting meningococcal disease





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About Amanda

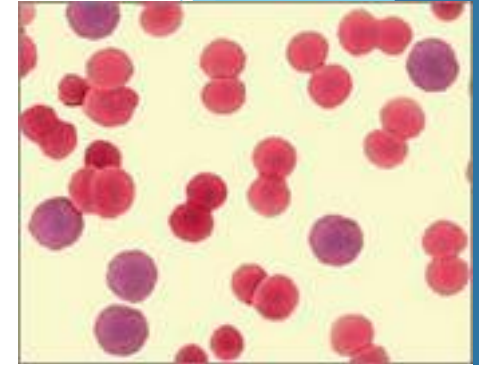
Amanda was a high achieving sportswoman and university student.

Amanda contracted **meningococcal septicaemia** at a rowing regatta in Sydney in 1997. She died, aged 18, less than 24 hours after the first sign of symptoms.

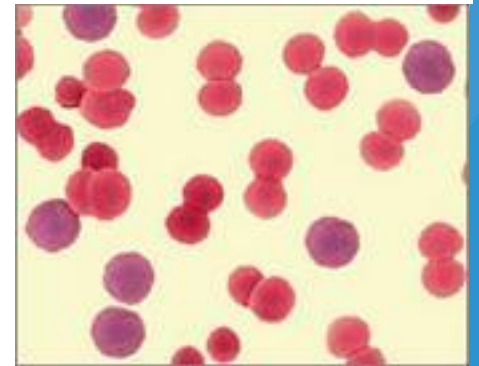


WHAT IS MENINGOCOCCAL DISEASE?

- acute infection caused by **bacteria** not a virus
- different strains of the disease - strains C, B, W & Y found in Australia
- meningococcal bacteria can double every 30 minutes
- early detection and medical treatment vital to survival



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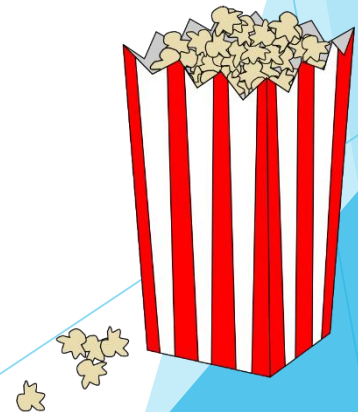
VIDEO



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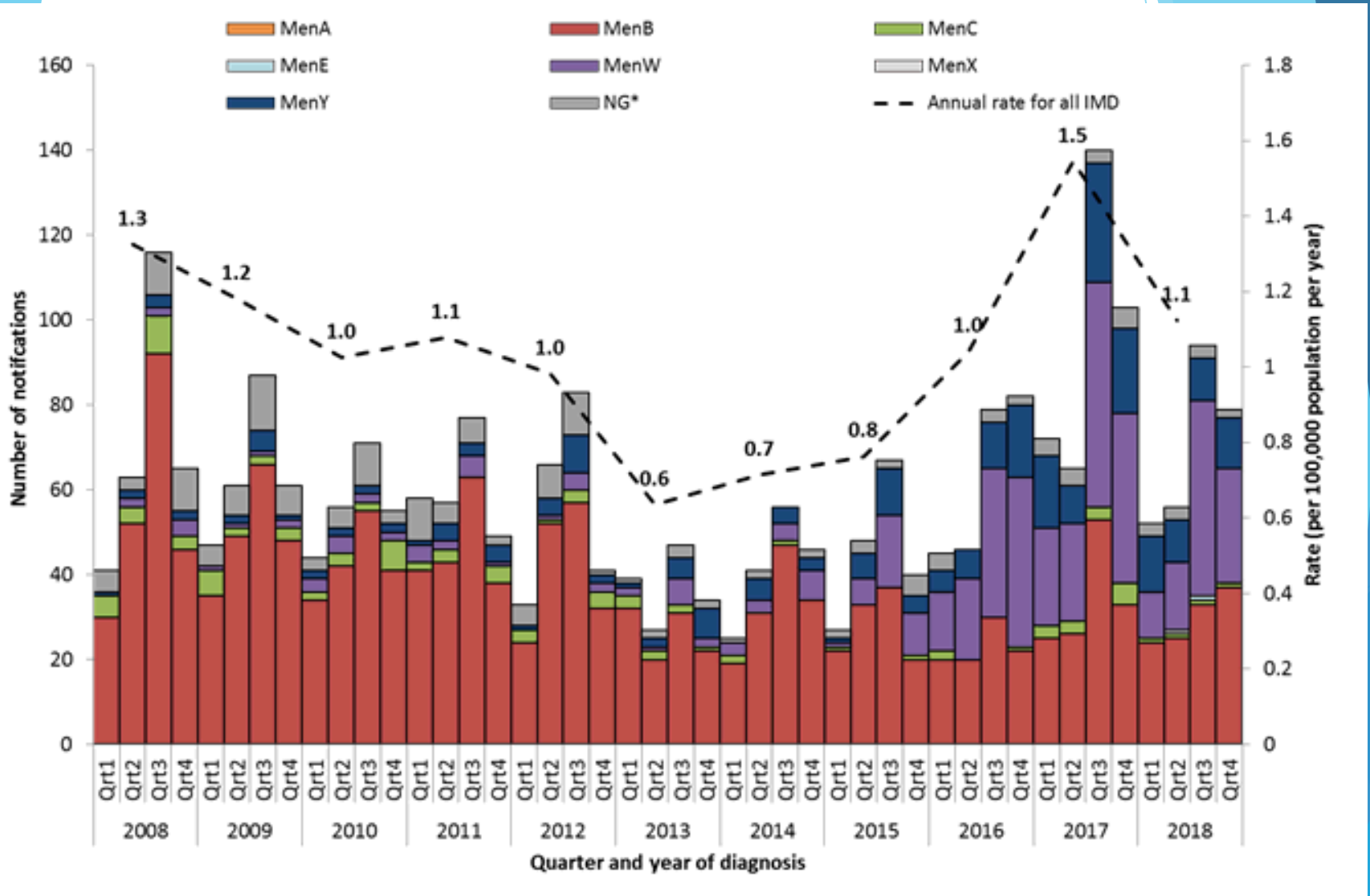
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DON'T CATCH THE KILLER.....



DON'T CATCH THE KILLER - Part 1

National Graph of MD Cases since 2008



What You Need to Know About Meningococcal Disease

- Teenagers are the most at risk groups, followed by the 0 to 2 years age group
- The disease progresses rapidly with patients at risk of death within hours
- Early symptoms resemble common, relatively harmless illnesses like cold or 'flu meaning early diagnosis can be difficult



How is the Disease Spread?

- Meningococcal bacteria live naturally in the throat and back of nose.
- About 10-20% of people will be carrying the bacteria at any one time without ever becoming ill - they are called “healthy carriers”.
- Bacteria spread through mucus and respiratory droplets from the throat: sneezing, coughing, kissing or perhaps sharing food or drinks.



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Risk Factors

Reduced immunity due to recent illness or being rundown.

Multiple “intimate kissing” partners.

Smoking or exposure to smokers - smoking damages the lining of the mouth, nose & throat making it easier for the bacteria to invade.



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How Common is Meningococcal Disease?

Classified as a rare disease in Australia
Less than 500 cases a year

70% of patients make a full recovery

20% will have permanent disabilities, such as:

- Sight and hearing problems
- Liver and kidney failure
- Amputations - loss of fingers, toes or limbs

10% will die



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Types of Meningococcal Disease

Septicaemia: Infection of the blood

Meningitis: Infection of the membranes surrounding the spinal cord and brain (the “meninges”)

Patients can have just septicaemia, just meningitis or both.



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QUIZ



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Have you been paying attention?





Question 1

What is meningococcal disease?

- a) An acute viral infection
- b) An acute bacterial infection

Question 2

What is the average number of cases of meningococcal disease per year in Australia? Less than.....

- a. 300
- b. 500



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Question 3

The bacteria double

- a) Every 60 minutes
- b) Every 30 minutes



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Question 4

What percentage of the population are health carriers?

- a. 10 to 20 percent
- b. 30 percent



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Question 5

Meningococcal meningitis is...

- a. Infection of the blood
- b. Infection of membranes surrounding spinal cord and brain



Question 6

Meningococcal Septicaemia

- a. Bacteria enter the bloodstream and multiply uncontrollably, damaging the walls of the blood vessels and causing bleeding into the skin

- b. Inflammation of the lining of the brain and other organs caused by the meningococcal bacteria



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Meningococcal Disease Symptoms

Meningococcal Septicaemia	Meningococcal Meningitis
Shivering, chills, cold hands or feet, skin colour change	Severe Headache
Sudden, severe pain in arms, legs, joints or stomach	Stiff or painful neck
Fever that doesn't respond to panadol, nausea/vomiting, maybe diarrhoea	Sensitivity to light
Drowsiness, loss of consciousness, rapid breathing	Drowsiness, loss of consciousness, fits
Spots or pinprick rash (develops to purple blotches)	A rash may develop in later stages



The Septicaemic Rash



The rash appears in the final stages of septicaemia and is caused by blood leaking from damaged vessels into the skin.

**IF A RASH APPEARS WITH SOME OF THE ABOVE SYMPTOMS
TREAT IT AS A MEDICAL EMERGENCY!**



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Prevention of Meningococcal Disease

Vaccination

- Vaccine for C-Strain (introduced in 2003) - part of routine vaccinations at 12 months. Very effective.
- Men B vaccine available from 2014 - see your GP (cost)
- **2017/18/19**
 - Vaccine initiative for Western Australian teenagers.
 - Free ACWY vaccine introduced for year 10 students
 - Large increase in W-strain cases in 2016/17 for W.A.
 - 2018 babies 12months to 4 years - free ACWY vaccine.
 - Talk to your doctor about options



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Prevention of Meningococcal Disease

Avoid sharing:

- Food and drinks
- Utensils
- Toothbrushes
- Cigarettes
- Mouthguards
- Anything that you put in your mouth.



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Stay away from crowds and public places when you are unwell.

What to Do if You Suspect Meningococcal Disease

- If you are feeling extremely unwell, tell somebody you trust and ensure you both keep a close eye on your symptoms.
- Trust your instincts - you know how you “usually” feel when you’re sick and if you have Meningococcal Disease you will feel far worse, very quickly.
- If you suspect meningococcal disease, ask an adult you trust to take you immediately to the doctor or hospital.



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Don't Catch The Killer - Part 2

WARNING

In Summary...

- Knowledge is power - share this information.
- Avoid transmission of saliva / mucus within reason. Stay in bed and away from crowds and exposure to coughs and sneezes when you are unwell.
- Tell somebody when you are feeling unwell.
- If a rash appears with some meningococcal symptoms, treat it as a medical emergency!
- Talk to your doctor about vaccination.

#vaxandrelax



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Sharing information.....

- turn to the person next to you
- share 3 important pieces of information you have learned today.

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BBC one



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