

Table 1

Definitions (adapted from the UK joint specialist societies guideline on the management of meningitis and meningococcal sepsis in immunocompetent adults)³

Meningism	Symptoms of headache, neck stiffness and photophobia often associated with meningitis
Meningitis	Inflammation of the meninges Strictly a pathological diagnosis Elevated CSF white cell count and protein are normally used as indicators of inflammation Meningeal enhancement may be seen on contrast-enhanced CT scan or MRI
Sepsis	Presence of infection with systemic manifestations such as: <ul style="list-style-type: none">● Fever or hypothermia● Tachycardia● Tachypnoea● Altered mental state (see the Surviving Sepsis Campaign guidelines and also the recently published NICE clinical guideline on sepsis NG51 for a full list of potential manifestations of sepsis and recommendations on what to do in cases of suspected sepsis) ^{41,42}
Severe sepsis	Acute organ dysfunction secondary to documented or suspected sepsis
Septic shock	Severe sepsis plus hypotension not reversed with fluid resuscitation
Meningococcal sepsis	Evidence of sepsis with or without a characteristic petechial/purpuric skin rash and hypoperfusion. <i>Neisseria meningitidis</i> may be identified from blood, CSF or skin lesions (culture or PCR)
Invasive meningococcal disease	Invasion of any normally sterile site by <i>Neisseria meningitidis</i> including meningitis and bacteraemia
Encephalitis	Inflammation of the brain parenchyma Strictly a pathological diagnosis Elevated CSF white cell count and protein normally used to indicate inflammation Parenchymal inflammation may be seen on MRI
Meningoencephalitis	Inflammation of the meninges and adjoining brain parenchyma
Aseptic meningitis	Symptoms of meningism and raised numbers of cells in the CSF with a sterile bacterial culture/negative bacterial PCR

CSF = cerebrospinal fluid; PCR = polymerase chain reaction; MRI = magnetic resonance imaging; CT = computed tomography