

bacterial meningitis (i.e., Hib, *S. pneumoniae*, and *Neisseria meningitidis*) as preventive vaccines to decrease the incidence of bacterial meningitis. Nurses should stress to the parents, children, adolescents, and young adults the importance of adhering to the immunization schedule to protect the child against serious childhood diseases.

References

- Haddy RI, Perry K, Chacko CE, et al. Comparison of incidence in invasive *Streptococcus pneumoniae* disease among children before and after introduction of conjugated pneumococcal vaccine. *Pediatr Infect Dis J*. 2005;24(4):320–330.
- Iroh Tam PY, Madoff LC, Coombes B, et al. Invasive pneumococcal disease after implementation of 13-valent conjugate vaccine. *Pediatrics*. 2014;134(2):210–217.
- Moore MR, Link-Gelles R, Schaffner W, et al. Effect of use of 13-valent pneumococcal conjugate vaccine in children on invasive pneumococcal disease in children and adults in the USA: analysis of multisite, population-based surveillance. *Lancet Infect Dis*. 2015;15(3):301–309.
- Myint T, Madhava H, Balmer P, et al. The impact of 7-valent pneumococcal conjugate vaccine on invasive pneumococcal disease: a literature review. *Adv Ther*. 2013;30(2):127–151.
- Patel M, Lee CK. Polysaccharide vaccines for preventing serogroup A meningococcal meningitis. *Cochrane Database Syst Rev*. 2005;(1) [CD001093].
- Watt JP, Wolfson LJ, O'Brien KL, et al. Burden of disease caused by *Haemophilus influenzae* type b in children younger than 5 years: global estimates. *Lancet*. 2009;374(9693):903–911.

Nursing Alert

A major priority of nursing care of a child suspected of having meningitis is to administer antibiotics as soon as they are ordered. The child is placed on respiratory isolation for at least 24 hours after initiation of antimicrobial therapy.