

Episode 23 – Meningitis

With Krystle Beauchamp

Diane (00:00):

You've no doubt heard of meningitis, and its dangers. Today, we're going to see why it features as another widely discussed disease in society.

Clay (00:17):

Our talk today is all about meningitis, and we have the pleasure of welcoming guest, Krystle Beauchamp, communications manager for the Parish of Caddo. Krystle brings personal experience with meningitis as she survived the disease herself during college and has become an advocate for meningitis awareness and prevention efforts. Krystle, thank you so much for being with us today.

Krystle (00:42):

Thank you so much for having me.

Clay (00:44):

Let's start at the very beginning what is meningitis?

Krystle (00:49):

So in layman's terms, meningitis is really, um, the inflammation of those membranes that surround your brain and spinal cord. They're called meninges. So lots of things can cause those to be inflamed, but infection can also cause those, um, to be inflamed and become infected as well.

Diane (01:08):

Uh, I guess I didn't realize Krystle, you talk about meningitis, and you think it's kind of just the big umbrella, meningitis. But there are different types of meningitis, correct?

Krystle (01:20):

Oh, absolutely. So I think one of the terms that we hear a lot, um, that we kind of interchange with meningitis is, uh, meningococcal disease in meningitis. Um, so in the incidence of meningococcal disease, um, it's a specific bacteria, um, that gets into your blood, and... I mean, into your brain and spinal cord and causes, um, a meningitis infection, um, and that's caused by Neisseria meningitidis, it's a, uh, specific bacteria, but there are all sorts of things that can cause various types of meningitis.

Clay (01:53):

I hear you talking about that and, and the different types, but let's get into that. Bacterial, viral, fungal, parasitic, is it amoebic and non-infectious meningitis, all these different types? What, what are the differentiating factors?

Krystle (02:08):

So you're absolutely right, so many different things can cause meningitis. I think it's important to note, and I'm sure we'll talk about, you know, signs and symptoms later. Um, but I think that's why it's so important to be aware, because even though that there are several types of meningitis, um, across these different types, the symptoms really do tend to present similarly. Um, and so, you

know, when you're sick, you don't have time to figure out, is it bacterial, is it viral, is it whatever. Um, it's just about making sure that you get the care that you need and the medical attention that you need, um, because meningitis is very serious. Um, so that's why it's important to know about those signs and symptoms.

Krystle (02:44):

But like you said, there are several types, um, you mentioned viral. And so that's basically meningitis that is caused by, um, viral infection, and so there are lots of different viruses that can do that. I think some of the ones that, um, people may be more familiar with, um, are enteroviruses or viruses like, um, West Nile or, or chickenpox, things that cause those viral infections in your body. Um, meningitis is super serious. Viral tends to be not as complicated. It seems to resolve on its own. There's no specific treatment for it. Uh, but you treat the symptoms, but it's, you know, it's still very serious. It's still, you know, not what you want to get.

Krystle (03:27):

Um, but there's also, you mentioned fungal and parasitic, and, um, amoebic, and those things are caused by parasites, fungi, um, amoeba. When you think of amoeba, and parasites, sort of those water-based things, they get up your nose and, um, cause sickness. Um, these types of meningitis infections aren't contagious from person to person. Um, and they're actually more rare, um, than, uh, other meningitis infections, but they are very serious, um, and they can absolutely be fatal. Um, and there are some aggressive treatments that you can do to treat those, um, such as antifungals, and things like that. But again, rarer, but definitely very serious and can be very deadly.

Krystle (04:11):

Um, and then, of course, um, well, there's also non-infectious and that's just what it sounds like. So it's not contagious as well, but meningitis can be caused by other things such as reactions to medications, injuries, trauma, things like that. Um, and so you've got to treat, um, those types of things, um, to kind of... to make that infection go away. But that's also not contagious. But I think the big one that we hear and that we talk a lot about is bacterial meningitis, and of course, and we talked about Neisseria as one of the bacterias. But there are all sorts of bacteria that can get into your, um, brain and into your spinal cord and cause life-threatening swelling and infections, um, some that people may have heard of are the H. influenza, uh, pne- uh, pneumonia, streptococcus. Those types of bacteria is that when they enter into your meninges and, and, uh, create infection can be very deadly.

Krystle (05:05):

Um, and bacterial meningitis really is a progressive disease, it rapidly progresses, um, and can cause life altering, um, complications and deaths. So it's, it's when we talk about a lot is contagious. It is passed from person to person. So it's why it's so important to be aware, um, of the signs and symptoms and, and treatment, for sure.

Diane (05:27):

So it is contagious. Is it common?

Krystle (05:32):

So I, I would say it is, is definitely common in the sense that people do get sick from bacterial meningitis every day. I think with the introduction of vaccines, we've seen that outbreaks that

typically occur in places and like conjugate settings in places, um, like college campuses have decreased, um, because we do have, um, this first line of defense that, uh, that helps protect us against that, but I mean, meningitis is, um, spread through common things like coughing and sneezing and kissing and sharing drinks and things that, um, especially for that age group, uh, young adults and teens, you know, they do a lot of... they're in, uh, close settings together. So it does make it possible to be, um, you know, spread commonly.

Diane (06:19):

So that is the impact for the young adult, is that the age group that's the most impacted, I suppose to, to ask you that question, or are there certain age groups that we're looking at here?

Krystle (06:32):

So I definitely think that young people are, um, disproportionately affected. Um, so in the, um, instance of, um, meningococcal disease, um, 20, 20 to 21% of all of those cases that occur are be- are with young adults and teens between the ages of 11 and 24. And so we know that's the middle school, high school, and college aged, uh, group. So I think they are, you know, affected, and that's why, you know, vaccines are so important at that age, as well, to provide that first line of defense as they go into these conjugate settings in school and, and you know, places like that.

Clay (07:10):

What are some of the treatments for these various kinds of, uh, of meningitis?

Krystle (07:15):

So, again, viral is pretty much, it's, you know, when you get a cold, you can't cure the cold, you treat the symptoms, and it usually resolves on its own. So that's kind of, you know, with viral meningitis, um, we... they treat symptoms, but you're... you, you tend to resolve on your own. With bacterial meningitis, however, in cases like that, um, it requires a very aggressive, uh, treatment of a, uh, cocktail, if you will, of antibiotics and medicines to actively fight that bacterial infection for things like fungal and things like that. There are antifungal, uh, medications and things that are available. But really, it's just important to catch that infection as soon as you can and, and start to provide, um, those aggressive treatments.

Diane (07:59):

I, I know that Clay, mentioned at the beginning of our podcast that you have first-hand experience with this.

Krystle (08:06):

I-

Diane (08:07):

Would you mind sharing that with us?

Krystle (08:09):

Yes, unfortunately, I do have a story. But I hope that my story, um, is helpful to, to individuals. So I contracted bacterial meningitis as a junior in college here in Louisiana. Um, and let me backtrack too, so when I got ready to go to college, um, uh, I entered college at a time where while we had, uh, vaccines available, they were not, um, mandatory. They were permissive- permissively

recommended, um, but not mandatory for entrance into college. And so when I went to get my vaccines and, and went to the doctor's office, we actually did not have a conversation about the meningitis vaccine. Um, and so when I went to college, I had that list that were... that was required, but I did not go in with that first line of defense with the meningitis vaccine, and so-

Diane (08:59):

But you didn't know either at that time, right? You did not know.

Krystle (09:01):

I did not know. I definitely, you know, I got all my other vaccines, definitely wanted to stay safe and be safe, but, um, did not have that conversation. It wasn't brought up in conversation, didn't really know, um, enough about the vaccine, and so I, I didn't leave with that vaccine. And so, uh, fast forward, um, I'm a junior in college, it's the first day of the semester, um, I wake up that morning, and I just feel a little off. I had a nagging headache. I was just kind of tired, just kind of sluggish, but I signed up for an 8:00 AM class, and it was the first day of the semester. So got up, went to class, um, and I will say, uh, maybe two and a half, three hours into the day, things changed very rapidly. By the time, um, I was approaching lunchtime, I was having trouble walking.

Diane (09:50):

Oh, my gosh [inaudible 00:09:51]-

Krystle (09:50):

I had what I will tell you the worst headache I have ever had in my entire life. Um, I was having sensitivity to the light, like the light was hurting my eyes. I was having a lot of difficulty, and so, I left class, I went out to the quad at school, I laid on a bench in the quad, and I called my dad, who happened to still be in town, and I said, "You know, something's not right. I just don't feel well." And so he said, "I'll come get you, we'll go to the doctor." And he came, took one look at me and said, "We're gonna go to the ER."

Diane (10:21):

Hmm.

Krystle (10:22):

And so, when we got to the ER, things started to move really quickly, um, once they were able to assess my symptoms, the f- I also had a very high fever, um, 104.80.

Diane (10:32):

Oh, my gosh.

Krystle (10:34):

[inaudible 00:10:34]. It started... they started to kind of, you know, think this could be a meningitis case. Um, and at the time, the symptoms present the same, so you don't know if it's viral or bacterial. Um, so they rushed me in for, um, the test that they really do to kind of determine and that's a spinal tap, a lumbar puncture, where they take a sample of your spinal fluid to test it and determine, um, if there's infection. And so they took a sample, um, did not like the way that the sample looked. Um, and then you grow a culture to determine if it's, you know, bacteria present, but that takes 24 hours,

so, and, and that could be the, the difference between life or death, um, in bacterial meningitis cases.

Krystle (11:15):

So they went ahead and started me on a very aggressive treatment of anti- intravenous, uh, antibiotics. And I started that treatment, and then we found out, uh, a day or so later, that it was bacterial meningitis, but I had already started on that treatment. And so I was in the hospital for few weeks, um, I did have some complications, I had some liver damage, I had, uh, damage to my gallbladder, um, I also suffered some temporary hearing loss, which thankfully, I was able, um, to get back, but I still have some complications, um, from meningitis.

Krystle (11:50):

But when I tell you that I am so thankful and so lucky, um, to be alive, because we know that so many people that do contract bacterial meningitis do not ultimately survive, or they end up with very serious, very life altering, uh, complications. We know there's brain damage, there's organ damage, organ loss, uh, hands, legs, fingers have to be amputated, um, all sorts of complications that result from, uh, bacterial meningitis. So I just every day... Also not being vaccinated, I am just so thankful that I can even, you know, be present to tell the story, um, of how I was able, you know, to survive bacterial meningitis.

Clay (12:33):

Wow, (laughs). Uh, talking through all of that, and, and i- had to be terrifying for you and your family, because-

Krystle (12:40):

Yeah.

Clay (12:41):

... y- y- you just get blindsided by it, and then you've now taken this and turn it into a purpose to have others not go through what you have gone through. You've talked a bit through some of what this looks like, but what's the main thing you want people to gain from your experience when they hear about it?

Krystle (13:00):

Um, so I think the important thing... And I know we can talk about... also talk some more about vaccines-

Clay (13:05):

Yeah.

Krystle (13:05):

... and, and what's available. But it's not only important to know what's available to you, as again, I say it all the time, your first line of defense, but also just also knowing those signs and knowing the symptoms to know when something's not right. Um, bacterial meningitis progresses so rapidly, and minutes mean everything, hours mean everything. We've heard stories of, you know, college students who go take, you know, some ibuprofen, and they go sleep it off, and they never wake up again.

Clay (13:36):

Oh, wow. Hmm.

Krystle (13:37):

So it's just important to know what isn't normal, but also to just the importance not only for teens, but for parents of teens and parents of young people. How important it is to have conversations with your healthcare provider about what vaccines may be available and, and what may be best for your child. Um, being able to have that open line of communication for sure.

Clay (14:01):

Do you find that it is a lack of exposure to information, or a lack of interest in getting the vaccine for kids that keeps the number as high as it is, even though it's improved over the last few years? I mean, wh- wh- what is it or is there maybe another o- o- option?

Krystle (14:22):

So I'll definitely say when I contracted meningitis, again, I feel like our access to information and our information and the tools that we have, have definitely gotten you know better. We have more since, you know, my illness. But I think at the time, even as someone that considered myself informed, my parents were informed about things, um, I think meningitis was always that something that I always assumed that someone else would get, that it wouldn't be me, "I'm not gonna get meningitis, that happens... you know, that's not gonna happen to me." And I think I became, unfortunately very aware of just how common, um, that is.

Krystle (15:00):

And so I think with the amount of information that's available now through just the internet and through, you know, our doctors and just, uh, great, uh, resources on the in- scientific and, and medical resources, um, through the internet, I think information is more widely available. I think, unfortunately, we've also found ourselves in a time where we realize that viruses and sickness and illnesses are prevalent, and new things happen every day. And so I think we've all started to take a second look at our health and how we can stay safe and, and, um, you know, prevent some of these illnesses through things like vaccine. So I think the information is better now. I think, um, as people start to tell their experiences and stories, um, with meningitis and, um, families of those who've lost-

Diane (15:52):

Ah.

Krystle (15:53):

... um, family members from meningitis, I think people have started to become more aware of just how serious it is and how, um, common it can be, um, for folks, if, you know, they're not vaccinated, or if they have a, you know, have a kid going to college.

Diane (16:07):

You know, Krystle, I wanted to go back and ask you after your situation, after you were in the hospital for a couple of weeks, I don't know how much longer you had to... if you were able to go back to class or you just took it easy. Did you hear of other classmates who had also contracted meningitis around that same time that you did?

Krystle (16:27):

So that's the, the ironic thing, or the i- most interesting thing. Um, so when I got sick, and we realized I was sick, of course, you start the, I guess, the contact tracing, you start the letting folks know, you know, I lived in a dorm, I had a roommate, I had suitemate. Um, you start to have to have the conversations. "Are you sick? We need to watch you." All those types of things. No one else seemed to get sick, or have [inaudible 00:16:53]-

Diane (16:53):

Really.

Krystle (16:53):

... of meningitis. No, and sometimes that happens. You know, we definitely do see outbreaks on college campuses and in, in conjugate settings. But in my case, I'm also very thankful, um, that no one else, uh, presented with, um, with illness that we, you know, that we know of. So-

Diane (17:10):

How, how does that to have just an isolated case of something as-

Clay (17:14):

Mm-hmm.

Diane (17:15):

... serious and potentially contagious as bacterial meningitis?

Krystle (17:18):

Right. And it happened. So I think-

Clay (17:21):

Yeah.

Diane (17:22):

Wow.

Krystle (17:22):

... you know, it's one of those things, that it's more of a reason that you just want to be protected.

Diane (17:26):

Mm-hmm.

Clay (17:28):

Talk about that, Diane reference to how contagious it is. Can you talk a little bit about that, because you, you referenced earlier on about the group of young people, I think you said 11 to 24, and you're talking about (laughs) a very social age group, where there are always crowds. Talk about the contagious nature of, of this?

Krystle (17:47):

S- so I think, you know, we say conjugate settings and conjugate settings can be, you know, uh, folks in the military that-

Clay (17:54):

Mm-hmm.

Krystle (17:54):

... live together, your nursing homes, all types of things, but specific to this age group, um, in a way that bac- uh, meningitis is, um, transmitted through droplets, coughing, sneezing, um, kissing, um, saliva. So, you know, you let your friend drink out your water bottle, or you guys are all hanging out, and so I bought a new drink, and I want you to try it. So in college, I definitely and in high school and places like that, those types of behaviors, you know, children and young adults just do those things. And so, um, it's, it's kind of an added risk, um, because children and young adults aren't... I wasn't thinking about it. I don't recall sharing a drink with anyone, but you just don't think about those things in college, you're living with people, people become your family, your close-knit group. So you're sharing a lot of space, you're sharing common places, you're sharing the same air, literally, if you're in a dorm. Um, so those are just behaviors that I think just naturally happen at that age, um, that unfortunately, making more susceptible, but definitely just kind of occur in the college setting.

Diane (19:02):

A- and as you were saying too, you are now a voice for this. You have lived the experience. How many times do we say, "Okay, don't do this, don't do this, because..." but on the other hand, we've never walked that walk, but you have walked that walk, you know what it feels like, you know the beginning, you know the symptoms, you were aware enough to call your dad and say, "Something's not right." And it wasn't because you weren't... you were proactive about your health going to college. You didn't know what questions to ask back then, about meningitis. But again, now you said it's a brand-new era. It's a brand-new day. Let's talk about those treatments, what you had to go through?

Krystle (19:44):

So it's funny story that you say that too. So now I have friends who are moms, and, you know, we all went to college together who remember this experience, who saw. So now I have friends who are like, "My child's 11. I'm on my way to have my conversation with my healthcare provider about the MenA, or my child's now 16, my child's going off to college, I'm bringing this up in our doctor's appointments. Like I remember this experience, I remember this shared experience that we had." So I think there is something to be said about knowing someone or hearing someone's story and wanting it to be different, you know, not having to go through that. Um, the treatments, um, we talked about treatment. So, anti- aggressive antibiotic treatment is what I, I had to go through for the actual, um, meningitis infection. So that's a constant 24-hour a day intravenous drip of a cocktail of all sorts of things that they hang in baggies and let drip, (laughs).

Diane (20:44):

Right. Right.

Krystle (20:45):

Um, constant 24 hours a day. And even after I got out of the hospital from having that treatment, I also had a, um, home care health person that would come in, I was convinced I was going back to school, I wanted to finish the semester. Um, I went back to class with an IV port.

Diane (21:02):

Oh, gosh.

Krystle (21:04):

And would have to come home and then the health care nurse would come and, um, administer the antibiotic treatment, uh, for a few weeks after I got out of the hospital. Um, so it's definitely something that if you get, uh, meningitis, you're, you're in it for the long haul, like you're in it for the ride, um, because they just have to be sure that, you know, the bacteria is gone. And the complications again, that come after that. So I had complications with my organs, and after that, I ended up having my gallbladder out after that, um, but the hearing loss, um, you do audio therapy, you do things like that, to regain that. And again, I'm glad that I had those options, and that, you know, some of those, um, lifelong effects were reversible, uh, you know, for me, but in so many instances, um, they're not. I advocate with, uh, lots of survivors who have prosthetic arms and legs, or are completely blind, um, can no longer, you know, operate a vehicle.

Clay (22:06):

Wow.

Krystle (22:06):

Um, who require, uh, round-the-clock care. So there are so many complications that can happen, I am so lucky. But there are so many complications that can happen, that can change your life for the rest of your life.

Clay (22:20):

How did it impact motor functions? Obviously, you said you were a junior in college and on a college campus, you're moving a whole lot all day long, going from building to building and in some cases, climbing stairs and-

Krystle (22:31):

Yes.

Clay (22:31):

... and all of that, how does it impact- i- impact your ability to function?

Krystle (22:36):

So, uh, again, I was terrified, I'm going back to class with this IV port that, you know, I was terrified I was gonna... somebody was gonna bump me or hit me-

Clay (22:46):

Mm-hmm.

Krystle (22:46):

... or something was gonna happen. So I had a lot of anxiety about that. But it, it completely takes the energy and like your stamina out of you for, I would say for weeks to months after I got sick, it was very hard to make that trek across campus, to make those treks up the stairs to my classes. Um, I was extremely exhausted, and again, I had that temporary hearing loss. So I struggle with that a little bit too, um, for the remainder of the semester-

Clay (23:16):

Yeah.

Krystle (23:17):

... while we were working to get that back. So it made everyday challenges, um, kind of hard.

Clay (23:22):

Yeah.

Krystle (23:23):

Um, just the things that you take for granted. Um, motor skills were all for a little bit until, you know, I kind of got back, back, back to my normal self-

Clay (23:33):

Mm-hmm.

Krystle (23:33):

... but it does impact... it did impact my day-to-day life, um, significantly, um, definitely in the short term until I was able to get completely better.

Clay (23:44):

Uh, you're tougher than a whole lot of people I know, and I think it i-

Diane (23:46):

Wow. No, kidding. Yeah.

Krystle (23:47):

(laughs).

Clay (23:47):

... and it does... you know, those tough times do build character. We, we know that about life.

Diane (23:51):

Mm-hmm.

Clay (23:51):

I mean, it's one of those things. If there are young people now who are at that college age, who are on college campuses as schools are about to begin again. You know what, what advice would you give them likely in this instance with our show through their parents to think about as they're getting

back? 'Cause this will be the, the furthest away from the COVID reality we have been since we learned about COVID. This is, uh... Dr. Gorrie, uh, as you recall, and, and Caddo Parish yesterday said, "This is, this is the most non COVID school year we're about to have." So what would you say to parents to let their children know what they should be aware of?

Krystle (24:32):

Again, before I think students ever hit the classroom or walk on the college campus, having those conversations with your medical professionals about, um, what's available, and especially about the, you know, meningitis B vaccine.

Clay (24:48):

Mm-hmm.

Krystle (24:48):

So we know that that is recommended by the CDC. It's permissibly recommended, it's not mandatory, but recommended. So having those conversations with your healthcare providers before your children ever set foot onto a campus, but also reminding, uh, children. And so children and young adults now have grown up in this post-COVID, or this pandemic world, so we know the importance of, you know, social distancing or washing your hands, or just, you know, practicing good hygiene. And, you know, it's tempting, but not sharing, you know, drinks and things like that. Just being more conscious and being more aware about the activities that you engage in day-to-day.

Krystle (25:30):

But I would also say, um, again, if you happen to get sick, I mean, people get sick, we know that, um, illnesses happen, just being aware of what the signs and symptoms are, um, knowing, you know, if you've got the headache that doesn't feel right, or your neck is stiff, or you have the chills, or something just doesn't feel right, not ignoring those and telling someone, whether it's your parents or a teacher, or going to the health unit on campus, just being in control and being proactive. Um, so you don't have to be reactive, because in, in the case of meningitis being reactive, if you're having to be reactive, it may be too late already, so.

Diane (26:10):

And I think we're more and more hypervigilant now that we're in the COVID age, and we're more aware of what could happen, and who knows our bodies better than we do? You know, our-

Clay (26:22):

Yeah.

Diane (26:22):

... our, friends, our family, parents, you know, no one knows, like us, like you said, "I just didn't feel quite right," and you listen to that, you didn't just take an aspirin, or you didn't take something and just think it's gonna be fine, because sometimes it's not going to be fine. So wh- you said there are no mandatory vaccines for meningitis, but there are vaccines available? Is that correct?

Krystle (26:48):

So there is, so there are two vaccines that are available for meningitis right now. There's the MenACWY conjugate vaccine, which is basically a vaccine that protects against the four types of...

We call them serogroups, but the four types of bacterias that cause, uh, meningitis, and then there's also a MenB shot which protects against serogroup B. So the MenACWY shot is a shot that, um, it's a- it's approved. It's been recommended by the CDC, and many states, many campuses states across the country have made that shot mandatory for entrance into, um-

Diane (27:26):

Okay. Now, which one was that, that... which one did you say?

Krystle (27:29):

That's the, that's the MenACWY shot. So with that shot, um, you get that first shot around 11 or 12 years old, and then you can get a bo- you get a booster, um, at like 16. That shot is mandatory in a lot of places. Um, the MenB shot, um... And that was... I think it was made mandatory, the MenA a shot was mandatory for college campuses in Louisiana around 2006, I think-

Diane (27:51):

Oh, Okay, okay.

Krystle (27:52):

... um, after I got out of college, but back then, and then there's a MenB shot that, again, has been approved. It's used, it's been permissively recommended by the CDC, but it's not mandatory, but it is available and recommended as a shot that your child should get at the age of 16. We call it the 16 vaccine, um, [inaudible 00:28:12]-

Diane (28:12):

Oh, that's easy to remember. That's good.

Krystle (28:14):

Yeah, it rhymes. And so, um, those shots are available. And, um, we've seen... Again, we say that vaccines are safe and tested and effective. We have seen with these vaccinations, meningitis vaccinations can be anywhere from 85 to 100% effective, um, vaccines, but we have seen across the country with the introduction of these vaccines, especially since the meningitis ACWY shot has been a mandatory in a lot of places that the number of outbreaks across the country and on college campuses has decreased immensely. And actually, the majority of outbreaks that we do see occurring in our country or, uh, occurring across college campuses are due to the meningitis B serogroup, and that is the vaccine that is currently not... It's recommended, but not mandatory. So we know that vaccines are working, um, and they're helping to lower the amount of outbreaks that we have, um, in this age group that we see.

Clay (29:18):

That's interesting. You referenced the age group, you said between 11 and 24. Teens are in the middle of that, are they the most susceptible to contracting this?

Krystle (29:31):

I think just by design of... We talked about like again behaviors. I think those behaviors just make you more susceptible. Um, as someone that's no longer a teen, I'm not really, you know, living in a dorm and sharing-

Clay (29:45):

(laughs).

Krystle (29:45):

... sodas with anybody, you know, (laughs) sharing sodas anybody, but it's also, uh, you know, a vaccine that is, uh, mandatory and very wi- widely used, um, in our military communities well, because, um, you know, the military is also a conjugate setting, um, where people live very closely together and work very closely together. So I think just looking at how the va- how the, um, infection is transmitted, kind of helps you gauge your, um, you know, your susceptibility.

Diane (30:13):

I'm just kind of curious, after you had meningitis, the bacterial meningitis, do you... did you have to get a vaccine? Did you get a vaccine, a shot after that? Is that recommended, or no, or can it happen to you again?

Krystle (30:28):

Uh, so... Okay, so can it happen again, there are many bacterias, and there are many viruses, things that cause, um, meningitis, things that can cause infection. So if, in theory, if I got meningitis B, I could very well have get some other virus or bacteria that could make me susceptible to meningitis, for sure. So I chose 100% to get the MenACWY vaccine and the MenB vaccine, um, because I just said, "You know, I wasn't protected then-"

Diane (31:03):

Yeah.

Krystle (31:03):

"... but I definitely wanna be protected now." And that's too, again, going back to vaccines, why vaccines on the whole are so important. So, you know, there are vaccines that we have that children get the, um, H. influenza vaccine, there's, you know, the measles and mumps and our pneumococcal vaccines, those are all illnesses, um, and viruses and diseases that can have meningitis as a side effect or complication. So, uh, just making sure that you're protected against any disease that you can be protected against, you know, it's also lowering your chance of, you know, developing life-threatening meningitis as a result, um, as well. So, again, that's why just vaccines on the whole [inaudible 00:31:48]-

Diane (31:47):

Yes, indeed. Yeah.

Krystle (31:48):

Yeah.

Clay (31:49):

Yeah. You talked about headaches, and some, aches and pains. And I just got to wanna ask, are there any other symptoms that people should be aware of, or parents should be aware of, if they noticed them in their children, uh, to kind of say, "Hey, you need to do something really quickly"?

Krystle (32:05):

So I mean, it's important to note that people can have all the symptoms, they can have none of this, they can have a couple of the symptoms. It's really different from person to person. But that fever, that headache, that just kind of that brain fog, that lethargy, that confusion, uh, sensitivity to light, um, and one other symptom that I did not even realize I had until I got to the, the emergency room and they started performing tests, um, was a very stiff neck. I did not realize at the time-

Diane (32:35):

Oh.

Krystle (32:35):

... that I had a stiff neck, but they performed-

Diane (32:37):

Yeah.

Krystle (32:37):

Yeah, they perform a test call the Brudzinski sign, and basically, it's where they measure how well you're able to bend your chin to your chest. I didn't know that I couldn't do that-

Diane (32:50):

Ah, yeah.

Krystle (32:51):

... um, until they made me do that, and it was very difficult for me it was very painful. Um, and so that was another tell-tale sign, that stiff neck, um, that I had when I got to the, um, hospital, and in some cases, um, with bacterial meningitis, not all, um, definitely, it's, it's, uh, also prevalent in meningococcal, um, disease, um, infection. There is a red rash that sometimes appears during infection, and I hope I can pronounce it right, it's a petechia, petechia. It's a red, purplish, kind of pinpricky rash that sometimes will break out on, um, people that have been infected with meningitis. I did not have a rash, but it, it is common in some cases.

Krystle (33:36):

Um, so just, you know, looking at those symptoms, and we know from COVID, and so many other diseases that, you know, headache, uh, stiff neck, fever, chills, those are indicative of, of lots of things, but I think it's important to know they're not normal. So if you have those symptoms, or you're starting to see those symptoms, just reminding yourself that something may not be right, regardless of what it may be, you don't know yet, but, though, it's indicative that something's not going on right.

Diane (34:08):

And, you know, in some of our other podcasts, we've talked about different viruses and what have you, how they will mimic another illness or another... maybe a malady that you have when you were talking about a bad headache and light sensitivity, that's migraines.

Clay (34:23):

Right.

Diane (34:24):

You know, a lot of people have migraines, and you would just think, "Oh my gosh," and especially for a college student-

Clay (34:29):

Yeah.

Diane (34:29):

... you're tired.

Clay (34:31):

Yeah.

Diane (34:31):

... you're, you know, you're, you're doing all these other things, you're cramming for tests or for finals. And, you know, with, with the stress, with you starting a brand-new semester, you know, there are a lot of things that you could say initially, "Well, no," you just kind of poo-poo it, "And it's-

Clay (34:45):

Hmm.

Diane (34:45):

... no big deal. It's no big deal." But again, your bottom line is listen to your body, and take action because you don't know. Minutes, you know, hours make a huge difference.

Krystle (34:58):

Absolutely. And in my case, I, I... it was nagging it first, but three hours in-

Diane (35:03):

Hmm.

Krystle (35:03):

... it progressed, and I knew that I definitely felt worse than I did when I woke up. And that's the important part, one of my fellow, um, advocates mom, um, um, one of our, uh... He died from meningitis, but he was a college student. And the one story that she tells is that he called home and said, he wasn't feeling well, he thought he may have the flu, he had those symptoms, he had a headache, he had a hi- uh, a slight fever, and he was just gonna, you know, take a nap and nap it off, and he went to bed and slipped into a coma-

Diane (35:35):

Oh, God.

Krystle (35:36):

... and did not survive. And so it's also hard, I know for parents, you know, you send your kids off, you don't have that face, you're not looking. So I think it's why it's so important to have the

conversations before your students go off, and before your students are out of your line of sight, to make sure that everybody's on the same page about knowing when something doesn't feel right, having a plan of action, "Here's who you're gonna call, here's the doctor, you have a doctor, here's where your ER, uh, are located. Here's what you do." Um, so, you know, your student or your child knows in a situation, you know, not to panic, but what it is they should do, you know, if they don't feel well, and then you have that peace of mind that they know, you know, what the plan is.

Diane (36:22):

And it's so easy too, as we're talking about the vaccines to have that conversation with your family physician, with your doctor, when they're at the age group of what? 11, 12, and 13 and then older-

Clay (36:33):

Mm-hmm.

Diane (36:34):

... to start that, because back in the day, many years ago, when I was in college, we didn't, we didn't hear about it.

Clay (36:39):

Hmm.

Diane (36:39):

You know, you just didn't hear-

Krystle (36:40):

Right.

Diane (36:40):

... about it. But now it's in the forefront. It's in the conscious, you see a lot of... about it on television, do it, do it, have that conversation. You know what questions to ask now.

Krystle (36:51):

And that's, again, there's so many other resources, um, online, um, um, just available, there's LDH, there's the CDC, there's the National Meningitis Association. There's a great campaign that they're doing right now, I don't know the people of my youth in the '80s and '90s, might remember Tiffany Thiessen, Kelly Kapowski, on Saved by Bell. She's the celebrity spokesperson right now for the Stop the Clock on Meningitis campaign, where basically, you can go and get a lot of information on the vaccines, on when they should be administered. You can hear stories from survivors, information on symptoms. So there's just a lot more information at our fingertips than what we had before.

Clay (37:32):

Hot information. It's so hot the lawn guys wanna hear it.

Diane (37:35):

(laughs).

Clay (37:35):

So, uh-

Krystle (37:36):

[inaudible 00:37:36]-

Clay (37:36):

So, so, (laughs).

Krystle (37:39):

... I don't know where they are.

Clay (37:40):

So listen, i- i- what... if you were to prioritize the top takeaways that you want people to have, if they hear you give a presentation on your experiences, what would they be?

Krystle (37:55):

That's very simple. One, know the signs and symptoms of meningitis; know what... how... what... know what doesn't feel right.

Clay (38:05):

Mm-hmm.

Krystle (38:05):

Know those signs and symptoms. Two: know about the first lines of defense that are available to you, and as... those are meningitis vaccines.

Clay (38:12):

Yeah.

Krystle (38:14):

It's your M- MACWY and your MenB vaccines, and three, have conversations with your children and with your health care providers, about those vaccines and what your children can do to stay safe in school and on college campuses.

Diane (38:29):

Krystle, you are an amazing spokesperson. We just so appreciate you being with us today. Is there anything at all that we didn't touch on that you can think that we need to? I, I think you've covered everything, but there might be something that we, uh, skipped over? I hope not, but.

Krystle (38:47):

Um, I think now I just wanna make sure people know now that we have more information, and we have ways to treatment injuries, and we have ways to prevent meningitis. Meningitis is still very serious. Um, one in five people who contract meningococcal disease will have a permanent disability, 10 to 15% of those individuals die. I don't want to negate the severity and importance, um,

of meningitis, but we have ways to prevent that transmission and to stay safe. So I just want to people to make sure that they have all the tools in their toolbox to stay safe and hopefully prevent meningitis, um, and infection.

Diane (39:28):

Well, I have to tell you on behalf of Clay, and myself, you have been amazing today. Thank you for taking the time to do this, and who knows how many lives you will touch-

Clay (39:39):

Right.

Diane (39:39):

... of the people who will be listening to our podcast. So again, Krystle, thank you and God bless you, stay healthy, you're adorable. So stay healthy.

Clay (39:47):

(laughs).

Krystle (39:47):

Oh, thank you.

Diane (39:47):

(laughs).

Krystle (39:47):

Thank you for having me today, (laughs).

Diane (39:49):

Oh, indeed. We appreciate it. So that's all the time we have for today. But we so hope that all of our listeners enjoyed this episode. Thank you for tuning in to this episode of Vax Matters.