



We need your help

Between them they are missing 12 fingers and 8 toes.

One has major growth platelet damage, the other massive body scarring and the loss of a lower leg muscle.

Donations may be sent to:
PO Box 6201 Long Jetty NSW 2261

I _____
Would like to donate to The Stephen Sanig Foundation Inc
The sum of (in words) _____
To be used for the continuation of their education and welfare programs in support of promoting better understanding and education of meningococcal disease.
To be used towards the establishment of its Research Institute for the development of better and more effective means of treating and diagnosing meningococcal disease.

Name _____

Address _____

Phone _____ email _____

Amount enclosed \$ _____

Cheque Money Order Mastercard Bankcard Visa

Card No: _____ Expiry Date mm / yy

SIGNATURE: _____

Donations over \$2 are tax deductible. If you have a preference where you would like your funds directed, please indicate by ticking one of the boxes:

Education/Welfare Research Institute

On behalf of the Foundation I would like to thank you most sincerely for your generous donation. If your company would like to consider sponsorship, we would appreciate the opportunity to provide a formal presentation.



Sue-Anne Sanig, President,
The Stephen Sanig Foundation Inc.
ABN: 98 679 181 129 CFN: 17611

Symptoms

Meningococcal disease may start with flu-like symptoms – but this is not always the case. It could start with a sore arm or leg. Be aware there are two different sets of symptoms, depending on whether it takes the form of meningococcal **meningitis** (infecting the brain and spinal cord) or the more deadly meningococcal **septicaemia** (poisoning of the blood). A person with septicaemia may never experience a headache, stiff neck or sensitivity to light.

Watch out for several, or more, of the following symptoms:

Meningococcal SEPTICAEMIA	Meningococcal MENINGITIS
Fever Nausea/vomiting Maybe diarrhoea	Severe headache
Shivering, chills, cold hands/feet, rapid breathing	Stiff or painful neck
Pain in arms, legs, joints or stomach	Sensitivity to light
Lack of energy, drowsiness, loss of consciousness	Drowsiness, loss of consciousness, fits
A pink or pinpoint rash (develops to purple blotches)	A rash may develop in the later stages

IN BABIES: Additional symptoms may include:



- refusing to feed • fretfulness • shrill or moaning cry
- blotchy or pale skin • blank, staring expression
- being floppy or lethargic • arching of the body or neck
- tense or bulging fontanelle (the soft spot on baby's head)



THE RASH MAY TAKE MANY FORMS
It may start off as a single spot, or tiny pink or red pinpricks or pimples – later develops into purple bruises.

Don't wait for the rash (it doesn't always happen) – but if a rash does appear, together with some of the other symptoms, **treat it as a medical emergency.**

If the doctor or hospital reassures you that it's not meningococcal disease, but it gets worse – or you have a gut feeling it's serious – don't be afraid to persist or to get an urgent second opinion.

Contacts and support

Meningococcal Australia Inc: (02) 4332 4120
www.meningococcal-australia.org.au

Meningococcal disease is terrifying because of the incredible speed with which it can kill or maim, and the difficulty of early diagnosis, even by experienced doctors. Stephen, Paige and Amanda all died of meningococcal septicaemia, which was not diagnosed until it was too late. Their parents set up foundations to help fight the disease.

If you or anyone in your family has had meningococcal disease or been affected by it, please contact one of the Foundations below. Sharing your experience will help gather more information and statistics to form a national network of support and communication.

• In NSW/ACT:

The Stephen Sanig Foundation Inc.
Sue-Anne and Michael Sanig
417 The Entrance Rd, Long Jetty, NSW 2261
Tel: (02) 4332 4120 Fax: (02) 4332 5029
Mobile: 0412 139 233



sasanig@ozemail.com.au
www.stephensanigfoundation.org.au

• In SA:

The Paige Weatherspoon Foundation
Nicky and Dwayne Weatherspoon
26 Westlake Street, Kadina, SA 5554
Tel: (08) 8821 1164



paigewf@yp-connect.net
www.yp-connect.net/~paigewf

• In WA:

The Amanda Young Foundation
Lorraine and Barry Young
PO Box 855, West Perth, WA 6872
Tel: (08) 9398 7275 Fax: (08) 9398 7625
www.amandayoungfoundation.org.au



• National resources, information & liaison:

Meningococcal Education
Kay Stammers and Tristan Parry
Tel: 1300 55 44 17



info@meningococcal.com.au
www.meningococcal.com.au



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FIGHTING meningococcal disease

READING THIS COULD SAVE A LIFE



Paige, 2
16 hours



Stephen, 7
14 hours



Amanda, 18
24 hours

About three quarters of all deaths could have been prevented with earlier recognition and treatment.

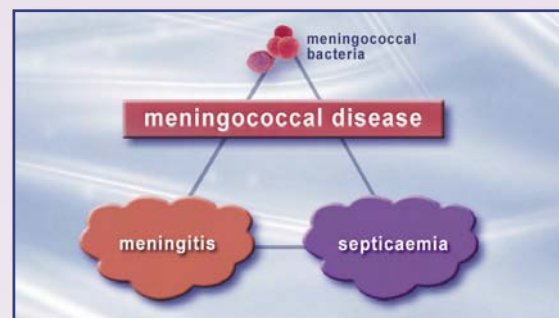
– Dr Clayton Golledge

Meningococcal disease is a relatively rare but life-threatening disease which can cause death within hours – if not recognised and treated promptly.

www.meningococcal-australia.org.au
www.stephensanigfoundation.org.au

What is meningococcal disease?

Meningococcal disease is an acute bacterial infection that can cause death within hours if not recognised and treated in time. In Australia it's classed as a rare disease, affecting approximately 700 people each year. Although the majority will recover fully, 10% of those infected will die, and around 20% will have permanent disabilities, ranging from learning difficulties, sight and hearing problems, to liver and kidney failure, scars from skin grafts and loss of fingers, toes or limbs.



Meningococcal disease actually encompasses **two** different illnesses caused by the meningococcal bacteria: **meningitis** and **septicaemia**. *Meningococcal disease may take the form of one – or both – of these.*

• Meningococcal meningitis (bacterial meningitis)

Inflammation of the lining of the brain and spinal cord (the 'meninges'). There are many different forms of meningitis – including fungal, viral and bacterial. The bacterial forms, such as meningococcal meningitis, are the most serious. This illness can result in permanent disabilities – such as deafness or brain damage – and even death. Symptoms may include a severe headache, fever, fatigue, stiff or painful neck, sensitivity to light or convulsions.

• Meningococcal septicaemia (blood poisoning)

This is the more dangerous and deadly of the two illnesses. It happens when the bacteria enter the bloodstream and multiply uncontrollably, damaging the walls of the blood vessels and causing bleeding into the skin. Septicaemia can lead to death within hours, or permanent disabilities such as scars and amputations. Symptoms may include fever, fatigue, vomiting, cold hands and feet, cold shivers, severe aches or pain in the muscles, joints, chest or abdomen, rapid breathing, diarrhoea – and in the later stages, a pinprick or purple bruise-like rash.

"I've seen cases where someone has been well at breakfast – and dead by dinner!"

– Dr Clayton Golledge, Microbiologist and Infectious Diseases expert

How do people get the disease?

Meningococcal bacteria live naturally in the throat and back of nose. Around 20% percent of people will be carrying them at any one time without ever becoming ill ('healthy carriers'). There are many different strains of meningococcus: the most common in Australia are B and C.

The bacteria are spread by saliva – via activities such as sneezing, coughing or kissing, and sharing food or drinks. Environments where people are in close contact, such as day-care centres, school camps, parties and nightclubs, make it easier for the bacteria to spread.

But even if you pick up the bacteria, it doesn't mean you'll become ill. The danger only occurs if you pick up a strain you're not immunised against, or don't have any natural immunity to – or if your immune system is for some reason weakened and cannot cope.

Risk factors

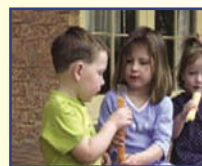
Anyone can catch the disease, but those most at risk are:

- **babies and children up to the age of 5 years** (due to their less mature immune system and tendency to put toys in their mouth).
- **teenagers and young adults from 15 to 25 years** (primarily because of the social lifestyle they lead).

Smoking and passive smoking can increase the risk of infection. **Winter and early spring** are higher risk times, because the many viruses around can weaken the body's natural immune system.

Don't share:

- food, dips, icecreams
- drinks, bottles, straws
- lipstick or lip gloss
- toothbrushes
- cigarettes
- mouth guards
- musical instruments with mouth pieces
- don't suck the end of a shared pen or pencil
- don't suck baby's dummy before putting it in their mouth



Vaccination

While there is no vaccine yet available for **B-strain** (responsible for the majority of cases in Australia) there IS now a vaccine for **C-strain** – which is responsible for a third of cases, and the majority of deaths.

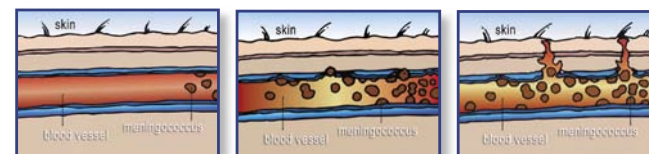
For adults and children over 12 months, one vaccination will provide long term protection against C-strain (but not against other strains). For babies under 12 months, a course of vaccinations is necessary. Children and teenagers aged 1-19 will be vaccinated free of charge (by a GP or their school, depending on age) from 2003 - 2006. For travellers, there's a short term meningococcal vaccine available.

The septicaemic rash: a medical emergency

The appearance of the distinctive rash means that immediate medical treatment is vital. It could start off just as a faint pink rash, as a red or purple spot, blister or blotch, or as pinpricks on the skin. In the final, critical stage, it spreads rapidly into purple bruises, or haemorrhages, which cover the body. The person can go into shock, their blood pressure falls and circulation fails in the body extremities –the fingers, toes and limbs. Amputations or death may be a result.



If someone becomes ill, it's important to monitor them carefully for any early signs of a rash as it can easily be missed or mistaken for something else. The rash usually does not fade (like a harmless rash does) when pressed with a thumb or clear glass. *NOTE: This test is not always reliable, especially in the early stages.*



The rash, which usually appears in the final stages of septicaemia, is actually blood leaking from damaged blood vessels into the skin.

Action to take

Recognising the disease in the early stages is critical, but can be very difficult, because it can easily be mistaken for common ailments such as gastroenteritis, the flu, a hangover or even muscle strain. Even experienced doctors can make mistakes in diagnosis – so it's vital to closely monitor the patient and use your gut feelings to decide whether the illness is in any way different or progresses more rapidly than what you'd normally expect. **Watch out for any sign of a rash.**

If you suspect meningococcal disease, rush the patient to a doctor or hospital. **Don't wait for a rash to appear** – it may not. Insist on seeing someone straight away, and clearly list all the symptoms. If it *is* meningococcal disease, antibiotics must be given as soon as possible.

The incubation period (time between picking up the strain and when the symptoms appear) is between 2–7 days. Anyone who's had close contact with the patient in the 7 days prior to symptoms appearing should be treated with antibiotics to kill any bacteria in their throat and nose. They should still watch carefully for any signs of the disease.

The Stephen Sanig Research Institute

Meningococcal disease gives no second chance: there is no room for error.

The Stephen Sanig Research Institute has been established to develop and disseminate new and effective methods for the prevention, treatment and management of meningococcal disease, with the goal of reducing the incidence and effects of the disease in Australia.

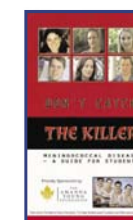
The activities of the Institute fall into two complementary areas:

- **Research:** improved understanding of the causes of meningococcal disease and new or better methods of prevention and treatment.
- **Education:** engagement with policy groups, medical professionals and public communities to broaden public awareness and facilitate the introduction of better practices for dealing with the disease. Our aim is to establish an institute which is the premier research and education institution in the field of meningococcal disease.

Educational videos:



FIGHTING MENINGOCOCCAL DISEASE
This 30 minute Australian produced video has won 3 international awards. Especially for parents, teachers, carers and health professionals. All you need to know about symptoms, treatment, risk factors, precautions & vaccination.



DON'T CATCH THE KILLER
From the same producers, a video for schools and universities, aimed at the high risk group of teenagers and young adults 15-25 yrs. Students who have battled the disease speak about their ordeal and pass on their advice.

Also available: **BEAT THE BUG** – for primary schools.

TO PREVIEW: www.meningococcal.com.au

TO PURCHASE: 1300 55 44 17 Or call your local Foundation
Videos produced and distributed by Media One, Sydney
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