

WHO launches first-ever guidelines on meningitis diagnosis, treatment and care

10 April 2025 - Geneva - The World Health Organization (WHO) has today published its first-ever global guidelines for meningitis diagnosis, treatment and care, aiming to speed up detection, ensure timely treatment, and improve long-term care for those affected. By bringing together the latest evidence-based recommendations, the guidelines provide a critical tool for reducing deaths and disability caused by the disease.

Despite effective treatments and vaccines against some forms of meningitis, the disease remains a significant global health threat. Bacterial meningitis is the most dangerous form and can become fatal within 24 hours. Many pathogens can cause meningitis with an estimated 2.5 million cases reported globally in 2019. This includes 1.6 million cases of bacterial meningitis which resulted in approximately 240 000 deaths.

Around 20% of people who contract bacterial meningitis develop long-term complications, including disabilities that impact quality of life. The disease also carries heavy financial and social costs for individuals, families, and communities.

“Bacterial meningitis kills one in six of the people it strikes, and leaves many others with lasting health challenges,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “Implementing these new guidelines will help save lives, improve long-term care for those affected by meningitis, and strengthen health systems.”

Meningitis can affect anyone anywhere, and at any age, however the disease burden remains particularly high in low- and middle-income countries and in settings experiencing large-scale epidemics. The highest burden of disease is seen in a region of sub-Saharan Africa, often referred to as the ‘meningitis belt’, which is at high risk of recurrent epidemics of meningococcal meningitis.

Recommendations for the clinical management of meningitis in children and adults

Improving clinical management of meningitis is essential to reducing mortality and morbidity, minimizing long-term complications and disability, and improving quality of life for affected individuals and communities.

The new guidelines provide evidence-based recommendations for the clinical management of children over one month of age, adolescents, and adults with acute community-acquired meningitis.

They address all aspects of clinical care, including diagnosis, antibiotic therapy, adjunctive treatment, supportive care, and management of long-term effects. Given the similarities in clinical presentation, diagnosis and management approaches across different forms of acute community-acquired meningitis, the guidelines address both bacterial and viral causes.

The guidelines provide recommendations for both non-epidemic and epidemic settings, the latter superseding previous 2014 WHO guidelines, which covered meningitis outbreak response.

As resource-limited settings bear the highest burden of meningitis, these guidelines have been specifically developed to provide technical guidance suitable for implementation in low- and middle-income countries.

The guidelines are intended for use by health-care professionals in first- and second-level facilities, including emergency, inpatient, and outpatient services. Policymakers, health planners, academic institutions, and civil society organizations can also use them to inform capacity-building, education, and research efforts.

Defeating meningitis by 2030

The guidelines contribute to the broader Defeating Meningitis by 2030 Global Roadmap, adopted by WHO Member States in 2020, which aims to: eliminate bacterial meningitis epidemics, reduce cases of vaccine-preventable bacterial meningitis by 50% and deaths by 70%, and reduce disability and improve quality of life after meningitis.

Achieving these goals requires coordinated action across 5 key areas: I) diagnosis and treatment: faster detection and optimal clinical management; II) prevention and epidemic control: developing new affordable vaccines, achieving high immunization and coverage, and improving outbreak preparedness and response; III) disease surveillance: Strengthening monitoring systems to guide prevention and control; IV) care and support for those affected by meningitis: ensuring early recognition and improved access to care and support for after-effects from meningitis; and V) advocacy and engagement: increasing political commitment and inclusion in country plans, better public understanding of meningitis, and increased awareness of right to prevention, care and after-care services.

With these guidelines, WHO provides countries with a critical tool to close gaps in meningitis diagnosis, treatment and care, ensuring that more people receive timely treatment and long-term support.

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