

March 2026

Meningitis & Pharmacy First

Recent reports of meningitis cases serve as an important reminder of the critical role community pharmacy teams play in early recognition, triage, and patient safety.

While Pharmacy First continues to support the management of a range of common conditions, it is essential to recognise that suspected meningitis sits firmly outside the scope of the service. Attempting to manage or reassure within a Pharmacy First framework in such cases risks delay in escalation and potential harm.

Meningitis can present initially with non-specific symptoms such as fever, headache, or flu-like illness, presentations commonly seen in community pharmacy. However, it can deteriorate rapidly, and early identification of red flag symptoms is crucial.

Pharmacy teams are often the first point of contact for patients and parents, placing them in a unique and vital position to identify concerns early and act decisively.

This resource is designed to support contractors and their teams to:

- Maintain a high index of suspicion
- Recognise red flag symptoms promptly
- Take a cautious, safety-first approach to triage
- Provide clear, confident advice and urgent escalation where required

Key principle: If meningitis is suspected, act immediately. Do not attempt to manage within Pharmacy First pathways.

Supporting clinical vigilance not only protects patients but also reinforces the critical role of community pharmacy within the wider NHS.

March 2026

1. Rapid Clinical Guidance

Key Symptoms of Meningitis

High Fever	
Severe Headache	
Neck stiffness	
Sensitivity to light (photophobia)	
Nausea / Vomiting	
Confusion	
Drowsiness	
Seizures (in severe cases)	

Red Flag Symptoms – URGENT REFERRAL (999 / A&E)

- Non-blanching rash (glass test positive)
- Reduced consciousness / difficult to wake
- Seizures
- Limb pain, pale/mottled skin (especially children)
- Rapid deterioration

Key Message: Suspected meningitis is a medical emergency.

Performing the glass test

- 1 If there is a rash, press the side of a clear glass against it.
- 2 If, through the glass, the rash does NOT change colour contact a doctor immediately.
- 3 If the rash DOES fade and loses colour under pressure it is unlikely to be meningitis.
- 4 Do the test every hour as, in rare cases, the rash can change.

Meningitis now
www.meningitisnow.org

March 2026

The glass test is a simple way to check whether a rash may be serious. Press the side of a clear glass firmly against the skin:

- If the rash fades (blanches) under pressure → less likely to be meningococcal rash
- If the rash does NOT fade (non-blanching) → this is a **RED FLAG** and requires urgent medical attention

A non-blanching rash, especially when combined with fever or other symptoms, should be treated as a medical emergency. Do not delay referral.

- Non-blanching rash (glass test positive)
- Reduced consciousness / difficult to wake
- Seizures
- Limb pain, pale/mottled skin (especially children)
- Rapid deterioration

2. Pharmacy First Positioning

- **✗** NOT appropriate for Pharmacy First management
- **✓** Pharmacy role = early recognition, triage, and urgent escalation

Do not attempt to manage symptoms under Pharmacy First if meningitis is suspected.

3. Triage Flow

Step 1: Patient presents with fever / headache / flu-like symptoms

Step 2: Screen for red flags

- Rash?
- Neck stiffness?
- Photophobia?
- Confusion?

Step 3:

- If ANY red flag → Immediate referral to A&E / call 999
- If no red flags → Manage symptoms BUT provide strong safety-netting

March 2026

4. Patient Safety-Netting Advice

If not referring immediately, advise patients to seek urgent help if:

- Rash develops or worsens
- Symptoms deteriorate rapidly
- Confusion or drowsiness occurs
- Severe headache or neck stiffness develops

5. Pharmacy Team Guidance

- Prioritise patient safety over service thresholds
- Do not attempt to 'fit' cases into Pharmacy First pathways
- Ensure all team members (including locums) are briefed
- Document advice given and escalation clearly

