The WHO guidelines on meningitis diagnosis, treatment and care

A critical tool in outbreak preparedness and response

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HEALTH EMERGENCIES programme

Bacterial meningitis - A Global, Deadly Threat

- Meningitis can strike anyone, anywhere.
- Caused by many pathogens, with bacterial meningitis being the most deadly
- Each year:
  - 2.5 million cases of all meningitis
  - 1.6 million cases are bacterial, causing 240,000 deaths
- Acute bacterial meningitis strikes fast and hard
  - 1 in 6 people die – often within 24 hours
  - 1 in 5 survivors live with long-term disability
- The highest burden in young children, and Africa's "meningitis belt"
- Heavy toll on families, especially in low-resource settings

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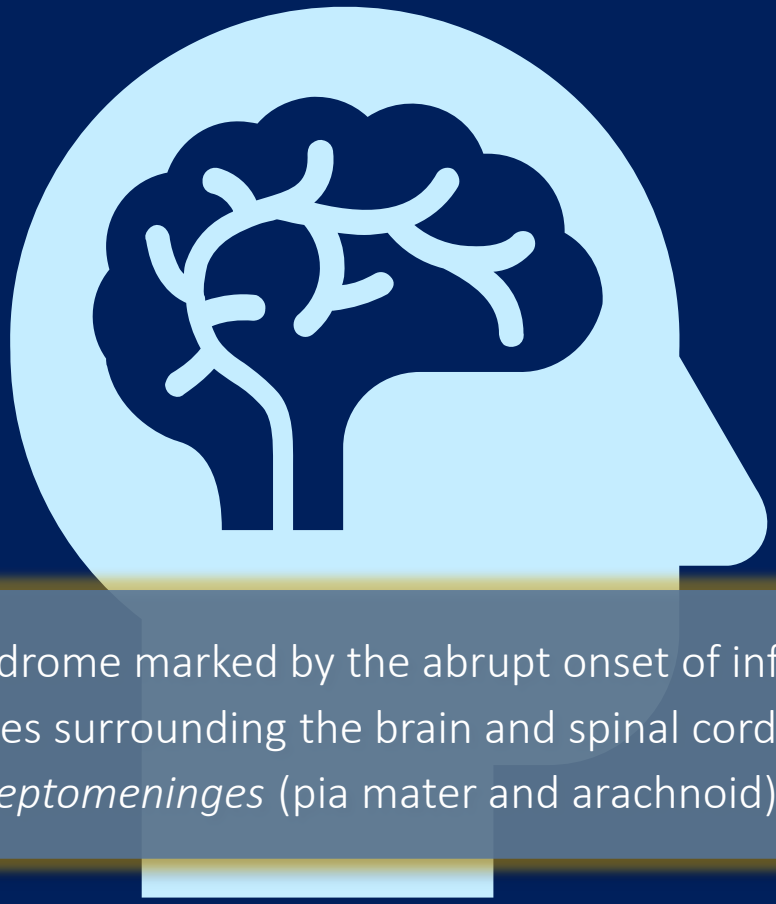
Acute meningitis



Clinical syndrome marked by the abrupt onset of inflammation of tissues surrounding the brain and spinal cord, called *leptomeninges* (pia mater and arachnoid).

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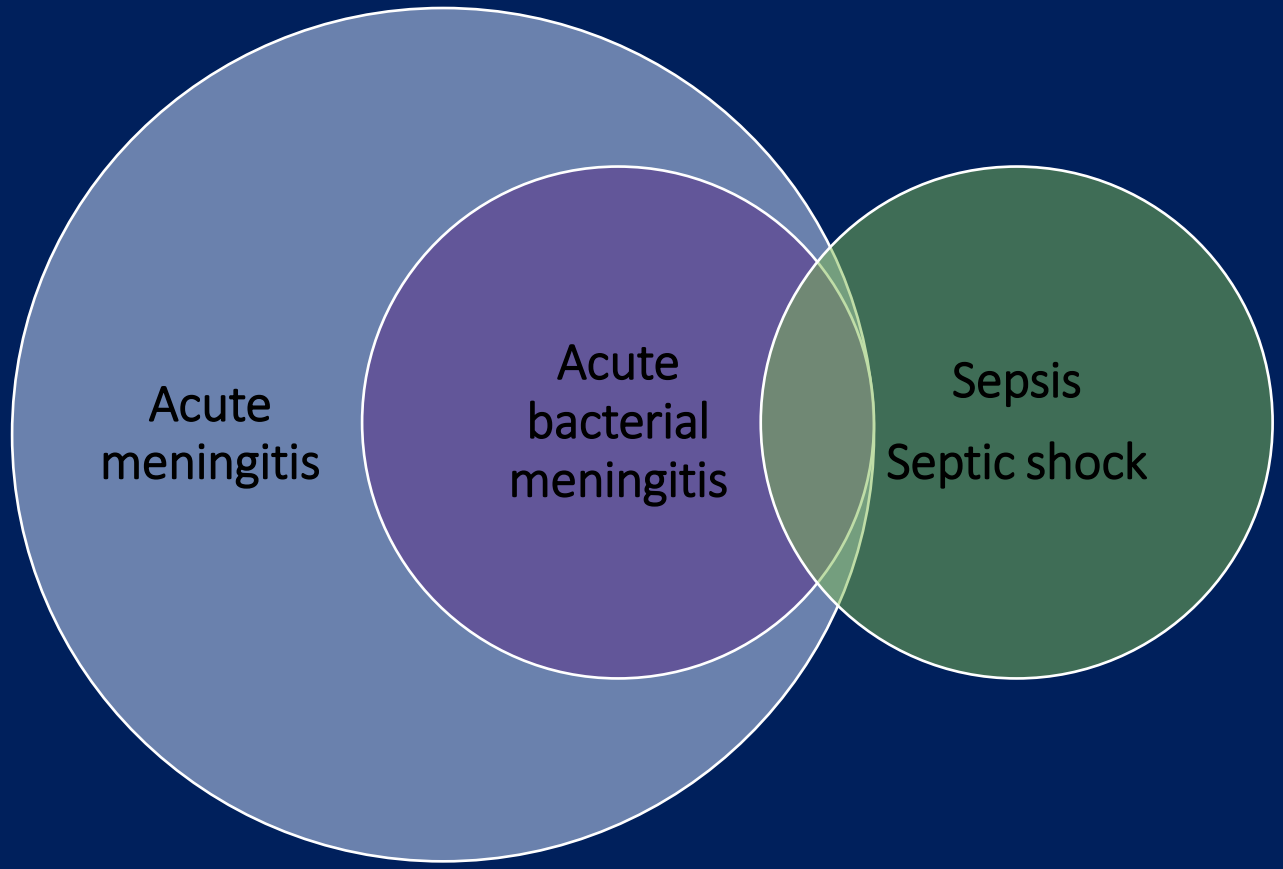
Acute meningitis



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Prognosis

Acute bacterial meningitis	Acute viral meningitis
High fatality rate (10-20%)	Very low fatality rate
High risk of sequalae (20%)	Very low risk of sequalae

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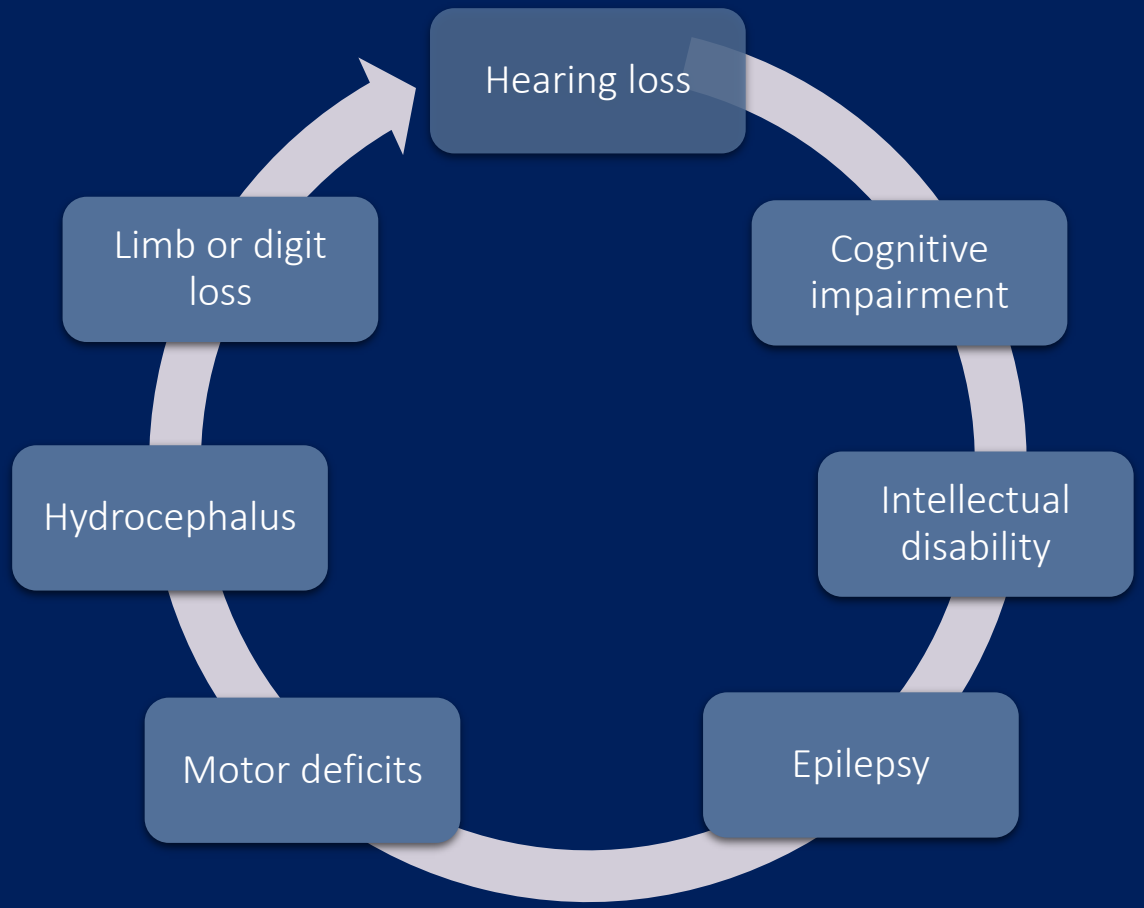
Disease complications and sequelae



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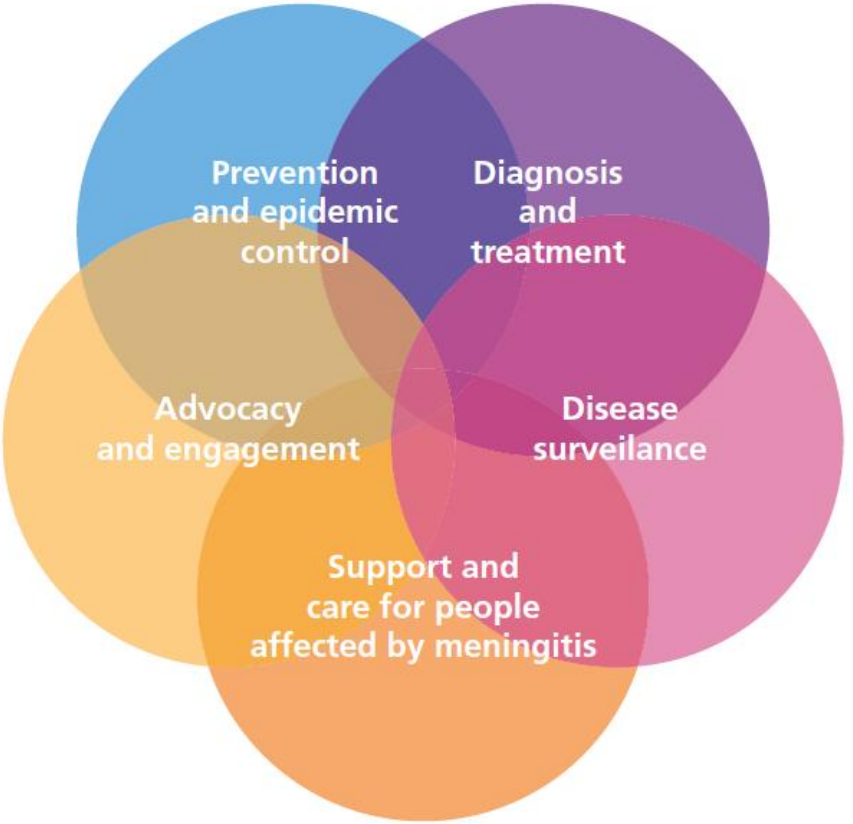
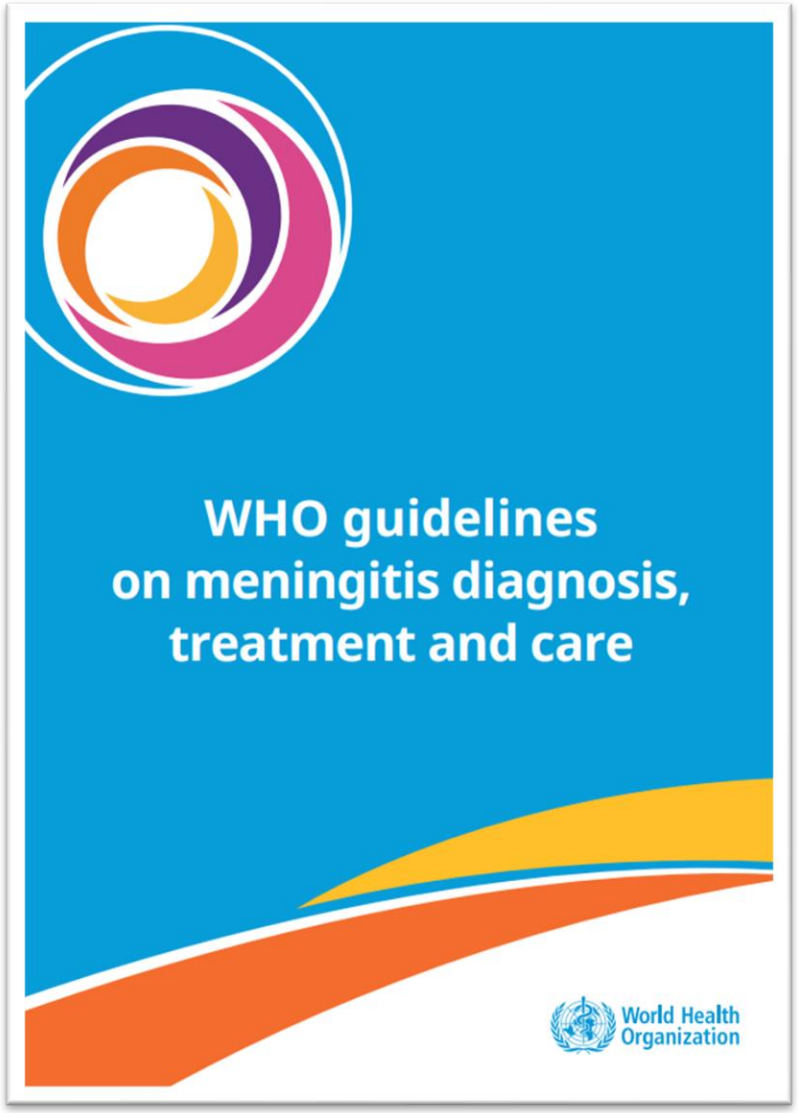
Defeating Meningitis by 2030 Roadmap

- **Towards a world free of meningitis**
  - Eliminate bacterial meningitis epidemics
  - Reduce cases by 50% and deaths by 70% from vaccine-preventable bacterial meningitis
  - Reduce disability and improve quality of life after meningitis due to any cause
- **Implementation guided by the WHO Meningitis Technical Task Force (TTF)**
  - Global experts and representatives from countries, partners, and affected communities
  - Ensuring technical coherence, country relevance, and unified action
- **Four focus pathogens**
  - *Neisseria meningitidis*
  - *Streptococcus pneumoniae*
  - *Haemophilus influenzae*
  - *Streptococcus agalactiae* (Group B Streptococcus)
- **Cross-Divisional Collaboration**
  - UCN/MSD/BRH - leading on clinical care and neurological sequelae
  - UHL/IVB – leading on immunisation and vaccine strategies
  - WHE/EPM – leading on outbreak preparedness and response, as part of the Roadmap Secretariat

- **Five interconnected pillars**



Meningitis



First-ever comprehensive WHO guidelines on meningitis diagnosis, treatment and care

Applicable globally, including in low-resource and emergency settings

Based on 21 systematic reviews

Containing 37 recommendations and hundreds of remarks and implementation considerations on:

- Diagnosis (laboratory investigations and cranial imaging)
- Antibiotic therapy
- Adjunctive treatment
- Supportive care
- Management of sequelae

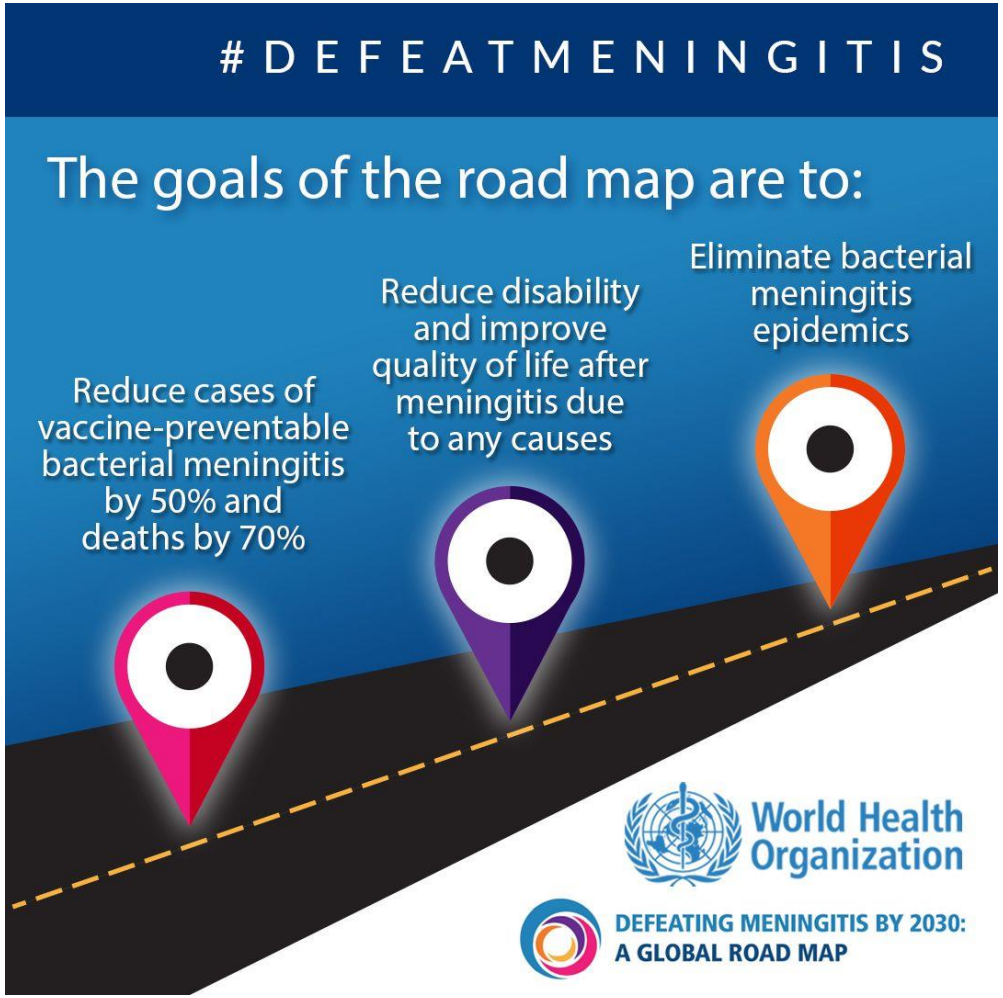
Available here: https://www.who.int/publications/i/item/9789240108042

Correctly identifying patients is the starting point of the Defeating Meningitis by 2030 Global Roadmap, and its five interconnected pillars

- Every epidemic starts with someone falling ill in the community
- What happens next can determine not just their fate, but the fate of many others in their community.
- Diagnosis and treatment are at the heart of both saving lives and stopping the spread.
- This new guideline are much more than clinical tools.
- They are foundational to epidemic response.
- Because when we correctly identify the cause of meningitis:
  - We give patients the right treatment
  - We avoid unnecessary or ineffective antibiotics
  - We trigger the right public health response
  - We guide vaccination using the right vaccine, matched to the pathogen and its serogroup or serotype

The Way Forward

- In 2025, 22 countries in the African meningitis belt reported nearly 6,000 suspected cases and over 300 deaths.
- Countries like Nigeria and Ghana have already implemented these guidelines in their outbreak responses.
- Our collective task is to
  - Disseminate these guidelines widely.
  - Train healthcare workers in their application.
  - Support countries in integrating them into national health strategies.
- We can only do that with the support of countries, civil society, and partners

Thank you very much!

Together, we can….