

PROCEDURE FOR DEALING WITH MENINGITIS AND MENINGOCOCCAL DISEASE

1 INTRODUCTION

1.1 Purpose of Procedure

To ensure that the University has clear guidelines on preventing or managing cases of meningitis or meningococcal disease

1.2 Scope

The procedure covers students at the University and details actions to be taken by staff in the following circumstances:

- Before a case occurs (to ensure awareness and early detection)
- When a case or cases occur
- In the event of a death
- Aftercare following an outbreak of meningococcal disease

1.3 Roles & Responsibilities

- All staff with student contact have a responsibility to be aware of the symptoms of meningitis and meningococcal disease
- Wellbeing staff and Security staff to have specific health and safety awareness of the diseases
- Director of Student Services to manage the University's response in line with this procedure
- Public Health England and the University Medical Centre to provide specialist advice as detailed below
- Deputy Director Student Services - Counselling & Wellbeing Team to draft student communication plan
- Head of Corporate Communications to manage external response
- University Secretary may convene the Emergency Management Team.

2 PROCEDURE

2.1 Action to be taken before a case occurs

Awareness of meningitis among students and staff can help prevent infection and facilitate its early detection. A planned programme of awareness raising will be integrated into induction activities for all new students and messages will be reinforced for all students across the academic year.

Students

All students will be encouraged to:

- acquaint themselves with the symptoms and signs of meningococcal disease
- register with the University Medical Centre or a local General Practice
- seek prompt medical attention if they notice any symptoms
- look out for each other's health and welfare.

Staff

Health and safety training will include information about the signs and symptoms of meningococcal disease particularly for Wellbeing staff and Security staff. Staff with direct contact with students, will:

- acquaint themselves with the symptoms of meningococcal disease
- facilitate the making of information available to students.

2.2 Action to be taken when a case or cases occur

Meningitis is a serious public health issue and the management of a case or cases is primarily the responsibility of Public Health England, but this procedure provides guidance for University staff in responding to suspected or confirmed cases. **Urgent medical attention is required in all suspected cases of meningitis.**

Notification and reporting procedures

In the event of a University of Bath student being admitted to hospital with a diagnosis or suspected diagnosis of meningococcal disease, it is the responsibility of the doctor looking after the patient to notify Public Health England, who will immediately inform the Director of Student Services, of any suspected or confirmed case of meningococcal disease in any student or staff member of the University.

Action to be taken in the event of a case of meningitis will depend on whether the case is defined as possible, probable, confirmed or an outbreak.

- Possible case - a person with a clinical diagnosis of meningococcal meningitis or septicaemia without microbiological confirmation, where the clinician and public health professional consider that diagnoses other than meningococcal disease are at least as likely
- Probable case - a person with a clinical diagnosis without microbiological confirmation, where the clinician and public health professional consider that meningococcal disease is the most likely diagnosis
- Confirmed case - one person with a clinical diagnosis of meningococcal meningitis or septicaemia, which has been confirmed microbiologically
- Outbreak - two confirmed or probable cases of meningococcal disease occur at the same university within a four week period in the same term which are, or could be, caused by the same serogroup, serotype and serosubtype and for which a common link (e.g. same social network, same hall of residence etc) can be determined.

Communication Principles

- Prompt communication with students is desirable both to alert those at risk and to allay concerns. A variety of means including meetings, letters, bulletin boards and email should be used to ensure speedy transmission of accurate information to all. Updates may be necessary when new information becomes available. Staff and parents will also need to be kept informed. In the event of a death from meningococcal disease or an outbreak, a helpline will probably be necessary
- Public Health England has primary responsibility for identifying, alerting and advising anyone in direct, close contact with a case of meningitis or meningococcal disease. The University of Bath will provide assistance as necessary
- The University of Bath is responsible for communicating with other students, staff and parents. Public Health England will provide appropriate medical information and advice
- The communication response to an incident will depend upon a number of factors including the diagnosis and place of residence of the case
- Other people in the same accommodation or sharing the same kitchen and bathroom facilities as the person concerned, and close friends or regular social contacts will usually be treated as close contacts and dealt with individually
- Other students in the same teaching groups as the person concerned will usually be regarded as casual contacts. The level of risk to these students is likely to be very low unless such students are also in close social contact with the person concerned. Only where student contacts have regularly participated in small group activities in a confined space e.g. certain tutorial and seminar groups, might there be any cause for genuine concern. The main purpose of informing such students is therefore to provide reassurance.

2.2.1 Dealing with a case of *possible* meningococcal disease or non-meningococcal meningitis

A **possible** case is a clinical diagnosis of meningococcal meningitis or septicaemia without microbiological confirmation where the clinician and public health doctor consider that diagnoses other than meningococcal disease are at least as likely.

The treating doctor will liaise with Public Health England. No public health measures are generally necessary and contacts do not need antibiotics unless or until further evidence emerges that changes the diagnostic category.

Actions

- Inform the Director of Student Services of the circumstances
- The Director of Student Services will then coordinate the University's response to the situation including:

- notify the following as soon as possible:
 - University Medical Centre
 - Deputy Director Student Services - Counselling & Wellbeing Team (if the student is in University Accommodation)
- arrange for the University to issue Communication 1A via notice boards and email to students in the same residence (where relevant) and as soon as possible (same or next working day) to students in the same teaching groups
- If a suspect case is subsequently diagnosed as not due to meningococcal disease, the Director of Student Services will arrange for the University to issue Communication 1B. This should be done as soon as possible in order to allay any concern
 - No follow-up action is required unless there is a change in diagnosis.

2.2.2 Dealing with a single case of *probable or confirmed* meningococcal disease

A **probable** case is a clinical diagnosis of meningococcal meningitis or septicaemia without microbiological confirmation where the clinician and public health doctor consider that meningococcal disease is the most likely diagnosis.

A **confirmed** case is a clinical diagnosis of meningococcal meningitis or septicaemia which has been confirmed microbiologically.

In the event of a single case of probable or confirmed meningococcal disease Public Health England will:

- contact the Director of Student Services
- interview the case or his/her relatives/friends to identify close contacts
- arrange for prophylactic antibiotics to be issued to the individuals identified as close contacts
- alert all general practices serving university students.

Actions

- The Director of Student Services will then coordinate the University's response to the situation including:
 - notify the following as soon as possible:
 - University Medical Centre
 - Deputy Director Student Services - Counselling & Wellbeing Team (if the student is in University Accommodation)
 - arrange for COMMUNICATION 2 to be issued urgently (same day) to students in the same residence and teaching groups. Information should be provided by the next working day to other departments
- The University's Head of Corporate Communications will ensure they have available a reactive press statement to be used if required in consultation with Public Health England's press officer.

2.2.3 Dealing with two or more unrelated cases of meningococcal disease

Each individual case will be treated as in 2.2.2 above and Public Health England will provide advice on any further action that is required. Wider public health action, other than issuing antibiotics to close contacts of individual cases, will not usually be indicated.

Actions

- Public Health England will review the situation and the University will issue COMMUNICATION 3 as soon as the circumstances have been clarified
- The Director of Student Services, in discussion with Public Health England, will consider the need to set up a helpline for students and parents
- The University Secretary should be alerted
- The University's Head of Corporate Communications will issue a press statement drawn up in consultation with the Public Health England's press officer.

2.2.4 Dealing with two or more related cases of meningococcal disease

Public Health England will activate the Outbreak Control Plan and convene the Outbreak Control Team.

The Outbreak Control Team will:

- identify the group at high risk of acquiring meningococcal disease
- convene a meeting with students and staff in the target group
- check for potential cases in target group
- issue appropriate antibiotics to the target group
- offer vaccine to student contacts where appropriate
- alert local hospitals as appropriate
- alert all general practices serving students, the general practice out of hours service and other practices in the area
- brief NHS 111 to enable them to give advice to the "worried well".

Actions

- The University Secretary should be contacted immediately and is likely to convene the Emergency Management Team
- The University will alert all students and staff and make information available to parents (see below)
- The University will issue COMMUNICATION 4A immediately (within four hours) to students in the target group e.g. same residence and COMMUNICATION 4B urgently (same day) to students in the same teaching groups and all departments

- The Director of Student Services will set up a helpline for students and parents if it is considered necessary under the particular circumstances
- The University's Head of Corporate Communications and Public Health England's public relations officer will issue a joint press statement, and will consider convening a joint press conference
- If required, a telephone help line will be established to respond to enquiries from media, parents and the public.

2.3 In the event of a death

In the event of a death due to meningococcal disease the Student Death procedure will be followed.

2.4 Aftercare following an outbreak of meningococcal disease

Students and/or staff directly or indirectly affected by an outbreak of meningococcal disease may require support and reassurance. Particular help may be required in preparing or supporting applications for individual mitigating circumstances.

3 APPENDICES

3.1 Contact Numbers

- **Public Health England** - Avon, Gloucestershire & Wiltshire Health Protection Team
0300 3038 162 Option 2 for out of hours service
- **Meningitis Now** 0808 80 10 388 website: www.meningitisnow.org
- **Meningitis Research Foundation** 080 8800 3344 website
<http://www.meningitis.org/>
- **NHS 111**

3.2 Information about Meningitis and Meningococcal Disease

Meningitis means inflammation of the meninges, the brain lining. It can be caused by a variety of organisms.

Viral meningitis is the most common type. Symptoms are usually mild and most cases do not require admission to hospital. Recovery is normally complete without any specific treatment, but headaches, tiredness and depression may persist. No public health action is usually needed.

Bacterial meningitis has two main forms: pneumococcal and meningococcal. Both bacteria can also cause disease elsewhere in the body.

- Pneumococcal disease

The pneumococcal bacterium is better known as a cause of pneumonia. It affects mainly infants and elderly people, but people with certain forms of chronic disease or immune deficiencies are also at increased risk. It does not normally spread from person to person and public health action is therefore not usually needed. There is a vaccine available to protect people at high risk.

- Meningococcal disease

Meningococcal disease is an acute infectious disease caused by a bacterium which lives in the human throat and is commonly carried without ill effect. The bacteria can spread from person to person in circumstances where there is intimate contact. Infection is usually acquired from a healthy carrier rather than from a person with the disease.

The meningococcal bacterium causes two main types of illness: meningitis and septicaemia (blood poisoning). Septicaemia is the more serious form of illness and can occur on its own or in combination with meningitis. Meningococcal disease is fatal in about one in ten cases.

Public health action is always required to identify and provide antibiotic treatment to close contacts of a case of meningococcal disease. A short course of antibiotics is recommended for close contacts of someone suffering from meningococcal disease to reduce the risk of further cases.

The two most common types of meningococcal bacteria are group B and group C. Group C meningitis has an effective vaccine that gives long term cover to all ages and has been offered to children and teenagers in the UK up to the age of 18 since 1999. The vaccine is recommended in the UK for all under 25s and first year university students irrespective of age.

About 2000 cases of meningococcal disease are reported each year in England and Wales and over 90% of these are due to group B bacteria. Most cases occur in children under the age of 5 and young people aged 15 to 19. Risk of infection is increased by overcrowding and particular social behaviour such as going to pubs and clubs, smoking and kissing. Therefore young people entering higher education, particularly those living in halls of residence and those who have not been immunised against Group C bacteria, are at higher risk of contracting meningococcal disease than non-students of the same age.

How is the diagnosis made?

Laboratory tests are required to confirm the diagnosis either by growing the organism from patient specimens (culture diagnosis), detecting polysaccharide antigen from the organism (latex agglutination test diagnosis), detecting a rise in levels of antibody

to the organism (serological diagnosis) or detecting minute quantities of the genetic material of the organism (polymerase chain reaction (PCR) diagnosis). Public health action is taken as soon as there is strong suspicion that a person is suffering from meningococcal disease, and often before the diagnosis is confirmed.

How is meningococcal infection acquired?

Meningococcal bacteria colonise the back of the throat or nose in up to 10% of the general population (and up to 20% of young people). Only rarely does colonisation give rise to disease. Illness usually occurs within 7 days of first acquiring the bacteria, but asymptomatic carriage can persist for many months. It is not known why some people become ill and others remain healthy carriers. The bacteria do not survive for long outside the body and most people acquire infection from intimate contact with an asymptomatic carrier.

How likely is meningococcal disease to spread?

Most cases of meningococcal disease are sporadic. However, the risk of a second case in a close household contact is much higher than the risk in the general population. In spite of this, clusters of disease are uncommon, occurring only occasionally in households and rarely in schools and colleges.

What action can be taken to prevent spread?

a) Antibiotics

Oral antibiotics (one dose of Ciprofloxacin or a very short course of Rifampicin) are recommended for close contacts of a case of meningococcal disease in order to prevent further spread of the bacteria. If only one case has occurred, antibiotic prophylaxis is recommended only for those who have had prolonged, intimate contact with the case. As the bacteria does not easily spread from person to person there is generally no need for wide-scale preventive measures.

b) Immunisation

There are effective vaccines against group A, C, W135 and Y meningococcal disease and a vaccine for Group B has recently been approved. Immunisation is recommended for close contacts of cases, and in an outbreak, immunisation may be offered to those who have not been immunised in the defined high risk population. It takes five to seven days to produce an immune response.

Are there guidelines for dealing with meningococcal disease?

Information is available from Public Health England

<https://www.gov.uk/government/collections/meningococcal-disease-guidance-data-and-analysis>

3.3 Communications

COMMUNICATION 1A

EMERGENCY ADMISSION OF STUDENT TO HOSPITAL

A (year of study) year student living in (at home / in private rented accommodation/ in University accommodation) was admitted to hospital on..... (date) with suspected meningitis/ septicaemia.

The cause of the illness is considered unlikely to be meningococcal disease. Other students and staff are therefore not thought to be at any risk from this incident even if they were in close contact with the student concerned.

Public Health England has advised us that antibiotics will not be necessary at the present time for contacts of the student concerned. Should there be any change in the diagnosis we will keep you informed.

For further information about meningitis and septicaemia, contact Meningitis Now or the Meningitis Research Foundation, or visit their web sites.

- Meningitis Now 0808 80 10 388 website: www.meningitisnow.org
- Meningitis Research Foundation 080 8800 3344
website: <http://www.meningitis.org/>

If you need any medical advice, please contact your general practitioner or call NHS 111

COMMUNICATION 1B

EMERGENCY ADMISSION OF STUDENT TO HOSPITAL - Update

A University of Bath student recently became ill with symptoms similar to meningitis. We have now had confirmation that the diagnosis is definitely NOT meningitis. There is no further cause for concern at this time.

For further information about meningitis and septicaemia, contact Meningitis Now or the Meningitis Research Foundation, or visit their web sites.

- Meningitis Now 0808 80 10 388 website: www.meningitisnow.org
- Meningitis Research Foundation 080 8800 3344
website: <http://www.meningitis.org/>

If you need any medical advice, please contact your general practitioner or call NHS 111

COMMUNICATION 2

MENINGITIS AND SEPTICAEMIA

A (year of study) year (study subject) student living in (at home / in private rented accommodation/ in University accommodation) was admitted to hospital on (date) with confirmed/probable meningococcal meningitis/ septicaemia.

The meningococcal bacterium lives in the nose and throat and is only passed on by prolonged, close contact. The Avon, Gloucestershire & Wiltshire Health Protection Team are issuing antibiotics to all the intimate contacts of the student concerned.

If you have been in close contact with the case you are advised to be especially vigilant over the next few days and to LOOK OUT FOR YOUR FRIENDS. The important thing to know is that the disease can develop very rapidly, sometimes within a matter of hours. Early symptoms may be similar to those you get with a flu or hangover:

- feeling feverish
- vomiting
- severe headache
- stiff neck, back and joint pains

If any of the following symptoms develop:

- rash of tiny red bruises that doesn't fade under pressure
- severe dislike of light
- disorientation or coma

GET MEDICAL HELP URGENTLY - EARLY TREATMENT SAVES LIVES.

If you are not feeling well consult your general practitioner or call NHS 111. If you need further information or advice about meningitis ring one of these 24-hour meningitis helplines:

- Meningitis Now 0808 80 10 388 website: www.meningitisnow.org
- Meningitis Research Foundation 080 8800 3344
website: <http://www.meningitis.org/>

COMMUNICATION 3

MENINGITIS AND SEPTICAEMIA

Two students from the University of Bath have recently been admitted to hospital with meningococcal meningitis/septicaemia.

One is a (year of study) year (study subject) student living in
.....(at home / in private rented accommodation/ in University
accommodation).

The other is a (year of study) year (study subject) student living in
.....(at home / in private rented accommodation/ in University
accommodation).

Public Health England has advised us that these cases are not considered to be connected because:

- they were due to two entirely different strains of the meningococcal bacteria
- they occurred more than four weeks apart
- they were not known to each other and had no common links

Antibiotics have been issued to close contacts of both students concerned. Wider use of antibiotics or vaccine is not being recommended at this time.

Remember to LOOK OUT FOR YOUR FRIENDS. If you are not feeling well consult your general practitioner or call NHS 111.

If you need further information or advice about meningitis ring one of these 24-hour meningitis helplines:

- Meningitis Now 0808 80 10 388 website: www.meningitisnow.org
- Meningitis Research Foundation 080 8800 3344 website: <http://www.meningitis.org/>

COMMUNICATION 4A

Dear student

MENINGITIS AND SEPTICAEMIA

Two students from the University of Bath have recently been admitted to hospital with meningococcal meningitis/septicaemia. Both students live in the same residence / are on the same programme of study / are close friends.

Public Health England is making urgent arrangements to give antibiotics and to offer vaccine to students in the following categories (specify target group) as soon as possible.

Please attend (place/time) to receive your antibiotics / immunisation.

You are advised to be especially vigilant over the next few days and to **LOOK OUT FOR YOUR FRIENDS**. The important thing to know is that the disease can develop very rapidly, sometimes within a matter of hours. Early symptoms may be similar to those you get with a flu or hangover:

- feeling feverish
- vomiting
- severe headache
- stiff neck, back and joint pains

If any of the following symptoms develop:

- rash of tiny red bruises that doesn't fade under pressure
- severe dislike of light
- disorientation or coma

GET MEDICAL HELP URGENTLY - EARLY TREATMENT SAVES LIVES.

If you are not feeling well consult your general practitioner or call NHS 111.

If you need further information or advice about meningitis ring one of these 24 hour meningitis helplines:

- Meningitis Now 0808 80 10 388 website: www.meningitisnow.org
- Meningitis Research Foundation 080 8800 3344 website: <http://www.meningitis.org/>

COMMUNICATION 4B

Dear student

MENINGITIS AND SEPTICAEMIA

Two students from the University of Bath have recently been admitted to hospital with meningococcal meningitis/septicaemia. Both students live in the same residence / are on the same programme of study / are close friends.

Public Health England is making urgent arrangements to give antibiotics and to offer vaccine to students in the following categories (specify target group) as soon as possible.

Public Health England is not recommending wider use of antibiotics or vaccine for other students in the University at this time. Should there be any change in the situation we will keep you informed.

If you need further information or advice ring one of these 24-hour meningitis helplines:

- Meningitis Now 0808 80 10 388 website: www.meningitisnow.org
- Meningitis Research Foundation 080 8800 3344 website: <http://www.meningitis.org/>

If you are not feeling well consult your general practitioner or call NHS 111.

4 DOCUMENT CONTROL INFORMATION

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