# Priority Topic: MENINGITIS

## Key Features:

**Also covered under Priority Topics Fever and Headache**

**Best Overview:**  
Aseptic and Bacterial Meningitis AAFP 2017

<table>
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<th>1. In the patient with a non-specific febrile illness, look for meningitis, especially in patients at higher risk (e.g., immunocompromised individuals, alcoholism, recent neurosurgery, head injury, recent abdominal surgery, neonates, aboriginal groups, students living in residence).</th>
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**What you should study**:

- Pay attention to High Risk Groups listed in the Key Feature
- Always include meningitis in the Ddx of a patient with Fever or Headache

✓ Jolt Maneuver for Meningitis BMC 2017
✓ CanadiEM Physical Exam for Meningitis
   - Excellent and surprising article on different exam maneuvers!

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<th>2. When meningitis is suspected ensure a timely lumbar puncture.</th>
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**What you should study**:

✓ Aseptic and Bacterial Meningitis AAFP 2017
   — know which patients require CT prior to LP
3. In the differentiation between viral and bacterial meningitis, adjust the interpretation of the data in light of recent antibiotic use.

Know how to interpret CSF results under various circumstances:

- treatment already started vs. no antibiotics
- immunosuppressed vs. immunocompetent

**What you should study:**

✓ Aseptic and Bacterial Meningitis AAFP 2017
✓ Meningite Bacterienne ou Virale? MduQ 2016

4. For suspected bacterial meningitis, initiate urgent empiric IV antibiotic therapy (i.e., even before investigations are complete).

**What you should study:**

✓ Aseptic and Bacterial Meningitis AAFP 2017  See Table 2, know by age group
✓ Bacterial Meningitis IDSA Guidelines 2004 (under review to be updated)

5. Contact public health to ensure appropriate prophylaxis for family, friends and other contacts of each person with meningitis.

✓ Just do it!

**Also, know what to do for PEDS:**

✓ CPS Statement on Bacterial Meningitis in Children >1 month