

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## EQUALITY IMPACT ASSESSMENT

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### NICE guidelines

#### Equality impact assessment

### **Meningitis (bacterial) and meningococcal septicaemia in children and young people: recognition, diagnosis and management**

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

#### **1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)**

1.1 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

(Please specify if the issue has been highlighted by a stakeholder)

Potential inequalities have been identified during scoping relating to the treatment of babies, children and young people with meningitis (bacterial) and meningococcal septicaemia for the following groups:

- Babies, children and young people with dark skin, for example of African, African-Caribbean, Middle Eastern and South Asian origin, as the detection of the typical rash associated with meningococcal disease can be harder to identify on dark skin.
- Babies, children and young people from disadvantaged socio-economic backgrounds, who are at increased risk of meningitis.

- Babies, children and young people who have recently come from countries or events (such as the Hajj) where there is an increased risk of developing meningococcal disease.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

The committee will examine the evidence to see if it supports making differential recommendations based solely on the groups identified above.

It is likely that for certain questions the Committee will want to consider specific recommendations for particular population groups.

**Completed by Developer:** Vanessa Delgado Nunes

**Date:** 14 November 2019

**Approved by NICE quality assurance lead:** Kay Nolan

**Date:** 25 November 2019

## 2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

- Age

Stakeholders asked that the scope of the guideline be extended to cover adults of all ages. There is evidence of poorer outcomes in adults and at least half of cases occur in people aged 15 or over.

- Race

It is important to be as inclusive as possible when giving signs and symptoms information. This is particularly important with regards to how a rash may present on non-white skin.

- Socio-economic factors

People from lower socio-economic and disadvantaged backgrounds, as well as being at higher risk of disease may also not be treated equally in relation to follow up care for sequelae due to difficulties in navigating a complex care system.

- Other definable characteristics:

- Carers

Important that parents and carers receive accessible information about the symptoms, diagnosis and treatment of Sepsis

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

The following changes and additions have been made to the scope:

- The population has been extended to cover all adults. (The title of the guideline has therefore changed to reflect this.)

The following has been added to the equality considerations in the scope

- People of older age who may present with atypical features who find accessing care more difficult as services cannot be designed with their particular needs in mind
- People from disadvantaged socioeconomic backgrounds who may have poor access to follow up care

The information and support needs of carers and parents in relation to receiving accessible information about the symptoms, diagnosis and treatment of Sepsis may be considered in the protocols for the questions covering the key issue of 'information and support'.

Other issues described in box 2.1 were already covered in the scope.

2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration?

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation)

No

**Updated by Developer:** Lisa Boardman (Guideline Lead)

**Date:** 22 January 2020

**Approved by NICE quality assurance lead:** Kay Nolan

**Date:** 18 February 2020

### 3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

#### 1. People with dark skin, for example of African, African-Caribbean, Middle Eastern and South Asian origin, as the detection of the typical rash associated with meningococcal disease can be harder to identify on dark skin.

The committee wrote recommendations about recognising bacterial meningitis and meningococcal disease and emphasised the need for more careful investigations in order to identify non-blanching rashes on brown and black skin. They alerted practitioners to look for rashes all over the body and included reminders of this throughout the tables of symptoms and signs

1.1.7 When looking for a rash:

- check all over the body (including nappy areas), and check for petechiae in the conjunctivae
- note that rashes can be harder to detect on brown, black or tanned skin
- tell the person and their family members or carers to look out for any changes in the rash, because it can change from blanching to non-blanching.

**Table 1 Symptoms and signs of bacterial meningitis in babies, children and young people**  
**Table 2 Symptoms and signs of bacterial meningitis in adults and,**  
**Table 3 Symptoms and signs that indicate meningococcal disease for babies, children, young people and adults**

Non-blanching rash	Mainly in meningococcal disease (with or without meningococcal meningitis). May be difficult to see on brown, black or tanned skin. Look for petechiae in the conjunctivae.
Pale, mottled skin or cyanosis	May be difficult to see on brown, black or tanned skin.

#### 2. People of older age who may present with atypical features

The committee wrote recommendations about recognising bacterial meningitis and meningococcal disease and emphasised the signs and symptoms that are sometimes missed in older people with delirium. They also emphasised some symptoms and signs that are more or less common in older adults.

**Table 2 Symptoms and signs of bacterial meningitis in adults and,**  
**Table 3 Symptoms and signs that indicate meningococcal disease for babies, children, young people and adults**

Fever, headache, neck stiffness and altered	Fever is less common in older adults.
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3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

level of consciousness or cognition	Headache and neck stiffness are harder to identify in adults with cognitive impairment. Neck stiffness is harder to identify in adults with dementia or arthritis Altered level of consciousness or cognition may be missed in young adults and older adults
Altered level of consciousness or altered cognition (including confusion or delirium)	Fever, headache, neck stiffness and altered level of consciousness or cognition is the red flag combination for bacterial meningitis. Bacterial meningitis may be missed in older adults with delirium or altered consciousness Meningococcal disease may be missed in older adults with delirium or altered consciousness. In young people and <a href="#">young adults</a> , altered level of consciousness may be assumed to be caused by alcohol or substance misuse, and bacterial meningitis can be missed as a result.
Altered behaviour (unusually aggressive or subdued)	Bacterial meningitis may be missed in older adults with delirium or altered consciousness Meningococcal disease may be missed in older adults with delirium or altered consciousness. In young people and young adults, altered behaviour may be assumed to be caused by alcohol or substance misuse, and bacterial meningitis can be missed as a result
Lethargy	Common in older adults.
Neck stiffness, including more subtle discomfort or reluctance to move the neck	Fever, headache, neck stiffness and altered level of consciousness or cognition is the red flag combination for bacterial meningitis. Neck stiffness is less likely and harder to identify in older adults. Neck stiffness is harder to identify in adults with cognitive impairment, dementia or arthritis.

**3. People of older age who may find accessing care more difficult as services cannot be designed with their particular needs in mind.**

Although the committee did not make any specific recommendations about follow up care for older people the recommendations they made in this area were mindful of being inclusive to all needs and to ensuring that older people have very clear guidance about what they can expect in terms of follow up investigations and care.

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

**4. People from disadvantaged socio economic backgrounds, who are at increased risk of meningitis. People from lower socio-economic and disadvantaged backgrounds, as well as being at higher risk of disease may also not be treated equally in relation to follow up care for sequelae due to difficulties in navigating a complex care system. People from disadvantaged socioeconomic backgrounds who may have poor access to follow up care.**

The committee made a large number of recommendations about follow up care, setting out very clearly what a person can expect in terms of follow up care and when.

The committee also made recommendations about what information and support should be offered both before and after confirmation of a diagnosis. There is clearly a lot of information that could be shared before diagnosis but the committee wanted to focus clinicians and patients on what information and support was most critically needed while waiting for a diagnosis, so that patients and their families received information and support that helped them understand the reasons for the suspected diagnosis and the way in which investigations will help inform the right course of treatment for them.

There was also careful consideration of information following diagnosis and in relation to potential long term complications. As older people and people from disadvantaged socio economic backgrounds are at higher risk of not accessing follow-up care and support the committee felt it was important also to focus on the most critical follow up assessments, information and support needed and to be clear about the responsibilities of the hospital team before discharge to help set these up. These priority areas for follow up were informed by both qualitative and quantitative evidence to help support people (especially from more vulnerable groups) in navigating the care system post discharge and to be clear who will be their main source of contact for any follow up.

**Safety netting**

1.1.16 If you send a person home after clinical assessment for bacterial meningitis and meningococcal disease:

- consider a safety netting arrangement
- tell them what to do if they develop new symptoms, if a rash changes from blanching to non-blanching, or if existing symptoms get worse (for example, ask them to return to the GP or ring NHS 111 or 999).

### 3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

1.1.17 Be aware that many of the symptoms and signs of bacterial meningitis and meningococcal disease are also indicators of many other serious conditions in babies, children, young people and adults (for example other forms of sepsis, intracranial bleed or ischaemia, and pneumonia)

#### **Information and support for people with suspected bacterial meningitis or meningococcal disease**

1.3.1 Discuss the following with people with suspected bacterial meningitis or meningococcal disease and their family members and carers:

- the reasons for their suspected diagnosis, and any uncertainty about their initial diagnosis
- when they can expect to know more
- the need for investigations (including lumbar puncture for bacterial meningitis)
- the timing of investigations and antibiotics

1.3.2 For people who are unlikely to have meningitis or meningococcal disease, but who are sent home from hospital with an unconfirmed diagnosis:

- explain which symptoms and signs to look out for, and what changes should prompt them to return to hospital
- direct them to sources of online information.

#### **Information and support after diagnosis**

1.11.1 Early in the management of confirmed bacterial meningitis or meningococcal disease, discuss the following with people and their family members or carers:

- what might happen during the course of the disease
- the uncertainty about their initial prognosis, and when they can expect to know more
- the risk of passing on the infection
- whether their close contacts need to take any preventative measures (for meningococcal meningitis or meningococcal disease)
- visible effects (such as drips and other invasive devices), swelling (for people receiving fluid resuscitation), and how rashes can spread and turn purple
- effects of sedative withdrawal, such as agitation or abnormal neurological behaviour
- the potential short and long-term outcomes, taking account of the severity of their illness and their need for critical care.

1.11.2 Repeat information over time and check the person understands, as they may be distressed and unable to ask questions when they are first diagnosed.

1.11.3 Provide emotional and pastoral support for people and their family members and carers during hospitalisation

1.11.4 Consider referral for psychological interventions, for people with bacterial meningitis or meningococcal disease who are in distress and who need more specialist psychological support

1.11.5 Before discharge from hospital, explain to the person and their family members or carers:

- how to access support, including contact details of meningitis charities
- what assessments, aftercare and follow-up they will receive (now and long-term)
- any uncertainties about what long-term effects they might experience

#### **Planning for care after discharge**

1.12.9 For people who have had bacterial meningitis or meningococcal disease, tell their GP (and health visitor and school nurse if relevant), and explain any follow-up plans.



### 3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

1.12.10 Tell the person and their family members and carers who their main point of contact will be after discharge.

1.12.11 Document the follow-up plan for managing complications in the discharge summary.

1.12.12 The hospital team should coordinate with the following professionals for care after discharge:

- tertiary and primary care and other specialists
- allied professionals and community teams that will be involved in follow-up (for example audiology and speech and language therapy departments).

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1.13.1 For babies, children and young people who have had bacterial meningitis or meningococcal disease, arrange for a review with a paediatrician at 4 to 6 weeks after discharge from hospital. As part of this review, cover:

- the results of their hearing test, and whether cochlear implants are needed
- damage to bones and joints
- skin complications (including scarring from necrosis)
- psychosocial problems (if relevant, see the NICE guideline on post-traumatic stress disorder)
- neurological and developmental problems, in liaison with community child development services.

1.13.2 For adults who have had bacterial meningitis or meningococcal disease, arrange for a review at 4 to 6 weeks after discharge from hospital. As part of this review, cover:

- the results of their hearing test (if available at this time), and whether cochlear implants are needed
- damage to bones and joints
- skin complications (including scarring from necrosis)
- psychosocial problems (if relevant, see the NICE guideline on post-traumatic stress disorder)
- neurological problems
- care needs.

## **5. Important that parents and carers receive accessible information about the symptoms, diagnosis and treatment of meningitis. The information and support needs of carers and parents in relation to receiving accessible information about the symptoms, diagnosis and treatment may be considered in the protocols for the questions covering the key issue of 'information and support'.**

The committee made reference to the information and support needs of family, parents and carers in a number of recommendations ranging from identification of symptoms, early hospital care, planning for discharge and follow up care. The committee wanted to be clear about the difference between information that should be shared and discussed to ensure it is

### 3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

understood as well as simple signposting. The guideline also refers readers to NICE standard guidelines on patient experiences in adult NHS services and babies, children and young people's experience of healthcare.

1.1.7 When looking for a rash:

- check all over the body (including nappy areas), and check for petechiae in the conjunctivae
- note that rashes can be harder to detect on brown, black or tanned skin
- tell the person and their family members or carers to look out for any changes in the rash, because it can change from blanching to non-blanching.

1.1.11 For people with reduced consciousness or communication difficulties, ask family members or carers about recent changes in symptoms.

1.3.1 Discuss the following with people with suspected bacterial meningitis or meningococcal disease and their family members and carers:

- the reasons for their suspected diagnosis, and any uncertainty about their initial diagnosis
- when they can expect to know more
- the need for investigations (including lumbar puncture for bacterial meningitis)
- the timing of investigations and antibiotics

1.11.1 Early in the management of confirmed bacterial meningitis or meningococcal disease, discuss the following with people and their family members or carers:

- what might happen during the course of the disease
- the uncertainty about their initial prognosis, and when they can expect to know more
- the risk of passing on the infection
- whether their close contacts need to take any preventative measures (for meningococcal meningitis or meningococcal disease)
- visible effects (such as drips and other invasive devices), swelling (for people receiving fluid resuscitation), and how rashes can spread and turn purple
- effects of sedative withdrawal, such as agitation or abnormal neurological behaviour
- the potential short and long-term outcomes, taking account of the severity of their illness and their need for critical care.

1.11.3 Provide emotional and pastoral support for people and their family members and carers during hospitalisation.

1.11.5 Before discharge from hospital, explain to the person and their family members or carers:

- how to access support, including contact details of meningitis charities
- what assessments, aftercare and follow-up they will receive (now and long term)
- any uncertainties about what long-term effects they might experience.

1.12.11 Tell the person and their family members and carers who their main point of contact will be after discharge.

1.12.15 Consider referral to psychosocial support for people who have had bacterial meningitis or meningococcal disease and their family members and carers. Arrange this after discharge if needed.

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

**6. People who have recently come from countries or events (such as the Hajj) where there is an increased risk of developing meningococcal disease.**

The committee recommended seeking advice from an infection specialist for people who have recently travelled outside of the UK and may be at risk of antimicrobial resistance

1.6.4 Get infection specialist advice for:

- people who have recently travelled outside of the UK and may be at risk of antimicrobial resistance
- people who are colonised with cephalosporin-resistant gram-negative bacteria

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

Yes, the committee discussed how symptoms in young people can be missed because practitioners sometimes assume that confusion, delirium or aggressive or subdued behaviour may be caused by drink or drugs. So the committee made recommendations to remind practitioners that these symptoms could be indicators of meningitis when seen together with other signs, symptoms and risk factors

Young people whose symptoms might be missed due to assumptions about their behaviour

**Table 2 Symptoms and signs of bacterial meningitis in adults and, Table 3 Symptoms and signs that indicate meningococcal disease for babies, children, young people and adults**

Altered level of consciousness or altered cognition (including confusion or delirium)

In young people and [young adults](#), altered level of consciousness may be assumed to be caused by alcohol or substance misuse, and bacterial meningitis can be missed as a result.

<p>Altered behaviour (unusually aggressive or subdued)</p>	<p>In young people and young adults, altered behaviour may be assumed to be caused by alcohol or substance misuse, and bacterial meningitis can be missed as a result.</p>
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3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

The committee's considerations have been included in the recommendations, and the committee discussion sections of the evidence reports as outlined in the sections above.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No, the recommendations do not make it more difficult for specific groups to access services.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No, the recommendations do not have the potential to have an adverse impact on people with disabilities.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

N/A

**Completed by Developer:** Lisa Boardman (Guideline Lead, CfG)

**Date:** 04th August 2023

**Approved by NICE quality assurance lead:** Kay Nolan

**Date:** 01 September 2023

#### 4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

- Age and Disability

Stakeholders noted a general point about people who cannot verbally describe their symptoms. Headache cannot be reported by babies and young children or by children and young people with cognitive impairment; and headache and neck stiffness are harder to identify in adults with cognitive impairment. Both points were already addressed in the signs and symptoms tables for headache and neck stiffness however the committee agreed that the entries should be updated to include people with communication difficulties. A new recommendation was also added to the section on Recognising bacterial meningitis and meningococcal disease to state 'For people with reduced consciousness or communication difficulties, ask family members or carers about recent changes in symptoms.'

- Pregnancy and maternity

A stakeholder asked if any special choice of antibiotic was needed for pregnant patients with penicillin allergy, considering the risk of listeria. The existing recommendation advising seeking advice from an infection specialist in the case of penicillin allergy was updated to state 'get advice from an infection specialist, in particular for people who are pregnant'.

- Race

A stakeholder was concerned that assessing for pale skin in patients with brown, black or tanned skin may impact on equality and suggested also using clinical assessment with temperature of skin e.g. cool peripheries. The committee agreed that it is important to treat everyone equally and that all people should be checked for a rash. They also agreed that it can be difficult to see on people with brown, black or tanned skin and had made that comment in the notes section of the tables, and in recommendation 1.1.12. No evidence was identified for skin temperature as a sign and based on the committee's experience and expertise it was not added to the recommendations.

- Other definable characteristics:

Stakeholders suggested making reference to the importance of communication, particularly for people who are non-verbal. Using simple, clear language, avoiding medical terms and 'jargon' wherever possible. Some people may be non-verbal and unable to describe verbally how they feel. Although not stated in the comment the committee were aware that this could affect anyone whose first language is not English which could include refugees, asylum seekers and migrant workers. Further detail on communication and treating people as individuals is covered by a cross reference in the [NICE guideline on Patient experience in adult NHS services](#) and the [NICE guideline on Babies, children and](#)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

[young people's experience of healthcare](#). The committee also expanded the entries in the signs and symptoms tables for headache and neck stiffness to include people with communication difficulties. They also included a new recommendation in the section on Recognising bacterial meningitis and meningococcal disease to state 'For people with reduced consciousness or communication difficulties, ask family members or carers about recent changes in symptoms.'

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

None of the changes to recommendations are thought to make it more difficult for a specific group to access services.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

None of the changes to recommendations are thought to have an adverse impact on people with disabilities.

4.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in question 4.2, or otherwise fulfil NICE's obligations to advance equality?

None of the changes to recommendations are thought to make it more difficult for a specific group to access services.

4.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in question 4.2, or otherwise fulfil NICE's obligations to advance equality?

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

These issues are discussed in the Committee's discussion and interpretation of the evidence sections of relevant evidence reports.

**Updated by Developer:** Carlos Sharpin

**Date:** 27<sup>th</sup> November 2023

**Approved by NICE quality assurance lead:** Catrina Charlton

**Date:** 20<sup>th</sup> February 2024