

**What follow up care after meningitis is expected, provided, and needed in high and low to middle income settings?**

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Acute bacterial meningitis is associated with neurological sequelae in up to 30% of the survivors. The most common forms of sequelae are hearing impairment, hydrocephalus, spasticity/paresis, focal neurological deficits e.g. cranial nerve palsies, visual impairment and epilepsy. Cognitive impairment and psychiatric conditions are also important, but are less well documented. The prevalence of sequelae varies according to the health care system (high income versus low income countries), place of acquiring the infection (community versus nosocomial), aetiological agent, age of patient and comorbid conditions. Some sequelae improve with time e.g. visual impairment, whilst others only become more apparent during longer follow-up, either because they develop e.g. epilepsy or cognitive impairment as the central nervous system develops. Thus the follow-up of patients who have had bacterial meningitis should be conducted over at least 18-24 months and should include assessments of cognition, hearing, vision and neurological examination. Investigations will be determined by the suspected sequelae. Rehabilitation should include a multidisciplinary team of medical, physiotherapist, psychologist, speech and language therapists, but this is often not feasible in low and middle income countries.